

A meeting of the **Integration Joint Board**
 will be held on **23 March 2022** at **2-4pm**,
 via Microsoft Teams

Please notify apologies for absence to fv.clackmannanshirestirling.HSCP@nhs.scot

AGENDA

- | | | |
|------------|---|---------------------|
| 1. | NOTIFICATION OF APOLOGIES | For NOTING |
| 2. | NOTIFICATION OF SUBSTITUTES | For NOTING |
| 3. | DECLARATIONS OF INTEREST | For NOTING |
| 4. | URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/
EMERGENCY ITEMS | |
| 5. | DRAFT MINUTE OF THE INTEGRATION JOINT BOARD
MEETING HELD ON 26 JANUARY 2022 | For APPROVAL |
| 6. | CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black, Chief Officer) | For NOTING |
| 7. | NEEDS ASSESSMENT

No papers for this section at this meeting | |
| 8. | BUDGET AND FINANCE | |
| | 8.1. Financial Report
(Paper presented by Ewan Murray, Chief Finance Officer) | For APPROVAL |
| | 8.2. Revenue Budget 2022-23
(Paper presented by Ewan Murray, Chief Finance Officer) | For APPROVAL |
| 9. | PLANNING, COMMISSIONING AND DIRECTIONS | |
| | 9.1. Primary Care Premises Programme Initial Agreement
Development
(Paper presented by Kathy O'Neill, General Manager) | For APPROVAL |
| | 9.2. Strategic Improvement Plan Update
(Paper presented by Wendy Forrest, Head of Strategic
Planning and Health Improvement) | For APPROVAL |
| 10. | PERFORMANCE

No papers for this section at this meeting | |
| 11. | NATIONAL AND PERSONAL OUTCOMES

No papers for this section at this meeting | |

12. POLICY AND LEGISLATIVE REQUIREMENTS

12.1. Scheme of Delegation

(Paper presented by Ewan Murray, Chief Finance Officer)

For APPROVAL

13. FOR NOTING

13.1. Action Log

For NOTING

13.2. Decision Log

For NOTING

13.3. Minutes

For NOTING

- a. **Strategic Planning Group – 15.12.21**
- b. **Joint Staff Forum – 25.11.21**
- c. **Finance and Performance Committee – 22.12.21**
- d. **Audit and Risk Committee – 22.11.21**
- e. **Clinical and Care Governance Group – 21.09.22**

14. ANY OTHER COMPETENT BUSINESS (AOCB)

15. DATE OF NEXT MEETING

29 June 2022 at 2pm via Microsoft Teams

Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 5

Minute of IJB Meeting held 26 January 2022

For Approval

Approved for Submission by	Annemargaret Black
Paper presented by	N/A
Author	Debbie Laing
Exempt Report	No

**Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on
Wednesday 26 January 2022, at 2pm, via Microsoft Teams**

PRESENT

Voting Members

Councillor Les Sharp (Chair), Clackmannanshire Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Dave Clark, Clackmannanshire Council
Councillor Graham Houston, Stirling Council
Councillor Susan McGill, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
John Ford, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Janine Rennie, Third Sector Representative, Stirling
Alan Clevet, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Helen Macguire, Service User Representative, Clackmannanshire
Paul Morris, Carers Representative, Clackmannanshire
Louise Murray, Carers Representative, Stirling
Abigail Robertson, Staff Representative, Stirling Council
Robert Clark, Employee Director, NHS Forth Valley
Pamela Robertson, Joint Trade Union Committee Representative,
Clackmannanshire Council

Advisory Members

Lesley Fulford, Senior Planning Manager, HSCP
David McDougall, Clerk, Stirling Council

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Debbie Laing, Business Support Officer, HSCP (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, including a number of members of the public who joined the virtual meeting.

Apologies for absence were noted on behalf of:

- Councillor Scott Farmer, Stirling Council
- Graham Foster, Non-Executive Board Member, NHS Forth Valley
- Nikki Bridle, Chief Executive, Clackmannanshire Council
- Cathie Cowan, Chief Executive, NHS Forth Valley
- Carol Beattie, Chief Executive, Stirling Council
- Andrew Murray, Medical Director
- Carolyn Wyllie, Head of Head of Community Health and Care, HSCP
- Sharon Robertson, CSWO, Clackmannanshire Council
- Scott Williams, GP Representative
- Marie Valente, CSWO, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

None.

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

IJB Development Session – 1 February 2022

This session will be held with Equalities and Human Rights Commission (EHRC) Scotland as a follow up to the 4 November 2021 session. This will cover what you would expect to see in an equality impact assessment for the protected characteristics.

Members were encouraged to prioritise attendance.

Board Member Review

The Integration Joint Board will postpone the terms of office discussion until the Integration Scheme is reviewed; the IJB will then seek to ensure all governance frameworks remain fit for purpose and/or are reviewed.

Changes to Board Members

Non-Executives

NHS Forth Valley nominated the following new Non-Executives to the IJB, with one still to be confirmed. It was also noted that Graham Foster would therefore step down while Cathie Cowan would remain:

- **Stephen McAlister**
- **Martin Fairbairn**

- **John Stewart**

Representatives

Third Sector

- **Natalie Masterson** will be stepping down from her role after today's meeting and will be replaced by **Alan Clevett**.

Carers

- **Paul Morris** (Clackmannanshire) and **Louise Murray** (Stirling) were welcomed to the meeting as the new carers representatives on the Board.

5. **MINUTE OF MEETING HELD ON 24 November 2021**

The Integration Joint Board approved the draft minute of the meeting held on 24 November 2021 as correct.

6. **CHIEF OFFICER UPDATE**

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black reported that while the data on delays showed a significant improvement from before Christmas, the HSCP remained under significant pressure across the system and continued to operate under business continuity arrangements. Care Providers have advised that recruitment, while slow, was progressing.

Several projects were being implemented to help improve performance, including the Redesigned Integrated Discharge service and Scottish Government "Discharge without Delay" programme, of which the Partnership was an early adopter.

Locally, a business case was being formulated to provide a cohort of personal care staff to create rapid deployment teams who could target gaps in provision, especially in rural areas.

As part of the tranche of investment to protect acute hospitals, an urgent decision had been made to purchase 10 care home beds from a new home in Stirling and, along with 4 beds in the care home currently being managed by the HSCP, created additional capacity across the system and supported sideways moves where possible.

Recent Covid outbreaks in care homes had resulted in them being closed to new admissions however, this had been an improving picture in the recent weeks. The Care Home Assurance Group continued to meet on a weekly basis to monitor this.

Ms Black highlighted that the CHART Team had been nominated as a finalist in the upcoming COSLA Awards. A recent briefing was issued which included a video link showcasing the work of the team. The Board wished to record their congratulations to the CHART team for their well-deserved nomination at the COSLA awards, especially in these extraordinary times.

Recruitment was underway for the Head of Mental Health post, and Ms Black encouraged members to share this on social media to increase awareness of this crucial post.

A pilot for increasing the rates of bowel and cervical screening uptake was due to start soon and as a pilot area for the Best Value Review for IJBs, this work was due to recommence soon.

Finally, Ms Black expressed a big thank you to the HSCP staff and carers across the area for their collective and continued efforts during this difficult time. Ms Maguire advised she would be happy to take part in a video interview to thank the staff for their hard work and dedication; Ms Black accepted this offer and reiterated that all Board members could be involved if they wished.

In response to a question on the care homes currently closed to admissions, and whether there was a payment to providers in the event that they were under 80% occupancy, Mr Murray advised it was a detailed and technical process, agreed through COSLA, where care homes operating normally and accepting admissions could then access these payments if they had to be closed due to a Covid outbreak.

It was noted that there was no update to the Strategic Improvement Plan due to continuing service and staffing challenges along with the recent Adult Support and Protection inspections. Ms Black advised that although the Partnership had asked whether the inspections could be deferred, these had continued and as a result had impacted on staff capacity. The Integration Scheme review with representatives from the constituent bodies was also due and would provide the opportunity to review the support provided by them to increase capacity and pace of transformation.

The Integration Joint Board:

- 1) Noted the content of the report and updates provided.

7. NEEDS ASSESSMENT

There were no papers for consideration under this item.

8. BUDGET AND FINANCE

8.1 Financial Report

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray advised content of the report was slightly lighter than usual as a substantive Quarter 3 financial review was currently taking place and would include a review of performance against savings, projections on approved investments and projected year-end reserve levels.

A projected overspend of £0.374m on the integrated budget was noted and £0.440m on the set aside budget for large hospital services. Therefore, there was an overall projected overspend of 0.814m against the strategic plan budget.

The financial risk for the set aside would be met in full by NHS Forth Valley and it was assumed the Scottish Government would provide sufficient

financial support to achieve a breakeven position on the Integrated budget. This was incorporated into the Quarter 3 Covid Financial returns to Scottish Government which would be submitted at the end of the week and then inform final 2021/22 allocations in March.

Mr Murray drew the attention of the Board to Section 8 of the paper, which outlined that reserves were likely to be materially higher than projected due to receipt of various Scottish Government allocations relatively late in the financial year and unspent elements of the winter funding allocations. Discussions were ongoing with Scottish Government regarding the flexibility to use winter reserves to target system pressures such as unmet need and actions to minimise delays in discharge.

In response to an enquiry seeking some assurance around the continuation of funding for some third sector organisation contracts which were due to end soon, Mr Murray advised that much of the monies for those projects had been funded through the Transformation Care Fund. As previously agreed by the IJB, the Strategic Plan had been extended for a year and a review of the investments to support the plan required to be undertaken prior to 31 March and recommendations brought to the Board for approval.

The Integration Joint Board:

- 1) Noted the 2021/22 projection based Financial Performance for the first eight months of the financial year to 30 November 2021.
- 2) Noted the Significant Financial Issues and Pressures and Key Assumptions.
- 3) Noted the updates on Scottish Government funding support for ongoing impacts of Covid 19 and the requirement to submit a Quarter 3 Covid financial return to Scottish Government in January 2022.

8.2 Budget Report

The Integration Joint Board considered the paper which included 2022/2023 Business Case presented by Mr Murray, Chief Finance Officer.

Due to the complexity and uncertainty around the budget this paper had been circulated to the Board later than planned, for which Mr Murray apologised.

Section 2 provided implications for the Scottish draft budget and the key considerations which affected Health Boards and Local Government and therefore implications for the IJB's.

Scenarios would continue to be refined and updated regularly as more up to date information becomes available; the core assumption within the paper a 4% demand increase in social care plus the estimated cost with the cost of addressing quantified unmet need. This core assumption is broadly in line with longer term pre-covid demand increase and scenarios at 8% and 12% increases were incorporated within the paper to illustrate the sensitivity of projections to higher levels of demand. Mr Murray also highlighted the other key assumptions including prices.

Section 3.15 outlined the current estimated financial gap for 2022/23 requiring to be met by savings with further work required to meet this gap and align to the Strategic Plan and Transformation Programme priorities. The cost of unmet need was highlighted and had been discussed at the development session in November 2021 as demand continued to grow. In response to a query about the increase in unmet need and whether this related to Omicron or was part of an ongoing trend. Mr Murray replied that the rate appeared to be broadly static but in future analysis would improve the data used so that a more precise trend could be reported to future meetings.

Care Home capacity as of today was 50 places, not including the two new facilities – however, the Board was reminded that the IJB Strategic Plan contained a requirement to move towards supported living models of care, rather than residential care homes.

The Board discussed the increase in demand and the need for early intervention and prevention and supporting people at home or in a homely setting. Mr Murray highlighted that the monthly Grip and Control meetings provided scrutiny and understanding around spend along with the opportunities to be more efficient and identify areas for savings.

The Integration Joint Board:

- 1) Considered the 2022/23 Budget update and IJB Business Case.
- 2) Noted the updates on the implications of Scottish Draft Budget and terms in respect of minimum payments to IJBs.
- 3) Noted the level of complexity and uncertainty affecting budget considerations.
- 4) Approved the 2022/23 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme.
- 5) Noted the next steps and further budget development work required prior to the IJB considering the 2022/23 Revenue Budget for approval.

9. PLANNING, COMMISSIONING AND DIRECTIONS

9.1 Joint Loan Equipment Service

The Integration Joint Board considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Following a review and Best Value assessment of options carried out, the paper outlined a proposal, already presented to Strategic Planning Group and Falkirk IJB, for a wider joint investment to make the Joint Loan Equipment Store a Forth Valley-wide joint approach. This would reduce any inequity and provide a whole systems approach.

In response to a question regarding the timescale for this joint approach, as there had been some obstacles to accessing equipment in recent times, Ms Forrest advised that it would be a minimum of 6 months due to the requirement to set up a Short Life Working Group (SLWG), agree a model, and agree the provider for the model. Stakeholder involvement in the SLWG was encouraged and expected from a broad spectrum of individuals with lived experience.

Board members agreed that this was a much needed piece of work and were encouraged to hear that this would be taken forward quickly. Currently there were no arrangements or means to recycle/sterilise equipment for reuse, which was an inefficient use of public spending as well as an environmental concern. It was noted that it would be advantageous to involve an Environmental specialist in the SLWG to advise on reducing environmental impacts; Ms Black advised that NHS Forth Valley had established a Realistic Medicine subgroup to examine the environmental impact of services.

The Integration Joint Board:

- 1) Considered the conclusions of the independent review and evaluation of the four service delivery options.
- 2) Agreed in principle that a unified Forth Valley Community Equipment Service, be progressed with further technical and financial development work, as well as engagement and consultation with service users, carers and other key stakeholders.
- 3) Short Life Working Group be established to take forward the recommendations, with Board Member Helen Macguire joining the group.

10. PERFORMANCE

10.1 Quarter 2 Performance Report

The Integration Joint Board considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest advised that the report included data up to November 2021 to provide the Board an overview of the breath of work being undertaken across the Partnership at this time as well as the reporting into Scottish Government.

Highlights include the work ongoing around the Alcohol and Drug Partnership which now sat under the Partnership, and Mental Health & Learning Disability services which are being looked at as part of the review of KPIs.

Finally, Ms Forrest welcomed any feedback from the new Board members around this report and the layout of the data, as they would be able to provide a fresh perspective on the report.

The Integration Joint Board:

- 1) Reviewed the content of the report.
- 2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.
- 3) Approved quarterly reports that normally be presented first at the Finance & Performance Committee and subsequently at the available Board meeting.

11. NATIONAL AND PERSONAL OUTCOMES

There were no papers for consideration under this item.

12. POLICY AND LEGISLATIVE REQUIREMENTS

12.1 Archiving the Records of the IJB

This paper was presented to the Integration Joint Board by Rosie Al-Mulla, Assistant Archivist from Stirling University. and Amy Cawood, Corporate Records Manager at NHS Forth Valley.

There was a legal requirement under the Public Records (Scotland) Act (PRSA) 2011 for the IJB to identify an appropriate place of permanent deposit for archival purposes. The IJB Records Management Plan, submitted to the Keeper of the Records in 2019, identified the University of Stirling as such a place.

Following a discussion between archival staff from the university and senior IJB staff members in late 2021, a Memorandum of Understanding (MoU) was now required to formalise the arrangements for transferral and archiving of the IJB records.

Ms Cawood advised that this discussion was very timely as NHS Forth Valley was undergoing discussion with the University regarding their broader arrangements for document transfer and storage, so it would be advantageous to get a solution arranged fairly quickly.

In response to a question about digital preservation and storage, Ms Al-Mulla advised that this was done manually in-house via a non-networked computer with multiple backups made, kept under lock and key. There are ambitions for the University to move towards a cloud based storage system for records storage, in the future. Any specific arrangements could be worked into the details of the MoU.

The Board agreed that this was a welcome and timely piece of work, especially in these exceptional times, to ensure that proper records of all decisions and outcomes were properly maintained for future use. The chair

thanked Ms Al-Mulla and Ms Cawood for the paper, and the Board approved the recommendations contained within.

The Integration Joint Board:

- 1) Noted the IJB Records Management Plan submitted to the Keeper of the Records of Scotland in 2019 set out the intention to deposit IJB records with the University of Stirling Archives and Special Collections who were already the place of permanent deposit for the records of NHS Forth Valley.
- 2) Approved amending the existing Memorandum of Understanding (MoU) between NHS Forth Valley and the University of Stirling to include the digital preservation of IJB records (option B).

13. EXEMPT ITEMS

There were no papers for consideration under this item.

14. ITEMS NOTED

14.1 Action Log

14.2 Decision Log

14.3 Minutes

- i. **Strategic Planning Group – 27.10.21**
- ii. **Joint Staff Forum – 28.10.21**
- iii. **IJB Finance and Performance Committee – 20.10.21**

14.4 CTSI Annual Review

15. ANY OTHER COMPETENT BUSINESS (AOCB)

None.

16. DATE of NEXT MEETING

23 March 2022 at 2pm via Microsoft Teams.

Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 6

Chief Officer Update

For Noting

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide the Integration Joint Board with updates and progress on a range of areas not covered in other Board reports.
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Recommendations:	The Integration Joint Board is asked to note the content of the report.
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1. Background

- 1.1. The purpose of this report is to provide the Integration Joint Board with updates and progress on a range of areas not covered in other Board reports.
- 1.2. Verbal updates on time sensitive items will be provided at the Board meeting.

2. Proposed 2022 / 2023 Budget

- 2.1. Today's IJB meeting includes the proposed IJB budget that will be presented by the Chief Finance Officer (CFO). Within the budget proposals there are significant opportunities the IJB can take to continue modernising the whole system of care as part of its accountabilities, and to better meet the needs of people across Clackmannanshire and Stirling.
- 2.2. Members will recall the IJB meeting of the 11 May 2021 where the budget was approved, which included agreement to invest in capacity in order to progress a range of modernisation, better meet statutory duties and to close policy implementation gaps across a range of areas.
- 2.3. The HSCP has historically delivered significant savings and this year is no different, giving confidence to the IJB that savings required can be delivered in order to invest in modernisation. These are illustrated in table 1 below.

Table 1 – Savings Achieved

Savings Delivered (Integrated Budget and Set Aside)		Net Under/(Overspends) *					
	£m						
2018/19	2.919	(2.452)					
2019/20	4.630	(0.957)					
2020/21 **	3.699	3.323					
2021/22 (Projected) ***	3.348	0.000					
Sources: IJB Audited Accounts and Financial Reports							
* after recovery plan actions and any use of reserves but before additional risk share contributions from constituent authorities.							
** full funding cover for unachieved savings was provided by Scottish Government via Covid consequential							
*** funding provided from Scottish Government to bring Integrated Budget into balanced position							

- 2.4. This year's budget also has 2 business cases proposed that would support the delivery of key pieces of transformation that will have benefits across the whole system. For example, meeting the social care needs of people in rural areas where social care supports are less sustainable and developing our model of care from assessing peoples needs in hospital to assessing peoples needs in their own homes, delivering realistic care to meet peoples outcomes and support unpaid carers. This is likely to reduce levels of prescribed social care in the future and also link people in with more natural community supports. These business cases also have benefits in other service areas such as Bellfield, Forth Valley Royal Hospital, Community Hospitals and reablement team where people waiting on social care packages at home, remain on team caseloads while their package of care is identified.
- 2.5. The IJB will also note the significant increase in reserves being proposed that are earmarked for exceptional Covid-19 costs in 2022/23 and also to aid recovery from the pandemic. Early discussions are taking place between Chief Officers, clinical, management and professional leads on how to implement best value; whole systems models of care; shift the balance of care to communities where the evidence base supports this and also deliver a more preventative approach as described within the [Christie Commission Report](#)¹.
- 2.6. A whole systems meeting of respiratory colleagues from primary and acute care took place recently and there is a real appetite to provide care closer to home. Opportunities for using reserves as bridging finance to reshape whole system services within the delegated accountabilities of the IJB, will support our ability to recover, reduce unscheduled care and improve peoples outcomes. If the IJB

¹ <https://www.gov.scot/publications/commission-future-delivery-public-services/>

budget is approved today, further business cases will be developed after more engagement with a range of colleagues through the unscheduled care programme. Both Forth Valley Chief Officers co-chair the Unscheduled Care Board with NHS Forth Valley Medical Director.

- 2.7. If the budget is approved it should have whole systems benefits with less people delayed in hospital, giving Forth Valley Royal Hospital the opportunity to close unfunded beds and reduce staffing costs which will have a positive impact on workforce, people and the Set Aside budget. On this basis I commend today's budget to the IJB and thank the CFO and wider team for the work they have completed to get us to this point.

3. National Audit Scotland Reports

- 3.1. Two national reports issued by Audit Scotland (circulated to the IJB on 14 March 2022) are:

- [Audit Scotland – Social Care Briefing](#)² (published 27 January 2022)
- [Audit Scotland – NHS in Scotland 2021](#)³ (published 24 February 2022)

- 3.2. Key messages from the Social Care Briefing are:

- There are huge challenges facing the sustainability of social care, and the integration of health and social care more widely.
- Service users and carers do not always have a say or choice about what support works best for them.
- The 209,690 people working in social care are under immense pressure, and the sector faces ongoing challenges with recruitment and retention. Staff are not adequately valued, engaged or rewarded for their vitally important role.
- In addition, other challenges identified through this and past audit work include:
 - Commissioning tends to focus on cost rather than quality or outcomes.
 - High turnover of senior staff in councils, the NHS and Integration Authorities, increasing short-term posts and an ageing workforce are affecting leadership capacity.
 - An inability or unwillingness to share information, along with a lack of relevant data, means that there are major gaps in the information needed to inform improvements in social care.
- The Scottish Government is planning significant changes in social care over the next five years. This includes the introduction of a new National Care Service (NCS).
- Regardless of what happens with reform, some things cannot wait. A clear plan is needed now to address the significant challenges facing social care in Scotland.

² [Social care briefing | Audit Scotland \(audit-scotland.gov.uk\)](#)

³ [NHS in Scotland 2021 | Audit Scotland \(audit-scotland.gov.uk\)](#)

3.3. Key messages from the report on NHS in Scotland 2021

- The NHS in Scotland is operating on an emergency footing and remains under severe pressures.
- NHS and social care workforce planning has never been more important.
- The NHS's ability to plan for recovery from Covid-19 remains hindered by a lack of robust and reliable data across several areas (includes workforce data as well as primary, community, social care and health inequality data)
- The NHS was not financially sustainable before the pandemic and responding to Covid-19 has increased those pressures.

3.4. Whilst some of the key messages from the reports are clearly aimed at Scottish Government the IJB requires to reflect on these in planning and delivery of sustainable services into the future.

3.5. Audit and Risk Committee members discussed the reports and will consider whether the reports should be considered by the IJB.

4. COVID-19

4.1. Scotland has moved out of the COVID-19 levels system and is now beyond Level 0. Everyone should continue to act carefully and remain cautious.

4.2. Further information can be found [here](#).⁴

4.3. HSCP services will continue to operate as we move through this phase of the pandemic, however many are being delivered differently, such as the use of phone and Near Me video appointments.

4.4. Weekly meetings of the Scientific and Technical Advisory Group (STAC) are hosted by NHS Forth Valley to review data and analyse patterns of spread of the virus.

4.5. Weekly reports on staff absence are provided by each employing organisation to the HSCP to help manage continuation of service delivery.

Cases

4.6. The Scottish Government provides a daily update⁵. As at 15 March 2022:

- 38,770 new cases of COVID-19 reported*⁶
- 25 new reported deaths of people who have tested positive
- 33 people were in intensive care yesterday with recently confirmed COVID-19

⁴ [Coronavirus \(COVID-19\): daily data for Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland)

⁵ <https://www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland>

⁶ * The technical issue affecting yesterday's reporting has been resolved. The backlog of data has been processed. Please note that today's newly reported figures covers data since Saturday 12 March – however, trend data is available by specimen date on the [PHS Daily Dashboard](#).

- 1,996 people were in hospital yesterday with recently confirmed COVID-19
- 4,441,175 people have received their first dose of a COVID-19 vaccination, 4,171,128 have received their second dose, and 3,468,504 have received a third dose or booster*

Care Home – specific data (national)

- as at 8 March, 272 (26%) adult care homes had a current case of suspected COVID-19
- in the week 28 February to 6 March, there were 583 new confirmed positive COVID-19 cases among care home residents and 658 among care home staff⁷
- as of 6 March 2022, there have been 17,312 confirmed cases of COVID-19 amongst residents and 15,624 amongst staff of care homes for all ages since 9 March 2020*

NHS and Care Home Staff (National)

4.7. The Scottish Government Daily update now includes data on NHS and Social Care Staff absence rates and deaths of NHS and Social Care staff although they are unable to confirm how many contracted COVID through their work.

- NHS staff absence: week ending 8 March: On average, 4,263 NHS staff, or around 2.4% of the NHS workforce, reported absent each day for a range of reasons related to COVID-19.
- as at 8 March, 1,476 staff in adult care homes (including adult and older people care homes) were reported as absent due to COVID-19, based on returns received from 701 (67%) adult care homes. Staff absent due to COVID-19 represents 4.1% of all adult care home staff (35,721) for whom a return was provided
- we have been notified by Health Boards or the Care Inspectorate of 27 deaths of healthcare workers and 34 deaths of social care workers, related to COVID-19. We are not able to confirm how many of these staff contracted COVID-19 through their work.

National Records Scotland (NRS)

4.8. NRS report weekly provisional figures on deaths registered where COVID-19 was recorded on the death certificate.

4.9. In week 9 (28 February 2022 to 06 March 2022) there have been a total of 13,429 deaths registered in Scotland where COVID-19 was recorded on the death certificate. In week 9 there were 110 deaths involving COVID-19 (up by 30 on the previous week).

4.10. In week 9 (28 February 2022 to 06 March 2022)⁸ there were 61 excess deaths at home or in non-institutional settings (19% above average), 31 fewer deaths

⁷ *These figures include cases confirmed by PCR test only. Work is continuing with Public Health Scotland to accurately identify and include staff and resident cases identified by LFD tests.

⁸ <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-21-report-week-19.pdf>

in hospitals (6% below average) and 3 more deaths in care homes (1% above average) compared to the five-year average.

Care Homes

- 4.11. At the time of writing (15 March 2022) there are six care homes in the partnership area that are closed to admissions due to Covid 19 outbreaks.
- 4.12. A rolling programme of mass testing of all care home staff and residents commenced during May 2020 and continues; subsequent rounds of testing are progressing within a planned testing regime led by public health. Care homes are undertaking enhanced testing for residents and staff twice a week.

Operational Pressures

- 4.13. Operational pressures across our health and social care system means some essential work is being stood down to allow us to work together to mitigate the risks. This has included routine work such as training that is not mandatory.
- 4.14. A command structure was established on 12 August 2021 due to business continuity issues, by NHS Forth Valley Chief Executive. Heads of service from Clackmannanshire and Stirling, Falkirk and Forth Valley Royal reflected on what worked well to support whole systems work across Forth Valley from an operational and development perspective. A report will come to Clackmannanshire and Stirling HSCP Senior Leadership Group for consideration, proposing to mainstream some of whole systems working established during the pandemic.
- 4.15. Clackmannanshire and Stirling HSCP have a recovery plan in place which is subject to regular review.
- 4.16. A meeting took place of Local Resilience Partnership colleagues (16 February 2022) to support action to mitigate pressures across the health and social care system.
- 4.17. A number of Incident Management Team meetings have also been stood up during periods of decreased service capacity or risk such as severe weather.
- 4.18. IJB members and Elected members continue to be updated on specific health and social care issues locally.
- 4.19. A number of meetings with Scottish Government officials, ministers, Deputy First Minister and Cabinet Secretary have taken place to support business continuity and resilience discussions locally and across Scotland.

5. Seasonal Flu & COVID Vaccination Programme 2021/22

- 5.1. The seasonal flu programme continues to support priority groups such as health and social care staff which in turn reduces the risk of transmission to supported people in their care.

COVID 19 Vaccine Boosters & Flu Immunisations

As the time of writing, the vaccination numbers are:

Stirling

Stirling		Flu		CBooster +Dose3	
Cohort	Eligible	Given	%	Given	%
older people care home	363	340	94%	351	97%
severely immuno supp	1436	1224	85%	2093	146%
immuno suppressent	1613	1241	77%	1424	88%
75+	9096	8108	89%	8646	95%
at highest risk cev	1041	863	83%	928	89%
social care staff	2012	1009	50%	1573	78%
NHS staff	2105	1519	72%	1903	90%
70-74	3754	3092	82%	3369	90%
16-64 flu at risk	10200	6927	68%	8229	81%
16-64 covid at risk	74	10	14%	33	45%
Unpaid Carer	925	474	51%	610	66%
50-69	17187	11314	66%	15066	88%
	49806	36121	73%	44225	89%

Clackmannanshire

Clackmannanshire		Flu		CBooster +Dose3	
Cohort	Eligible	Given	%	Given	%
older people care home	235	218	93%	220	94%
severely immuno supp	960	820	85%	1455	152%
immuno suppressent	1024	791	77%	905	88%
75+	4817	4361	91%	4586	95%
at highest risk cev	634	532	84%	572	90%
social care staff	1879	980	52%	1441	77%
NHS staff	866	594	69%	760	88%
70-74	2347	1978	84%	2104	90%
16-64 flu at risk	6554	4505	69%	5143	78%
16-64 covid at risk	39	4	10%	21	54%
Unpaid Carer	796	392	49%	506	64%
50-69	9402	6090	65%	8188	87%
	29553	21265	72%	25901	88%

Lifting of Protective Measures

5.2. In a [statement to parliament](#)⁹ on 22 February 2022 the First Minister outlined the easing of the protective measures. Setting out an assessment of the current situation in Scotland, in light of recent data, and set out an indicative timescale for lifting, or converting to guidance, the small number of legally binding protective measures that still remain in place. These are:

- vaccine certification will no longer be legally required from Monday 28 February, although the app will remain available so any business that wishes to continue certification on a voluntary basis to reassure customers will be able to do so
- current legal requirements on the use of face coverings, the collection of customer details for contact tracing purposes, and for businesses, service providers and places of worship to have regard to guidance on Covid and to take reasonably practicable measures set out in the guidance are expected to be lifted on 21 March, subject to the state of the pandemic
- access to lateral flow and PCR tests will continue to be free of charge, ahead of a detailed transition plan being published on the future of Scotland's test and protect programme in March

5.3. Therefore, as of 21 March 2022 - assuming no significant adverse developments in the course of the virus – there is an expectation that the legal requirement to wear face coverings in certain indoor settings and on public transport will be converted to guidance.

5.4. In a [statement to parliament](#)¹⁰ on 15 March 2022 the First Minister made the following statements:

- With the exception of health and care settings, the advice to test regularly will also end from 18 April for workplaces, and for early learning and childcare settings, mainstream and special schools, and universities and colleges.
- However, until the end of April, we will continue to advise using LFTs daily for seven days if a close contact, and on each occasion when visiting a hospital or care home.

8. Joint Inspection of Adult Support and Protection (ASP) in the Clackmannanshire, Stirling and Falkirk Partnership Areas

8.1. Notice was received on 24 May 2021 from the Care Inspectorate, Healthcare Improvement Scotland and HM Chief Inspector of Constabulary in Scotland that under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010 that a joint inspection of Adult Support and Protection (ASP) arrangements will be undertaken within the next six months. The NHS Board, IJBs and Councils all received this formal notice. Appropriate organisational arrangements were put in place to respond to the requirements.

⁹ [Coronavirus \(COVID-19\) update: First Minister's speech - 22 February 2022 - gov.scot \(www.gov.scot\)](#)

¹⁰ [Coronavirus \(COVID-19\) update: First Minister's statement – 15 March 2022 - gov.scot \(www.gov.scot\)](#)

- 8.2. The inspections were carried out remotely (in line with COVID19 restrictions).
- 8.3. The final **Stirling Council** report was published on the Care Inspectorate website on 1 February 2022. The published report can be accessed [here](#)¹¹
- 8.4. The inspection found that keeping adults who are at risk of harm safe in Stirling is a key priority, and the report highlighted that staff across agencies in Stirling worked together ensuring the adult and their carers views were sought, ensuring these adults experienced improved safety outcomes as a result of this collaboration and intervention. The report also noted that partners consistently carried out all adult support and protection processes in a timely manner, including the Police who contributed effectively and efficiently to all aspects of the delivery of key processes to keep adults at risk of harm safe and protected. The partnership's collaborative approach to improving care home quality, safety and assurance was commended in the inspection. Financial harm awareness was a key priority, and this has had a positive impact in the Stirling community, reducing the risks associated with this type of harm. The contribution from community and acute health services improved outcomes for adults at risk of harm through their effective information sharing and recording. The leadership for adult support and protection was also noted to be effective throughout the Covid-19 pandemic and the partnership maintained critical services to adults at risk of harm.
- 8.5. Together with our partners, we have identified the areas for improvement highlighted in the report and had already started on an improvement journey, with a plan in place which will continue to be reviewed and implemented.
- 8.6. The final **Clackmannanshire Council** report was published on 15 February 2022. The report can be accessed [here](#)¹².
- 8.7. The report found that keeping adults at risk of harm in Clackmannanshire safe is a key priority, and this multi-agency inspection report highlighted that staff across agencies in Clackmannanshire worked together to ensure these adults experienced improved safety outcomes as a result of this collaboration and intervention. The report also noted that partners consistently carried out all adult support and protection processes in a timely manner, including the Police who contributed effectively and efficiently to all aspects of the delivery of key processes to keep adults at risk of harm safe and protected. Early intervention initiatives, such as safeguarding through rapid intervention and the early intervention to welfare concerns initiative (STRIVE), effectively supported vulnerable individuals across Clackmannanshire. The leadership for adult support and protection was also noted to be effective throughout the Covid-19 pandemic and the partnership maintained critical services to adults at risk of harm.
- 8.8. Together with our partners, we have identified the areas for improvement highlighted in the report and had already started on an improvement journey, with a plan in place which will continue to be reviewed.

¹¹ [Stirling adult support and protection report.pdf \(careinspectorate.com\)](#)

¹² [Joint inspection of adult support protection in the Clackmannanshire partnership \(careinspectorate.com\)](#)

- 8.9. The Public Protection Committee has an ongoing Adult Support and Protection Improvement Group which is reviewing current policy and practice. The HSCP Head of Community Health and Care chairs the group, with support from the two CSWOs, Independent Chair of Public Protection Committee, ASP Co-ordinator, ASP Training and Development Lead, HSCP Head of Strategic Planning and Health Improvement as well as all HSCP Locality Managers.
- 8.10. The transforming care board will also have an overview of improvements being progressed in adult support and protection.
- 8.11. The previous ASP Lead retired recently, and their replacement starts on 1 April 2022.

9. Community Health and Care Oversight

Care at Home and Care Home Providers

- 9.1. A Care at Home Oversight Group continues to meet and is co-chaired by the Chief Officers of both HSCPs in Forth Valley. The membership also includes the Head of Community Health and Care, Head of Integration, Chief Social Work Officers and Director of Nursing.
- 9.2. A Care at Home pathway for COVID-19 community outbreaks has been in place for over a year and is delivered by NHS Forth Valley Public Health, HSCP, and primary care including GP's. As part of the pathway, Public Health continue to lead Incident Management Team meetings where an outbreak has been identified or when an agency is in outbreak status.
- 9.3. Clackmannanshire and Stirling care homes and care at home services continue to be under significant operational pressures in terms of safe levels of staffing and capacity to meet the demands for care and support.
- 9.4. This continues to be a complex picture affected by a range of linked but not mutually exclusive issues. There is the ongoing impact of COVID and the subsequent easing of restrictions, which has resulted in a number of unpaid carers returning to paid employment or being unable to continue in their caring role due to unprecedented pressure and stress following lockdown. Members and senior managers continue to receive regular briefings on systems' pressures.
- 9.5. Across the whole system, there continues to be social care and nursing staffing pressures due to an inability to recruit to the social care and nursing vacancies across social care providers and care homes. In addition, staff continue to be absent due to COVID infections and self-isolation requirements following contact from track & trace.

Operational Update

- 9.6. A weekly operational meeting of HSCP Locality Managers supported by the Senior Planning Manager discuss a range of topics to agree ways to support the delivery of key operational priorities. This is chaired by the Head of Community

Health and Care. Current priorities are redesigning the hospital discharge pathways to address delays in a person's discharge and redesign of social work at the Forth Valley Royal Hospital (FVRH) front door.

Strategic Planning and Health Improvement

- 9.7. There is a weekly meeting of the Strategic Planning and Health Improvement team to discuss areas of work that may require input from others. Some areas of work in development include the approach to Locality Planning and the Integrated Workforce Plan.
- 9.8. Work on the new Strategic Commissioning Plan 2023 / 2024 to 2034 / 2034 is about to commence. The ten-year plan was discussed in the 25 August 2021 Strategic Planning Group (unanimously supported) and approved by the 22 September 2021 Integration Joint Board. The Strategic Planning Group will review progress every three years for approval by the Integration Joint Board. This work includes the development and implementation of a formal engagement plan that will support participation and engagement in order to inform and produce the next Strategic Plan. The formal engagement plan will also include identifying ways to engage with individuals and groups who have protected characteristics.

Convention of Scottish Local Authorities (CoSLA) Excellence Awards 2022

- 9.9. The nomination and subsequent short listing for a CoSLA award for the Care Home Assessment and Response Team (CHART) has provided a lift to staff working with our care homes. They did not win however to get shortlisted for the final is a major achievement on its own. Staff should be commended in their support for care homes during the pandemic.

10. Development Work

- 10.1. There has been one meet the chair and chief officer in February, which was specific to the Bellfield. Feedback from the Bellfield was that all staff who attended commented on how empowering it was to be listened to and to hear positivity for the future.
- 10.2. The plan is to offer another couple of meet the chair and chief officer via teams before the end of the financial year.
- 10.3. We are also raising awareness of the IJB and HSCP through the production of a number of videos and are then uploaded to the [HSCP you tube channel](https://www.youtube.com/channel/UCBwtUoNZILE9NZ-kQafbLQA)¹³. In the January Meeting the Clackmannanshire Service User representative volunteered to do a film introducing herself and her role on the Integration Joint Board along with talking about the great care a friend of hers recently received from the team at The Bellfield Centre and thank the staff who delivered that excellent care.

¹³ <https://www.youtube.com/channel/UCBwtUoNZILE9NZ-kQafbLQA>

10.4. As part of the additional winter pressure funding that we have received from Scottish Government, we went out to staff across the HSCP and asked what would be most meaningful and useful to them to support their mental health and wellbeing. Staff came back with a number of ideas and a portion of that money will be allocated to our Local National Health and Wellbeing Week 28 March – 1 April 2022. There will be a range of workshops and activities for staff which will be a mix of face to face to MS Teams opportunities, which include:

- Spaces for listening
- Coffee Roulette
- Laughter yoga Therapy
- Let's talk about menopause
- Introduction to Mental Health
- Same Storm, different boat
- What it means to be mindful
- Stress management
- Ice lollies really do matter
- Taster yoga sessions
- Community Circular Walk (led by Brave heart community walk) There will be one at CCHC and one at Sauchie

10.5. These are all varied times to try and capture as many people across the HSCP as possible. The time timetable was circulated on Wednesday 2 March 2022 and will be circulated further. All information on how to book, etc is on the timetable. Other things that staff will be encouraged to do:

- Step into spring step count challenge which will start on 1 April 2022. We will be looking for teams of 4 and hope to get a good update across the Partnership.
- Move Assure (Darcy Bussell, this can be done at any time) 30-minute dance classes, just have to sign up and they are free.
- Cup of tea and a chat with your team (Brew Monday or Brew Anyday that suits the team).

10.6. Clackmannanshire and Stirling HSCP are progressing a programme of work supported by Scottish Government known as Discharge Without Delay, as early adopters. We have also developed business cases being presented today for an integrated discharge team/rapid/discharge to assess who will work across hospital and communities to support admission avoidance and reduced length of stay of people who could be supported at home. We have also been working on a business case to meet the personal care needs of people in rural Stirling.

11. Pre-Local Government Election Period

11.1. In a letter send out to NHS and other Health Bodies on the conduct of business during the Scottish Local Government Elections campaign. In particular it provides guidance on dealing with the media and candidates.

- 11.2. This guidance has been sent to all Integration Joint Board Members on 15 February 2022.
- 11.3. Should any Board member have any specific issues, please contact Paula Richardson, Team Leader: Integration Governance and Evidence Unit (Paula.Richardson@gov.scot).

12. Culture and Governance – Emergency Department

- 12.1. On 22 September 2021 a paper was presented to the Board by NHS Forth Valley Director of Finance, titled “Culture and Governance – Emergency Department, Forth Valley Royal Hospital”. The Board agreed the NHS Oversight Group will provide the IJB with quarterly updates on progress. Given the finance and budget focus on the March IJB it has been added to the forward planner for the 29 June 2022 Board meeting.

13. Conclusions

- 13.1. This report provides the Integration Joint Board with updates on key developments.
- 13.2. Thanks are extended to all HSCP staff, NHS Forth Valley colleagues, Local Authority colleagues, delivery partners and unpaid carers for their hard work, dedication and ongoing commitment whilst continuing to work through the pandemic and looking towards recovery.
- 13.3. Wellbeing resources continue to be available to staff from each constituent organisation via each organisation’s employee support offerings. In addition, supplementary support has also been made available nationally which colleagues are regularly signposted to and encouraged to participate in.
- 13.4. There is a National wellbeing hub established which can be found [here](#)¹⁴.

14. Appendices

None to Note

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒

¹⁴ [Home - National Wellbeing Hub for those working in Health and Social Care](#)

Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	There are no direct financial implications arising from this report.
Other Resources:	None.
Legal:	There are no legal implications arising from this report.
Risk & mitigation:	There are no risks arising from the content of this report as it is provided for information purposes.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 8.1

Financial Report

For Noting

Paper Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Purpose of Report:	To present the Integration Joint Board with an overview of the partnership financial position and continuing impact of COVID 19 thereon.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the 2021/22 projection based on Financial Performance for the first 10 months of the financial year to 31 January 2022. 2) Note the Significant Financial Issues and Pressures. 3) Note the updates on Scottish Government funding support for ongoing impacts of Covid 19. 4) Note the projected level of savings delivery and projected expenditure in relation to approved investments. 5) Note that year end IJB reserves are likely to be significantly in excess of target levels at 31 March 2022 and a projected reserves position will be incorporated within the 2022/23 Revenue Budget paper.
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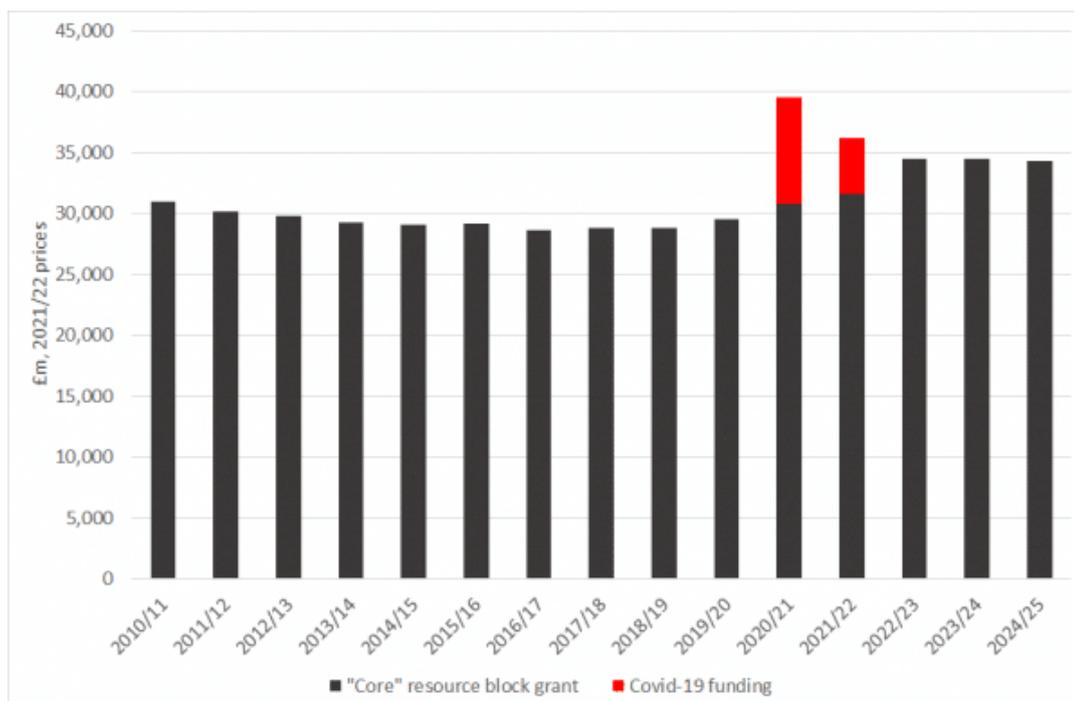
1. Background

- 1.1. The Integration Joint Board approved its 2021/22 revenue budget on 11 May 2021.
- 1.2. Urgent decision making powers were put in place concurrently and remain in place at this point. Work has been ongoing to prepare a revised scheme of delegation and this is presented to the IJB for consideration
- 1.3. The Scottish Government has requested quarterly returns for exceptional Covid costs as part of the suite of financial returns from NHS Boards. The Quarter 3 return was submitted at the end of January 2022 as part of a suite of pan Forth Valley financial returns to Scottish Government by NHS Forth Valley.
- 1.4. The impact of the Covid-19 pandemic will have a profound and long term effect on economic strategy and therefore public expenditure and short and medium term planning will require to be continually reviewed in response to this.
- 1.5. It is clear that the whole health and social care system is continuing to experience exceptional levels of demand, as the impacts of the pandemic continue and shift from predominantly direct to indirect cost impacts. Constraints on capacity, particularly workforce, mean that not all service demand is being met and unmet need is also rising. The financial impacts of increasing demand and service delivery is having an impact on the projected costs detailed within this report. These issues combined could mean projections are subject to a degree of volatility over the remainder of the financial year.

- 1.6. Finance reports should be read alongside Performance reports to give a wider overview of both financial and non-financial performance. Further work to develop and improve integrated financial reporting is continuing and will be presented, initially to the Finance and Performance Committee, in due course.

2. Fiscal Outlook

- 2.1. As previously highlighted to the committee and IJB the fiscal outlook appears significantly tighter in the financial years 2023/24 and 2024/25. This is illustrated in the chart below.



- 2.2. The Scottish Government will be publishing a Scottish Spending Review in May 2022 and it is also understood they will refresh and publish an update Medium Term Financial Framework for Health and Social Care thereafter. As previously approved by the IJB, a substantive review and update of the IJBs Medium Term Financial Plan (MTFP) will be undertaken thereafter.

3. 2021/22 Projected Out-turn

- 3.1. A set of financial projections have been prepared based on financial performance for the first 10 months of the financial year to 31 January 2022.
- 3.2. This indicates a projected overspend of £0.526m on the Set Aside Budget for Hospital Services and a balanced position on the Integrated Budget after reflecting the impact of further Covid funding from Scottish Government which has now been confirmed.

IJB/Committee Report Table

	M10
Integrated Budget	£m
Operational & Universal Health Services	(0.087)
Adult Social Care	(2.523)
Gross Projected Overspend Integrated Budget	(2.610)
Assumed Financial Support for Covid Demand Pressure	2.303
Net Projected Overspend Integrated Budget	(0.307)
Further Covid Funding to bring Integrated Budget into Balance	0.307
Net Projection on Integrated Budget	(0.000)
Set Aside Budget for Large Hospital Services	(0.526)
Net Projected Overspend Partnership/ Strategic Plan Budget	(0.526)

- 3.3. Confirmation of further Covid funding from Scottish Government has now been received (the letter is appended to the Revenue Budget paper as it materially impacts the 2022/23 budget).
- 3.4. The financial pressures in relation to the set aside budget are currently met in full by NHS Forth Valley.
- 3.5. The confirmation of further Covid funding from Scottish Government gives assurance that there will be no requirement for risk shares from the constituent authorities or use of IJB reserves in respect of financial year 2021/22.

4. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 4.1. The set aside budget is reporting an £0.468m overspend for the first ten months of the financial year and is currently projected to overspend by £0.526m for the year. Many of the set aside services are under significant pressure from demand levels and increasing acuity of care.
- 4.2. Covid related costs continue to be reviewed across the set aside budget and have been incorporated in NHS Forth Valley's Quarter 3 Covid Costs return to Scottish Government.
- 4.3. In the first ten months of the financial year the financial pressures on the set aside were across Accident & Emergency Services, Rehab and Respiratory Medicine, Palliative Care and Mental Health Inpatient Services.

Integrated Budget

- 4.4. The main pressure areas across the Integrated Budget relate to:

Within Operational & Universal Health Services: Family Health Services (FHS) prescribing, Complex Care packages, the Westmarc Wheelchair Contract and Community Equipment. These are partially offset, as in previous years with

underspends across other community services. Less than full projected delivery of savings and efficiency programmes.

Within Adult Social Care: The costs associated with ongoing demand pressures in Long Term Care, Care and Support at Home and Respite predominantly driven by current significant levels of service activity and demand across the whole health and social care system, demographic pressures, supporting discharges to maintain hospital capacity. Staffing pressures in residential care facilities including Menstrie House and the Bellfield Centre. There are also financial pressures associated with planned Learning Disability discharges from Inpatient to alternative community models of care and transitions from Childrens to Adult Services. Less than full projected delivery of savings and efficiency programmes is also driving some areas of financial pressure.

The main drivers of the overspend remain increasing demand and complexity of need, with the consequent costs. This is a consistent challenge across both health and social care functions. Underlying causes include the impact of demographic change and the determinants of general health and care needs.

The significant areas of financial pressure across the Partnership budget are:

- Delivery of adequate savings and efficiency programmes whilst delivering safe and effective person centred care.
- Growth in demand and costs of Care at Home (all care groups) including those associated with maintaining adequate flow and improving delayed discharge performance.
- Growth in demand and costs Provision of Residential Care (all care groups).
- Potential additional costs associated with supporting delivery of safe social care services including additional support to Care Homes not directly related to Covid-19.
- Cost and complexity of transition of care from Children's Services – particularly in relation to Learning Disabilities.
- Cost and Volume Increases in Primary Care Prescribing.
- Cost pressures relating to Primary Medical Services.
- Cost pressures associated with the Set Aside Budget for Large Hospital Services (Accident and Emergency, General, Geriatric and Rehab Medicine and Mental Health Inpatient Services).

4.5. Consolidated out-turn projections are set out in Section 3.2. It is important to recognise that there are a number of significant areas which are subject to cost volatility and variation. These areas are the subject of ongoing review, action planning, and where appropriate and feasible, action implementation.

The specific areas of focus are:

- Cost and volumes of drugs and other therapeutics in Primary Care, including potential price volatility in relation to Brexit and tariff adjustments.

- Further increases in demand, complexity and costs of service provision.
- Transitions from Childrens services and Learning Disability and Mental Health inpatients facilities and requests for high cost community care packages which cannot always be foreseen.
- Remodelling Future Demand & Profiling of bed capacity.
- Costs associated with legislative changes including the Carers Act.
- Risks associated with the provider market including sustainability issues.
- Primary Care / GP Sustainability.
- Whole system performance issues including delayed discharge linked to developing approaches to Early Intervention and Prevention.
- Filling of critical vacant posts and maintaining safe staffing levels within services.

Family Health Services Prescribing

- 4.6. Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £1.252m for the financial year. This is being largely offset by underspends in Operational Health Services, particularly those delivered in the community meaning less than full staffing and activity levels are possible in these services.
- 4.7. Significant work continues to be progressed implementing a Prescribing Improvement Scheme and other initiatives to reduce variation and waste which is having greater financial impact than experienced in 2020/21 but is less than targeted for 2021/22. The workload associated with these initiatives in General Practice, combined with ongoing pressures in managing service delivery continues to be a risk to maintaining momentum in this area.
- 4.8. The issues above notwithstanding, further work is ongoing to identify and deliver benefits in improving value and reducing variation and waste across the Prescribing budgets which will be factored into 22/23 Revenue Budget considerations.

5. Key Assumptions

- 5.1. The projections above are based on the following key assumptions:
- Costs associated with Covid in Quarter 4 of the financial year are broadly in line with estimates reported to Scottish Government in our Quarter 3 financial (LMP/FPR) returns.
 - There is not significant further net growth in service demand/activity over the remainder of the financial year other than activity that can be evidenced as attributable to the ongoing impacts of Covid.
 - There can continue to be capacity focussed on progressing the transformation programme to deliver future financial and non-financial benefits and assist with medium to longer term sustainability.

6. Scottish Government Financial Support for HSCP COVID19 Exceptional Costs (Local Mobilisation/Remobilisation Plans)

- 6.1. Scottish Government has requested quarterly cost returns for exceptional Covid costs incurred or projected to be incurred during financial year 2021/22.

These returns form part of wider NHS Board financial returns to Scottish Government and each HSCP within an NHS Board area is required to compile a detailed spreadsheet template. The Chief Finance Officer co-ordinates and oversees the completion of the template drawing on information from across the partnership.

The Quarter 2 template was submitted to Scottish Government on 29 October 2021 and the quantum of estimated costs at this point was £10.086m. The Quarter 3 template was submitted at the end of January and the quantum of estimated costs at this point was £10.574m an increase of £0.488m from Quarter 2.

7. Health and Social Care Winter Preparedness Plans and Funding

- 7.1. The Scottish Government published Winter Preparedness Plans for Health and Social Care on 22 October 2021. These were accompanied by statements to the Scottish Parliament by the Cabinet Secretary for Health and Social Care setting out key elements of a £300m funding package.

The funding package includes a range of both recurrent and non-recurrent measures including:

- Investment in Care at Home capacity
- Uplift in Social Care pay for Commissioned Services from 1 December 2021
- Interim Care Measures to Reduce Delayed Discharge including use of care home capacity
- Investment in Multi-Disciplinary Teams

- Funding to support health and wellbeing of the workforce.
- 7.2. The share of this funding relating to Clackmannanshire and Stirling HSCP is £3.176m and, in agreement with Scottish Government, any unspent resource will be carried forward via an earmarked reserve to assist with managing the substantial service pressures and addressing levels of unmet need in 2022/23 financial year. This is further considered within the revenue budget paper.

8. Operational Grip and Control Framework and Savings & Investments Monitoring

Operational Grip and Control Framework

- 8.1. As previously discussed with both the Finance and Performance Committee and the IJB, establishment of an Operational Grip and Control Framework is a significant element of strengthening financial and operational management arrangements across the partnership.
- 8.2. These arrangements were reintroduced by means of monthly virtual meetings from August 2020 and are co-chaired by the Chief Finance Officer and Head of Service for Community Health and Care.
- 8.3. The arrangements continue to evolve, and the reporting framework has recently been reviewed to focus on key operational issues.

Savings Delivery & Approved Investments

- 8.4. In terms of savings delivery, the revised 2021/22 revenue budget approved on 11 May was predicated upon a £4.289m of savings delivery with £3.229m of these savings being across the Integrated Budget and £1.060m the estimated savings requirement in relation to the Set Aside budget for large hospital services. The savings and investments trackers are updated on a quarterly basis and the detailed tables appended were also presented to the Finance and Performance Committee on 23 February for scrutiny.
- 8.5. A savings tracker has been re-established to assist in tracking and report savings delivery within the overall context of the projected financial performance of the partnership. A copy of this is attached at Appendix 1(a) to this report. This illustrates that approximately £2.816mm or 87% of the planned savings on the Integrated Budget are currently projected to be delivered in year. Based on the current projection for Set Aside services around half of the savings are assumed to be deliverable.
- 8.6. The current pressures across health and social care systems locally and nationally are having an impact on the focus on the transformation programme delivery and associated savings with management capacity being understandably focused on managing safe service delivery including supporting discharge. It is clear that some areas of savings delivery is being compromised and should current pressures continue it is possible savings achievement could deteriorate further. It is, however, important to be able to

demonstrate and evidence that we are taking all available measures to secure service sustainability in both the current year and recurrently.

- 8.7. The IJB also agreed £1.157m of investments to support acceleration and delivery of the Transforming Care Programme and there will be a degree of slippage against these due to timing of making appointments which provide a degree of offset in the context of the whole partnership budget. The current estimated expenditure in year is £0.849m as detailed in Appendix 1b to this report.

9. Reserves

- 9.1. The IJB approved an updated reserves strategy at its September meeting.
- 9.2. The initial reserves balance for 2021/22 as adjusted in the 20/21 Annual Accounts was £14.212m.
- 9.3. Due largely to the exceptional circumstances relating to Covid consequential funding reserves at 31 March 2021 were significantly, but temporarily, above target reserves level of 2% of annual budgeted expenditure but expected to fall towards this level during the course of financial year 2021/22.
- 9.4. Due to allocations received from Scottish Government in the latter half of the financial year including the Winter Funding package for Health and Social Care and further Covid funding it is now clear that IJB's reserves will be significant at 31 March 2022. This matter is considered in further detail within the 22/23 IJB Revenue Budget.

10. Financial Risk

10.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR).

10.2. The key financial risks facing the partnership are set out in the table below along with risk rating on a RAG (Red/Amber/Green reflecting High/Medium/Low assessed risk levels) basis:

Risk	Risk Rating (RAG)
There is a risk that the savings and transformation programme will not deliver the required level of recurring savings, increasing the underlying deficit in future years.	Red
There is a risk that areas of service sustainability / levels of demand pressures will require additional recurrent financial resources to maintain safe and effective services for service users.	Red
There is a risk that sufficient workforce cannot be recruited and/or retained to maximise impact of available budget (including Winter Plan funding) and ensure care can be provided to vulnerable service users including support for unpaid carers	Red
There is a risk that, in order to minimise hospital delays, achieve safe whole system flow and meet increased demand additional costs are incurred including potentially requiring to commission services from more expensive providers.	Red
There is a risk that the HSCP COVID-19 mobilisation plan costs are not fully funded by Scottish Government	Low
There is a risk that provider(s) may become unsustainable resulting in the HSCP/Constituent authorities requiring to step in to ensure safe continuity of care with risk of associated additional expenditure.	Amber
There is a risk that anticipated funding allocations from Scottish Government are not received in full or in line with planning assumptions and expenditure commitments.	Amber
There are ongoing risks associated with EU withdrawal arrangements which carry potential financial risk including drug costs and staffing.	Amber
The risk that potential future changes in Health and Social Care policy including consultation on the implementation of a National Care Service increase expectation, service demand and therefore expenditure in advance of additional funding.	Amber
The risk that adequate skilled workforce capacity cannot be recruited and/or retained to deliver the IJBs Strategic Priorities.	Amber
Risk that implementation of the Primary Care Improvement Programme including the GP Contract arrangements per the revised Memorandum of Understanding (MOU) exposes the NHS Board and Integration Authorities to additional financial risk through Transitional Payments.	Amber

11. Conclusions

- 11.1. The projections detailed in this report reflect the projected financial impacts of a health and social care system under significant pressure. The level of demand being experienced is significantly above longer term, pre-Covid trends. It remains to be seen if this represents a temporary surge or a longer term change in demand patterns. It is clear, however, that current demand pressures are materially impacting the ability to deliver safe services within available resources.
- 11.2. The confirmation of further Covid funding by Scottish Government on 9 February gives assurance in respect of the current years financial position and provides a degree of comfort in respect of the 2022/23 Revenue Budget. However it would be prudent for the IJB to assume that there will be no further Covid consequential funding from UK Treasury and plan for Covid recovery and sustainable finances and service delivery within this context.
- 11.3. The Partnership's ability to progress the Transformation Programme as the key programme in driving financially sustainable service change, pursuance of Strategic Priorities and improved outcomes for citizens continues to be significantly affected by the ongoing impact of the COVID-19 pandemic. It has also brought opportunities for change which it remains critical to capitalise upon.
- 11.4. Meantime we must continue to pursue delivery of the Transforming Care Programme delivering of associated efficiency and savings requirements whilst balancing and managing the risks around Covid, ensuring appropriate contingency and business continuity planning and remobilisation and renewal.

12. Appendices

Appendix 1A – Savings Tracker

Appendix 1B – Investment Tracker

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	Financial Implications are detailed within the body of the report.
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	Financial Resilience is a risk reflected in the IJBs Strategic Risk Register. The structure of the finance report also includes an assessment of key financial risks in line with previous audit recommendations.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix 1A



Clackmannanshire & Stirling Integrated Joint Board
 Savings Plan per Budget
 Financial Year 2021-22
 Reporting Month 9

Budget Category	Proposal Number	Detail	Budgeted Savings FY (£m)	Projected Savings FY (£m)	Variance FY (£m)
Integrated Budget	1	Rural Models of Care	0.625	0.380	(0.244)
	2	Full Year Effect of Grip and Control Actions at Bellfield and Menstrie	0.450	0.250	(0.200)
	3	Strategic Commissioning Aligned to Strategic Plan Priorities	0.200	0.000	(0.200)
	4	Medicines Optimisation (including PII PII element est @ £0.325m)	0.600	0.350	(0.250)
	5	Demand Management Including Review Activity and Reductions in Long Term Care	0.600	1.177	0.577
	6	Learning Disability/Mental Health Redesign - New Models of Care including Supported Living	0.654	0.658	0.004
	7	Charging and Improving Income Recovery	0.100	0.000	(0.100)
Integrated Budget Total			3.229	2.816	(0.413)
Set-Aside Budget	8	Integrated Whole System Working Projects	1.060	0.532	(0.528)
Set-Aside Budget Total			1.060	0.532	(0.528)

Appendix 1B



Clackmannanshire & Stirling Integrated Joint Board
 Investment Plan
 Financial Year 2021-22
 Reporting Month 9

Proposal Number	Detail	Budgeted Investment FY (£m)	Projected Investment FY (£m)	Variance FY (£m)
1	Self Directed Support Lead	0.044	0.022	(0.022)
2	Tech Enabled Care Officer - 6 month Fixed Term Appointment	0.025	0.000	(0.025)
3	Care Home Assurance Team (Net of SG Funding Contribution)	0.100	0.100	0.000
4	Carers Act Investment Plan including Short Breaks Co-ordinator	0.385	0.385	0.000
5	Investment in Reablement Approaches	0.278	0.090	(0.188)
6	Investment in Service Planner and Policy and Performance Officer Capacity	0.125	0.052	(0.073)
7	Phase 1 Addressing Waiting/Pending Times	0.200	0.200	0.000
Total		1.157	0.849	(0.308)

Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 8.2

IJB Revenue Budget 2022/23

For Approval

Paper Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input checked="" type="checkbox"/>
Stirling Council	<input checked="" type="checkbox"/>
NHS Forth Valley	<input checked="" type="checkbox"/>

Purpose of Report:	To present the Integration Joint Board with an initial 2022/23 Revenue Budget for consideration and approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the initial 2022/23 IJB Revenue Budget 2) Note the proposed payments and set aside budget for large hospital services from the constituent authorities and that these are compliant with the terms of the Scottish Budget (Section 4) 3) Note the update in relation to further Covid funding, agree the proposed approach and delegate authority for the Chief Officer and Chief Finance Officer to develop a Covid Unscheduled Care Covid Recovery Plan via the Unscheduled Care Programme Board and in conjunction with the Chief Officer and Chief Finance Officer of Falkirk IJB and the Chief Executive and Director of Finance of NHS Forth Valley and agree to that a further update in relation to Covid recovery and use of the Covid Recovery earmarked reserve is brought to the June IJB meeting. (Section 6). 4) Approve the development of an updated Carers Investment Plan for consideration and approval (Section 4.7 to 4.10) 5) Consider and approve the key business cases appended to this report in so far as the proposed investments can be contained within a balanced partnership budget position (Section 7 and Appendices 5 and 6) 6) Approve the proposals in relation to Transformation Funding and the Transformation Fund Investment Plan (Section 9 and Appendix 4). 7) Approve the proposed revision to the reserves strategy and policy (Section 13.6) and approve the proposals in relation to reserves (Section 13.10) 8) Delegate authority to the Chief Officer to issue initial directions for 2021/22 (Section 12).
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1. Background & Executive Summary

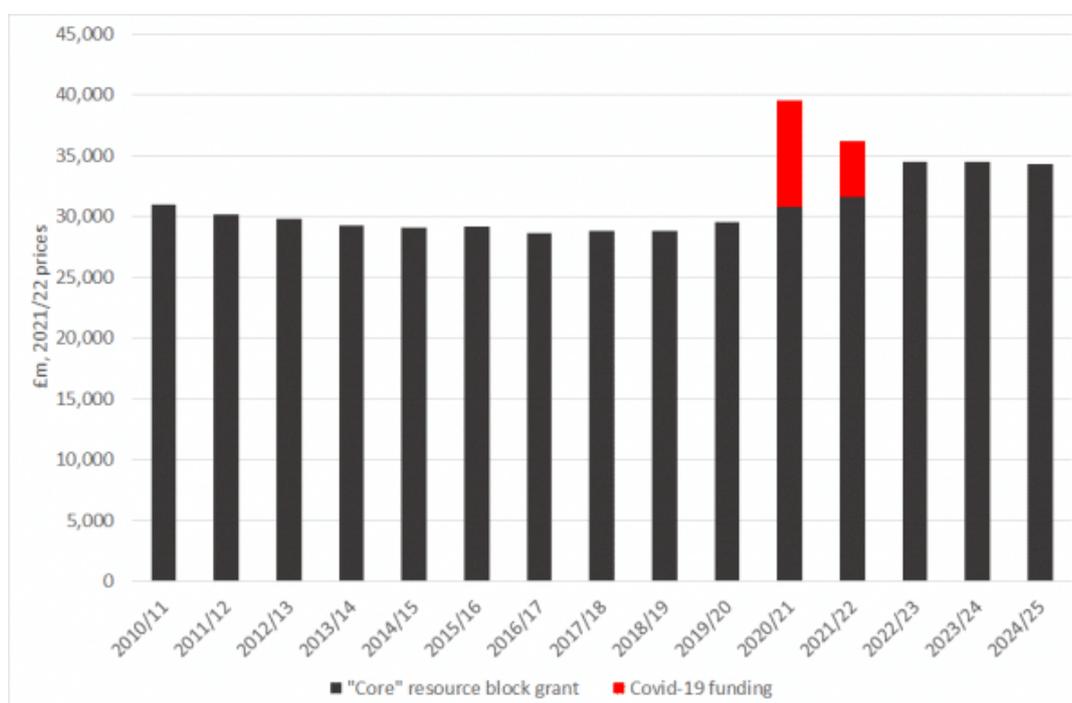
- 1.1. The IJB aims to set a balanced revenue budget for the forthcoming financial year prior to 31 March each year in line with good governance principles and the Ministerial Strategic Group (MSG) proposals on progress with integration.
- 1.2. The revenue budget should be viewed in the context of:
- The ongoing impacts of the Covid 19 pandemic including the service and financial challenges this represents and the risk of further significant waves and/or variants.
 - The partnerships projected 2021/22 financial position including impact of, and reliance on Covid consequential funding.
 - The 2022/23 IJB Business Case presented to the IJB at its January 2022 meeting
 - Ongoing significant demand and service pressures across the Health and Social System locally and nationally
 - The future challenges in respect of increasing demand and complexity, including the impacts and uncertainty that Covid adds in predicting demand, costs and resource availability.
 - Partnership performance as demonstrated in the Annual Performance Report and periodic performance reports to the IJB and, in particular, performance on minimising avoidable delays in discharge.
 - The need to continue to further partnership arrangements including further progress in response to the consolidated partnership response to the Ministerial Strategic Group (MSG) proposals on Progress on Integration
 - The further development of Transforming Care Programme as overseen by the Transforming Care Board that has occurred during 2021/22.
 - The complex legislative and organisational environment the IJB operates within, including the uniqueness of a single NHS Board, 2 Local Authority partnership.
 - The allocation of further Covid funding from Scottish Government as detailed in the letter from Director of Health Finance and Governance dated 25 February 2022 (copy attached as Appendix I)
 - The requirement for money to lose its identity and investment to be focused on improving outcomes for service users, strategic priorities and achieving best value from scarce public resources.
 - The revised budget strategy agreed as part of the 21/22 Revenue Budget and Medium Term Financial Plan.
 - The statutory duty to work collaboratively with the Falkirk Health and Social Care Partnership and wider partners as part of the wider Forth Valley and Regional Health and Social Care Systems.
- 1.3. The budget process has followed the national guidance on financial planning for Integration Authorities as in previous years. In line with the partnership's consolidated response to the MSG proposals, this process has developed to more closely align to the national guidance and process set out in the Integration Scheme with the production of an IJB Business Case which was considered by the IJB at its January 2022 meeting. Constituent authorities

were provided with the business case and additional information where available to assist in informing budget allocation considerations by means of letters addressed to Chief Executives from the Chief Officer and Chief Finance Officer.

- 1.4. This budget paper sets out a proposed balanced 2022/23 IJB Revenue Budget for consideration and approval incorporating
- material updates on issues affecting the financial position of the IJB,
 - business cases for proposed key investments, and
 - an assessment of risk in delivery of savings and efficiency plans.

2. Economic Outlook

- 2.1. As previously advised to both IJB and Finance and Performance Committee via financial and budget updates the economic outlook is appears significantly tighter over the medium term. The graph below illustrates this and the temporary impacts of Covid19 funding across financial years 2020/21 and 2022/23 clearly.



- 2.2. The above coupled with increasing inflationary pressures both domestically and globally emphasises the need to do as much as possible in the coming year to contribute to bringing the Health and Social Care system into a sustainable position within recurrent resources, taking account of constraints (particularly availability of labour) and risks and aligned to our Strategic Plan priorities.

IJB Budget Strategy

- 3.1. The IJB agreed a revision to the budget strategy as part of the 2021/22 Revenue Budget considerations. This has been further discussed with the Finance and Performance Committee with respect to 2022/23 onwards and the Committee endorse that the key elements of the current budget strategy should remain. These being:
- i. To achieve a breakeven position on the revenue budget on an annual basis
 - ii. To invest Transformation Funding in supporting the Transforming Care Programme and subject to achievement of i) not require to deploy transformation funding to offset operational overspends
 - iii. To operate a prudential, risk based reserves policy and strategy and aim to hold contingency or general reserves of 0.75% of budgeted expenditure. Given the current level of general reserve and the future financial risk profile it is proposed to increase this aim to hold a general reserve at 1% of budgeted expenditure. There is no specific additional action required to achieve this other than operating in line with this budget strategy.
- 3.2. The proposed approach to reserves policy is set out at section 13 of this paper.

2022/23 IJB Revenue Budget: Proposed Payments and Set Aside Budget for Large Hospital Services

- 4.1. The IJB Business Case presented to the January IJB set out the minimum requirements for NHS Boards and Local Government in terms of payments and set aside budget to the IJB for 2022/23 financial year to comply with the terms of the Scottish Budget.
- 4.2. The requirements of the Scottish Budget in terms of payments and set aside budget to IJBs are as follows:
- NHS Board payments to IJBs must deliver an uplift of 2% over 2021/22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.
 - The Health and Social care Portfolio will transfer additional funding of £554m to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay (£10.50 minimum per hour for commissioned services) and on winter planning arrangements (commitments from Winter Funding package with recurrent or non-recurrent elements into 22/23).
 - Local Authority social care budgets for allocation to IJBs must be at least £554m greater than 2021/22 recurring budgets.

Stirling and Clackmannanshire Councils set their budgets on 3 and 4 March respectively. NHS Forth Valley will set their budget before the end of March. To comply with the terms of the Integration Scheme the Health Board Director of Finance has written to the Chief Finance Officer with the proposed payment and set aside budget to the IJB.

Payment from Clackmannanshire Council

4.3. Clackmannanshire Council set its budget on 4 March.

The proposed payment to the IJB is £23.073m representing the 2021/22 recurrent budget plus £3.163m being the share of £354m of the £554m in the local government settlement that had been confirmed to the council at the time the budget paper was published. On confirmation of the residual £200m the Councils payment to the IJB will be increased. This is estimated at £1.69m and for the purpose of this budget a payment of £24.763m is assumed.

The council's payment is in line with the requirements of the Scottish Budget.

Payment from Stirling Council

4.4. Stirling Council set its budget on 3 March 2022.

A payment to IJB of £48.934m was approved in line with minimum requirements of the Scottish Budget. This includes the Stirling share of the £554m included in the Scottish Budget settlement and £0.065m of Mental Health Recovery and Renewal funding.

As a result of the complexities of the 2022/23 Scottish Budget there likely be some reconciling and other adjustments required after initial budget setting. This will include Mental Health Recovery and Renewal funding and Scottish Government investment in Social Work capacity outwith the core Local Government Settlement. Respective Chief Finance Officers will continue to liaise on these matters and updates will be incorporated within 2022/23 financial reporting.

Pass-through Funding for Integration Authorities Flowing Through the Local Government Settlement

4.5. The payments from Clackmannanshire and Stirling Councils include shares of £554m of pass-through funding for Integration Authorities via the local government budget settlement.

4.6. The £554m investment includes resources for:

- The full year effect of the December 2021 increase in pay in commissioned adult social care (£144m Scotland / £3.67m IJB recurrent)
- Investment in Care at Home Additional Capacity (£124m Scotland / £3.17m IJB recurrent)
- Interim Care (£20m Scotland / £0.51m IJB Non recurrent)

- Baseline of Real Living Wage Funding provided non-recurrently in 2021/22 (£30.5m Scotland / 0.78m IJB recurrent)
- Additional Investment in Social Care which requires to cover the cost of £10.50 minimum pay in commissioned adult social care (£200m Scotland / £5.09m IJB recurrent)
- Carers Act (£20.5m Scotland / £0.52m IJB Recurrent)
- Uplifting Free Personal Care and Nursing Care Allowances (£15m Scotland / £0.45m IJB recurrent)

Supporting Unpaid Carers

- 4.7. In respect of the financial allocations for the Carers Act, the allocation is based on the financial memorandum unpinning the legislation which was in itself informed by the work of a Finance Advisory Group. This amounts to £0.52m for the partnership in 2022/23.
- 4.8. Related to this funding the Cabinet Secretary for Health and Social Care wrote to Local Authority Chief Executives and Chief Finance Officers and IJB Chief Officers and Chief Finance Officers on 8 February 2022 recognising the immense contribution unpaid carers make to the sustainability of the health and social care system and the pressures they have faced particularly over the past two years. The Cabinet Secretary asked within his letter that the substantial Carers Act funding uplift for 2022-23 goes to delivering the intended expansion in local care support services.
- 4.9. To this end and in recognition of the crucial role unpaid carers continue to play locally it is proposed to allocate the £0.52m within the settlement to support further development of the Carers Investment Plan. This builds on our approach in 2021/22. It is further proposed that after discussion and consultation with the Carers Strategy Group and the Strategic Planning Group an updated Carers Investment Plan is developed and brought back to the IJB for consideration and approval.
- 4.10. It should be noted that in line with the financial memorandum underpinning the Carers Act this is the final financial year any specific additional funding is anticipated within the financial settlements.

Minimum Payment and Set Aside Budget for Large Hospital Services from NHS Forth Valley

- 4.11. NHS Forth Valley will consider its budget for 2022/23 on 29 March 2022. The proposed payment and set aside budget for large hospital services was detailed in a letter from the Director of Finance dated 28 February 2022 and is represented in the table below.

<i>Delegated Health Services - Clackmannanshire and Stirling IJB</i>	<i>2021/22 Funding £</i>	<i>2% Baseline Uplift £</i>	<i>Increased Employer NI Uplift £</i>	<i>Total 2022/23 Payment £</i>
<i>Set Aside Services</i>	<i>24,036,015</i>	<i>480,720</i>	<i>145,544</i>	<i>24,662,280</i>
<i>Operational Services</i>	<i>38,289,103</i>	<i>765,782</i>	<i>172,326</i>	<i>39,227,211</i>
<i>Universal Services</i>	<i>33,344,886</i>	<i>666,898</i>	<i>26,997</i>	<i>34,038,781</i>
<i>Pass Through Funding</i>	<i>8,943,159</i>	<i>178,863</i>	<i>0</i>	<i>9,122,022</i>
<i>Partnership/Transformation Funds</i>	<i>3,272,360</i>	<i>65,447</i>	<i>0</i>	<i>3,337,807</i>
<i>Recurring baseline funding</i>	<i>107,885,524</i>	<i>2,157,710</i>	<i>344,867</i>	<i>110,388,101</i>
<i>Primary Medical Services (tbc)</i>	<i>26,340,747</i>	<i>0</i>	<i>0</i>	<i>26,340,747</i>
<i>FHS Non Cash Limited Resources (tbc)</i>	<i>18,396,029</i>	<i>0</i>	<i>0</i>	<i>18,396,029</i>
<i>Primary Care Improvement Fund</i>	<i>tbc</i>	<i>0</i>	<i>0</i>	<i>tbc</i>
2022/23 Total	152,622,301	2,157,710	344,867	155,124,878

(estimated)

The proposed payment and set aside budget is in line with the minimum terms of the Scottish Budget.

Additional resources in relation to Investment in Patient Outcomes (Primary Care Implementation Plan) will be additional to the figures above and require to be added to the baseline. There will also be further considerations in relation to Mental Health Recovery and Renewal Funding, investment in Multi-Disciplinary Teams (MDTs) (£1.03m) and the HSCPs element of the 1000 Additional Health Care Support Workers commitment post further discussions with NHS Forth Valley and Falkirk HSCP (£0.77m).

Subject specific reports on investment plans in relation to these funding streams will be brought to the Board in due course in line with current custom and practice.

2022/23 Baseline Partnership Strategic Plan Budget

- 4.12. The corollary of the above is summarised in the table below resulting in a total partnership budget of £228.822m.

Strategic Plan Baseline Budget 2022/23

	£m
Set Aside Budget for Large Hospital Services	24.662
Integrated Budget	
Payment from Clackmannanshire Council	24.763
Payment from Stirling Council	48.934
Payment from NHS Forth Valley (including Integration and Transformation Funding)	130.463
Total Integrated Budget	204.160
2022/23 Strategic Plan Budget	228.822

5. Budget Considerations, the Transforming Care Programme and Meeting the Budget Gap

- 5.1. The budget gap estimated within the budget update presented to the January IJB meeting was £3.914m on the Integrated Budget and £0.582m on the Set Aside Budget. This took a pessimistic view on availability of Covid funding for 2022/23 as none was confirmed at this point in time.
- 5.2. At the time of the Finance and Performance Committee in February the impact of confirmation of further Covid funding and adjustments to cost and demand pressures based on best current information had reduced the estimated gap to c£2.0m on the Integrated Budget requiring to be met by savings and efficiencies programmes.
- 5.3. This estimated gap was arrived at after protecting £3.17m of the resources flowing through the local government settlement for Care @ Home expansion and £1.03m for development of Multi-Disciplinary Teams (MDTs). The key business case investments around developing a Rapid Response Service and Improving Rural Service Delivery will be funded from within these allocations.
- 5.4. These estimates have been further refined resulting in an estimated gap on the Integrated Budget of £2.023m as illustrated in the table below.

Estimated Gap per IJB Business Case	3.914
Less: Assumed Resources from Further Covid Funding	(2.303)
Plus: Adjusted Inflation Assumptions	0.412
Adjusted Gap	2.023

- 5.5. The financial gap detailed above requires to be addressed via sufficient efficiency and savings plans to ensure in-year financial balance and assist in securing medium to longer term service and financial viability.

- 5.6. Appendix 3 to this report details, with a risk assessment, the savings and efficiency programmes proposed to support delivery of a balanced core revenue budget. Whilst there is significant risk in delivery of this programme the quantum of savings is also less than is projected to be delivered in 2021/22 despite significant and ongoing demand and services pressures. Therefore, given the tighter fiscal outlook and need to rapidly reduce reliance on Covid consequential funding there maybe opportunity to over-deliver and get ahead of the game if at all possible for future years. The potential for this will continue to be explored over the course of the year and updates provided to the Finance and Performance Committee and IJB through routine reporting.
- 5.7. A specific area of further development will be in relation to Medicines Optimisation. The savings quantum included in Appendix 3 to this report is sufficient to bring the Integrated Budget into overall balance this year however further exploration of opportunities in relation to Non-Medical prescribing and Care Homes suggests higher levels of potential opportunity. This will be further discussed at the next Medicines Optimisation Board and further updates presented in due course including potential full year effect into 2023/24 financial year. The overall aim of generating sufficient savings to bring the Primary Care Prescribing Budget into balance remains.

6. Addressing Unmet Need

- 6.1. The issue of and data related to unmet need has been discussed several times with the IJB and committees over recent months.
- 6.2. We continue to monitor the level of unmet need, report this to Scottish Government and assess the potential cost of addressing using a development of the model used for the IJB Development Session in November 2021.

Using data on unmet need as at 14 February 2022 the cost of addressing unmet need is estimated at between £4.573 and £6.098m. As previously discussed with the IJB and Finance and Performance Committee the progress on reducing unmet need over time, and as resources (including availability of labour/capacity) permit will continue to be monitored and reported to the Board via Finance and Performance reporting.

For comparative purposes the upper range of the estimates above at the time of the November IJB development session adjusted for inflation was £6.687m illustrating a reduction of 8.8% over this period.

- 6.3. The key investment business cases presented within this budget and envisaged to have a positive impact over time however this matter will also require further consideration as part of Covid Recovery planning and therefore will be revisited as part of the business for the June IJB meeting.

7. Business Cases for Key Investments

- 7.1. There are two key investment business cases presented within this budget for the IJBs consideration and approval. These relate to development of a Rapid Response Service and Rural Care at Home Team.
- 7.2. The detailed business cases are appended to this budget paper.
- 7.3. A draft of the Rapid Response Service business case and outline of the rationale for the Rural Care at Home Team business case was presented to the Finance and Performance Committee in February. The committee provided constructive comments and were broadly supportive of the cases subject to wider caution with regard to financial sustainability.
- 7.4. Operational managers will be present at the IJB meeting to respond to questions with regard to the business case however members are encouraged as usual to submit questions in advance.
- 7.5. Per section 5.3 sufficient resources have been protected within the budget assumptions to meet the costs of these business cases. The balance of this funding will be targeted towards increasing capacity in commissioned care at home services with this requiring to ensure proportionate resource and capacity is targeted towards Clackmannanshire to balance the investment in Rural Stirlingshire. This should aid whole system capacity, resilience and reduction in unmet need over time.

8. Covid Related Costs and Funding, and Proposed Approach to Covid Recovery

- 8.1. The letter received from Richard McCallum, Director of Health Finance and Governance at Scottish Government on 9 February details further Covid funding allocated to IJBs in 21/22. This allocation to Clackmannanshire & Stirling per Annex B totals £16.819m. Per our Quarter 3 Covid costs return it is estimated that £3.932m will be required in 2021/22 leaving an estimated £12.887m to be carried forward into 2022/23 via an earmarked reserve. These figures may change dependent on actual Quarter 4 costs and the final amount required to bring the Integrated Budget to a balanced position.
- 8.2. Per the letter the amount carried forward is for use by NHS Boards and Integration Authorities. As Integration Authorities are carrying forward the resource it is viewed that funding can only be deployed across delegated integration functions including the set aside and this position has been discussed with both Scottish Government finance colleagues and the IJBs External Auditors.
- 8.3. As there is no additional Covid consequential funding agreed with UK Treasury for 2022/23 currently it is also prudent to assume the funding being carried forward into 2022/23 will be all that is available.

- 8.4. This gives clear justification to view deployment of this funding in the vein of Covid recovery. For this reason it is proposed to establish a Covid recovery earmarked reserve.
- 8.5. Early discussion has taken place between IJB Chief Finance Officers and the NHS Board Director of finance on approach to deployment of these resources based on the views set out above. For the NHS Forth Valley element it is proposed that development and consideration of an Unscheduled Care Covid Recovery Plan be the basis of allocation of resource.
- 8.6. The IJB are asked to agree the approach set out above and delegate authority for the Chief Officer and Chief Finance Officer to develop and agree an Unscheduled Care Covid Recovery Plan via the Unscheduled Care Programme Board in conjunction with the Chief Officer and Chief Finance Officer of Falkirk IJB and the Chief Executive and Director of Finance of NHS Forth Valley.
- 8.7. It is proposed a further update on Covid Recovery Plans is brought to the June IJB meeting.

9. Transforming Care Programme & Transformation Funding

Transforming Care Programme & Board

- 9.1. As previously reported to the IJB, whilst the Covid pandemic has had a significant impact on the progress of the Transforming Care Programme, significant work has been progressed on this in relation to items such as the local Review of Frontline Social Care and the Medicines Optimisation Programme.
- 9.2. The Transforming Care Board is now functioning and sequenced with Finance and Performance Committee and IJB meetings.
- 9.3. Service planning capacity was enhanced as part of 2021/22 Revenue Budget considerations and this along with adequate support services support is vital to furthering progression of the Transforming Care Programme.

Transformation Funding

- 9.4. Availability of funding to support the Programme also continues to be key. Section 10 of this report in relation to reserves incorporated proposals to achieve this including maintaining a Leadership Fund and establishing an 'invest to save' earmarked reserve.
- 9.5. The IJB approved the current 3 year investment plan for Transformation Funding (then referred to as Partnership Funding) in March 2019 aligned to the lifecycle of the 2019-2022 Strategic Commissioning Plan (27 March 2019 IJB Paper 7.4).

- 9.6. Given the IJB has approved the extension of the lifecycle of the existing Strategic Commissioning Plan for a further year to March 2022 a 'light-touch' review of deployment of Transformation Funding is proposed at this stage with a more substantive review taking place as we develop the 2023 onwards IJB Strategic Plan during 2022/23 financial year.
- 9.7. Some transformation funding has already been part of wider redesign e.g. Enhanced Community Team into an element of Hospital and Home.
- 9.8. It is proposed the transformation funding associated with Discharge Hub and Hospital Discharge Teams are the next elements of Transformation Funding to be considered for redesign aligned to the Transforming Care Programme. Investments in reablement also require to form part of redesign considerations aligned to the key business cases and the Transforming Care Programme. It is anticipated this will be completed during 2022/23 and progress will be incorporated within reporting to the IJB.
- 9.9. It is proposed that other commitments from Transformation Funding, including the investments approved by the IJB as part of the 2021/22 Revenue Budget are extended for the coming year, adjusted for inflation, and subject to the substantive review set out at section 8.6. Furthermore it is proposed that the investments in relation to Carers are consolidated with the Carers Investment Plan and investments in relation to Dementia are consolidated within the work in developing the Dementia Commissioning Consortium.
- 9.10. For transparency the proposed investment plan for Transformation Funding is attached at Appendix 7 to this report.

10. Set Aside Budget for Large Hospital Services

- 10.1. IJBs and Health Boards are required to fully implement set aside arrangements in line with the Guidance on Financial Planning for Large Hospital Services and Hosted Services, published by the Scottish Government and the consolidated partnership response to the Ministerial Steering Group proposals. The pandemic and associated service pressures have significantly impacted the work to do this.
- 10.2. An update to the financial model to incorporate Senior Medical Funding in the set aside quantum of funding has been completed.
- 10.3. Further work is required in developing an activity and cost model to comply with the legislation and guidance referred to above in respect of set aside. NHS Directors of Finance and IJB Chief Finance Officers were asked to give an update on progress for the Health, Social Care and Sport Committee in February 2022 and a proposed revised date of 30 September 2022 was agreed to progress this work. This is dependent on capacity in information services, performance and finance.

- 10.4. Meantime, it is imperative collegiate whole system working continues to identify opportunities to safely mitigate the financial pressures associated with the set aside budget.
- 10.5. It is critical that energies are focussed on developing whole system solutions to the service and financial challenges around the unscheduled care pathway and set aside budget. The current position is unsustainable in the future. These challenges are complex and multi-factorial, and require considerable collaborative efforts anchored to our Strategic Priorities and National Health and Well Being Outcomes.
- 10.6. The savings requirement to balance the Set Aside budget for 2021/22 is estimated to be £0.582m.
- 10.7. As the set aside work is reviewed and develops and report's recommendations to inform decision making, it will become more apparent where cost avoidance, through improved patient flow and bed management, can be achieved. However, at this stage, it is currently viewed that financial balance within the Set Aside budget is assessed as high risk.
- 10.8. Risk sharing arrangements for the Set Aside budget will also require further discussion as part of any review of and/or agreement to prepare a revised Integration Scheme.

11. National Care Home Contract (NCHC) Update and Contract Uplifts for Care at Home and Day-care Providers

National Care Home Contract (NCHC)

- 11.1. At the time of writing negotiations in respect of the NCHC for 2022/23 are ongoing. A position was discussed at COSLA Leaders on 25 February and a final mandate for an offer to the sector will be required in due course post further negotiation.
- 11.2. The estimates within this paper are based on the position presented however in order to protect confidentiality and not compromise ongoing negotiations these have not been stated explicitly.
- 11.3. Until a contract settlement for 2022/23 has been reached with the sector there is a risk that the estimated used within this budget paper are materially different to the cost of a negotiated settlement.

Care at Home and Day-care Providers

- 11.4. The estimates used for this budget paper reflect the estimated costs of required increases to rates to ensure providers can pay a minimum of £10.50 per hour for commissioned Adult Social Care services from 1 April 2022.
- 11.5. Some further consideration is required in respect of uplift for non-pay elements of contract and provision has been made for this with the budget based on

best information at the point of writing. Some consideration of immediate inflationary pressures including fuel costs is required as part of this. Should it not be possible to achieve reasonable settlement within the provisions made it may be required to bring this matter back to the Board for further consideration in June.

- 11.6. Whilst there are financial resources in the local government settlement to cover the costs of these pay rates across both the NCHC and Care at Home and Day-care providers we continue to observe multiple challenges in relation to sustainability across the sectors which is pushing the average cost of commissioned care further upwards. We will continue to work closely with the sector locally and nationally to monitor the impacts of this, both financially and non-financially.

12. Directions

- 12.1. As previously reported to the IJB, updated guidance on directions were published by Scottish Government on 27 January 2020.
- 12.2. The IJB approved a revised Directions policy in September 2021 aligned to the Scottish Government guidance with the caveat that the implementation of the policy be proportionate and not unnecessarily bureaucratic or overly consuming of management capacity.
- 12.3. In practice the position set out at 9.2 maybe challenging to achieve. It is therefore proposed to use the transitional year of 2022/23 to test and further develop our practical approaches to Directions prior to agreement of the next Strategic Plan and integrating the approach to Directions fully with the strategic and service delivery planning for 2022/23 onwards.
- 12.4. The Board is asked to delegate authority to the Chief Officer to issue initial directions.

13. Reserves Strategy & Projected Reserves Position at 31 March 2022

- 13.1. The opening reserves position of the IJB @ 1 April 2021 (as revised for adjustments made in final 21/22 IJB Annual Accounts) was £14.212m consisting of £3.323m of contingency reserves and £10.890m of Earmarked Reserves for specific purposes. The earmarked reserves included £6.642m of Covid consequential funding which is first call against Covid expenditure during 2021/22.

Review of Reserves Policy

- 13.2. The IJB approved a revised reserves policy and strategy at its September 2021 meeting based on CIPFA Guidance contained in LAAP Bulletin 55 'Guidance Not on Local Authority Reserves and Balances'. For clarity IJBs are required to account for public resources based on Local Authority Regulations.

- 13.3. The reserves policy set minimum reserves at 0.5% of budgeted expenditure and a prudential target for reserves of 2% of budgeted expenditure. The budget strategy incorporates an aim to build-up and hold a contingency or general reserve of 0.75% of budgeted expenditure as part of a prudent and resilient financial management regime.
- 13.4. As part of these considerations the IJB agreed that the reserves strategy and policy be further reviewed at March 2022 as part of Revenue Budget considerations. Section 25 of the approved IJB Reserves Strategy states 'The IJB Reserves Strategy will be subject to review annually (in line with IJB Budget approval) by the Chief Finance Officer, and where necessary, proposals for adjustments will be submitted to the IJB for approval.
- 13.5. Despite projected reserves at 31 March 2022 being significantly but temporarily in excess of target the future financial risk profile for the IJB is increasing particularly across 2023/24 and 2024/25 financial years and beyond.
- 13.6. Given the increasing financial risk profile of the IJB over the medium term there is a reasonable and justifiable basis for increasing the level of minimum and target reserves held.

It is therefore proposed the reserves policy be adjusted as follows:

Minimum contingency reserves be increased to 0.75% of budgeted expenditure with an aim to hold contingency reserves of 1% of expenditure.

Target reserves be increased to 2.5% of budgeted expenditure

This proposal does not require specific actions to raise further reserves over the course of the year.

Projected Reserves at 31 March 2021

- 13.7. Based on current information available projected reserves at 31 March 2022 are illustrated in the table below.

	£m
General (Contingency) Reserve	3.323
Leadership Fund Earmarked Reserve	0.470
Transformation Earmarked Reserve	1.119
Service Pressures Earmarked Reserve	2.000
Primary Care Transformation Earmarked Reserve	0.757
ADP Earmarked Reserve	0.210
Community Living Fund Earmarked Reserve	0.512
TEC Programme Analogue to Digital	0.081
Other Earmarked Reserves	0.918
Covid Recovery Funding Earmarked Reserve	12.887
Total Projected Reserves at 31 March 2022	<u>22.277</u>

- 13.8. The final value of the Covid Recovery Earmarked Reserve is dependent on actual Covid related expenditure across delegated functions in Quarter 4 and therefore will be subject to change.
- 13.9. The reserves strategy requires an annual review of balances which will be undertaken as part of financial year end processes and included within year-end financial reports and the IJBs Annual Accounts.
- 13.10. The projected service pressures earmarked reserve arises from the estimated balance of 21/22 Health and Social Care Winter Funding package. Discussions have been held between Scottish Government Finance Colleagues and it has been agreed this can be used to support service pressures in 2022/23. To this end it will supplement the Covid recovery funding earmarked reserve and is proposed to be targeted flexibly in reducing unmet need over the course of 2022/23 alongside the wider impacts of the key business cases presented today as part of these budget considerations.

Approvals required in relation to reserves

- 13.11. The IJB is specifically asked to approve the following in relation to reserves.
- Approve virement of £0.030m from the transformation earmarked reserve to the Leadership Fund Reserve which is delegated to the Chief Officer to 'top-up' the leadership fund to an opening balance of £0.500m.
 - Approve the establishment of an invest to save earmarked reserve of £0.250m and delegate authority for this to the Chief Officer contingent upon oversight of invest to save initiatives by the Transforming Care Board. This will be established through virement of funding from the Transformation Earmarked Reserve.
 - Approved establishment of a Covid Recovery Earmarked Reserve from the balance of Further Covid Funding provided from Scottish Government after providing for estimated Quarter 4 Covid costs and providing sufficient estimated funding to bring the Integrated Budget into balance for 2021/22.

14. Key Risks

- 14.1. Financial Resilience is a risk recorded on the IJBs Strategic Risk Register (SRR). It is normal practice that this risk is reviewed both periodically as part of routine review of the SRR and annually based on the risk associated with the review budget.
- 14.2. Both the direct and indirect impacts of Covid continue to pose significant risk to our local communities, society, the services we provide, the partnership budget and the wider economy. The economic impact of Covid19 will continue to be felt over both the short and medium to longer term.
- 14.3. The key risks in relation to the considerations set out in this budget are:

- Levels of uncertainty in relation to both service demand, costs and resources. This is the most significant risk facing the partnership in both the short and medium term.
- The growing demand and complexity of service delivery coupled with ongoing constraints in public expenditure is both a financial and service risk in terms of key partnership performance areas, such as delayed discharge going forward.
- The risks associated with the ongoing challenges associated with Covid, risk of further significant waves and the risk that associated cost implications are greater than the further Covid funding provided by Scottish Government.
- The risk that planning assumptions made are materially different from outcomes.
- The risk that demand for and cost of services is materially different from assumptions. As has been discussed with the Board and Finance and Performance Committee predicting future demand has become more challenging as a result of Covid.
- Risks associated with recruitment, retention and resilience of the workforce. This includes the workforce of commissioned service providers as well as workforce directly employed by the constituent authorities.
- Ongoing risks associated with high general inflation and potential price impacts influenced by the conflict in Ukraine and significantly heightened global tensions.
- The risk that adequate savings and efficiency programmes cannot be delivered to balance the partnership budget.
- Risks associated with future policy decisions from Scottish Government.
- The risk of material error or misstatement and/or unforeseen circumstances with significant cost implications.

15. Conclusions

- 15.1. The 2022/23 Revenue Budget presented to the IJB for approval today is anchored within a unique position of high short term reserves levels, increasing demand and multiple inflationary pressures and a significant fiscal tightening over the medium term.
- 15.2. There is significant complexity and uncertainty within the budget considerations and close control, monitoring and reporting will be vital across the coming financial year. As such it is important to consider this budget as an initial position allowing the IJB to set a balanced opening budget for 2022/23 as there will be further work required in fully reconciling allocations etc. A full audit trail of any adjustments from this initial opening budget will be maintained.
- 15.3. Continuing to maintain and gain further momentum on the Transforming Care Programme and untapping the opportunities of collegiate whole system working more critical than ever at this point in order to increase likelihood of achieving sustainable service solutions across the Health and Social Care

system. It is highly likely the medium term will be increasingly challenging in terms of demand, costs and resources and making significant progress over 2022/223 is therefore critical including achieving maximum impact from non-recurrent deployment of reserves.

- 15.4. We will also require to align our plans and keep a watching brief on the policy landscape in response to Scottish Governments approach to implementation of a National Care Service and Scottish Spending Review due for publication in May 2022. It is also understood the Scottish Government will publish a refreshed Medium Term Financial Framework for Health and Social Care later in early 2022. As previously agreed the IJBs Medium Term Financial Plan will be substantively reviewed and updated post publication of these documents.
- 15.5. It is key that the way the challenges are addressed include ongoing participation, engagement, co-design and co-production with stakeholders and communities along with progress on locality planning and continued development of the role of the Strategic Planning Group are integral to this.

16. Appendices

- Appendix 1 – Letter from Richard McCallum, Director Health Finance and Governance 25 February 2022: Further Covid funding 2021-22
- Appendix 2 – Letter from Cabinet Secretary for Health and Social Care: Carers Act Implementation Funding 8 February 2022
- Appendix 3 – Summary and Risk Assessment of Efficiency and Savings Programmes
- Appendix 4 – Transformation Funding Investment Plan
- Appendix 5 – Rapid Response Service Business Case
- Appendix 6 – Rural Care at Home Team Business Case

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒

Implications	
Finance:	Financial Implications are detailed in the body of report.
Other Resources:	Adequate resources are required to effectively manage the Partnership Budget and deliver the Transforming Care Programme. This includes adequacy and effectiveness of support services for integration functions.
Legal:	The IJB has a statutory duty to seek to achieve best value from the resources it deploys.
Risk & mitigation:	Key risks are set out in the body of the report. The financial resilience element of the Boards Strategic Risk Register will be reviewed based on these updated risks.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA. EQIAs will be prepared for significant service change proposals.
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>



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HSCP Chief Finance Officers
NHS Board Directors of Finance
Cc:
HSCP Chief Officers
Local Government Directors of Finance
NHS Chief Executives

via email

25th February 2022

Colleagues

Further Covid funding 2021-22

Following the recent submission of your Quarter 3 financial returns, I am writing to confirm further funding of £981 million for NHS Boards and Integration Authorities to meet Covid-19 costs and to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings. While I anticipate that funding will be allocated in line with **Annexes A and B**, it will be a matter for NHS Boards and Integration Authorities to agree any revisions where appropriate to take account of local circumstances.

Within the overall funding outlined above, £619 million is being provided for Integration Authorities, which includes funding for a range of Covid-19 measures. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, Mental Health Assessment Units. This funding will also cover sustainability payments to social care providers and additional staff costs across Health & Social Care.

Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board.

/cont'd



Any proposed utilisation of the earmarked reserves to meet new expenditure that had not been funded in 2021-22 will require agreement from the Scottish Government, and it will remain important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

Thank you for your support and engagement during 2021-22 and I look forward to continued close work with you as we take forward plans for 2022-23 and beyond.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal flourish extending to the right.

Richard McCallum
Director of Health Finance and Governance

Annex A Funding by Board Area

Further Covid-19 Funding (£000s)	Health Board	HSCP	Total	
NHS Ayrshire & Arran	14,420	42,765	57,185	
NHS Borders	7,471	17,575	25,046	
NHS Dumfries & Galloway	13,997	16,146	30,143	
NHS Fife	20,947	43,961	64,908	
NHS Forth Valley	7,531	32,355	39,886	
NHS Grampian	7,533	55,697	63,230	
NHS Greater Glasgow & Clyde	88,484	132,917	221,401	
NHS Highland	10,947	37,604	48,551	
NHS Lanarkshire	15,121	68,810	83,931	
NHS Lothian	31,641	114,566	146,207	
NHS Orkney	2,575	3,746	6,321	
NHS Shetland	999	3,620	4,619	
NHS Tayside	2,441	45,355	47,796	
NHS Western Isles	1,608	3,887	5,495	
NHS National Services Scotland	118,110	-	118,110	
Scottish Ambulance Service	11,326	-	11,326	
NHS Education for Scotland	-	1,909	-	1,909
NHS 24	-	-	-	
NHS National Waiting Times Centre	5,436	-	5,436	
The State Hospital	-	-	-	
Public Health Scotland	3,071	-	3,071	
Healthcare Improvement Scotland	-	176	-	176
Total	361,573	619,004	980,577	

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

Annex B Total Funding by Integration Authority

Integration Authority	Further Covid-19 Funding £000s
East Ayrshire	14,143
North Ayrshire	15,891
South Ayrshire	12,731
Scottish Borders	17,575
Dumfries and Galloway	16,146
Fife	43,961
Clackmannanshire & Stirling	16,819
Falkirk	15,536
Aberdeen City	24,317
Aberdeenshire	19,675
Moray	11,705
East Dunbartonshire	9,930
East Renfrewshire	14,781
Glasgow City	73,130
Inverclyde	10,370
Renfrewshire	16,964
West Dunbartonshire	7,741
Argyll & Bute	11,881
North Highland	25,724
North Lanarkshire	32,102
South Lanarkshire	36,708
East Lothian	13,537
Edinburgh City	70,314
Midlothian	9,506
West Lothian	21,209
Orkney	3,746
Shetland	3,620
Angus	11,843
Dundee	16,784
Perth & Kinross	16,728
Western Isles	3,887
Total	619,004

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

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Local Authority Chief Executives
Local Authority Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

8 February 2022

Dear Colleagues

I am writing to highlight the £20.4 million uplift in Carers Act implementation funding included in the local government settlement as part of the Scottish Budget 2022-23 (noted in [Local government finance circular 9/2021](#)).

As per the Cabinet Secretary for Finance's letter to COSLA and Council leaders of 9 December and the Director of Health Finance and Governance's letter to NHS Boards and Integration Authorities of the same date, this Carers Act funding is part of wider significant uplifts for social care. The funding allocated to Integration Authorities should be additional and not substitutonal to each Council's 2021-22 recurring budgets for social care services and therefore Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

The Carers Act funding uplift comes on top of successive, baselined increases in every year since the Act came into force in April 2018. The cumulative total is £68 million for 2021-22. The Act aimed to deliver a significant expansion in local carer support so that funding for carers services and support in 2022-23 will be £88.4 million more than it was in 2017-18.

I know you are aware of the immense contribution unpaid carers make to the sustainability of the health and social care system as well as to the individual wellbeing of the people they care for, and I am hugely grateful for the work they carry out.

Effective support for carers is not a new issue but the consistent feedback from carer representatives is of sustained pressures on carers; huge demand for carer support; and local carer support organisations running beyond capacity. This makes it even more important that the substantial Carers Act funding uplift for 2022-23 goes to delivering the intended expansion in local carer support services.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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www.gov.scot

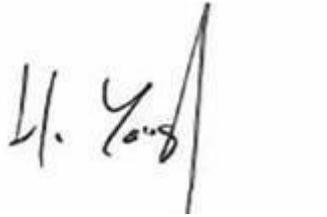


INVESTORS
IN PEOPLE

Accredited
Until 2020



I therefore ask for your support in ensuring these additional resources are allocated in full to expanding support for unpaid carers.

A handwritten signature in black ink, appearing to read 'H. Yousaf', written on a light-colored background.

HUMZA YOUSAF

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Appendix 3:

Efficiency and Savings Plans

Integrated Budget	Roll Forward from Unachieved 21/22 Savings £m	Alignment with IJB Strategic Priorities	Transforming Care Programme(s)	21/22 Estimated Saving £m	Current Risk Rating R/A/G	Notes
Rural Models of Care	0.244	Care Closer to Home, Caring Connected Communities	Adult Social Work Review, Intermediate Care, Care at Home and Reablement	0.244		Full Year Effect of Actions & Decisions in place
Strategic Commissioning Aligned to Strategic Plan Priorities	0.200	All	Establish HSCP Commissioning Consortium	0.200		Link to Commissioning Consortium work and Ethical Commissioning
Medicines Optimisation including Prescribing Improvement Initiatives, Reducing Variation and Waste, Non Medical Prescribing and Care Home Prescribing	0.250	Care Closer to Home, Primary Care Transformation, Supporting People with Dementia, Alcohol & Drugs	Medicines Optimisation, Value Management	0.530		Some invest to save expenditure maybe required from transformation funding.
Demand Management including Review Activity, Impact of Single Handed Care Project etc.	0.000	Care Closer to Home, Caring Connected Communities, Supporting People Living with Dementia, Mental Health, Alcohol & Drugs	Adult Social Work Review, Review and Refresh Approach to SDS, Systems, TEC and e-Health, Effective Demand Management and community signposting	0.600		Less than projected achievement in 21/22 so target is low risk and possible higher potential.
Review of Ordinary Residence Cases	0.000		Adult Social Work Review	0.200		Analysis suggests potential savings
Learning Disability/ Mental Health - New Models of Care including Supported Living	0.000	Mental Health, Care Closer to Home, Caring Connected Communities	Adult Social Work Review, Review and Refresh Approach to SDS, Care Homes and Integrated Housing Programme	0.150		Risk that new models of care, whilst aligned to Strategic Priorities do not produce revenue savings.
Grip and Control Actions including Income Recovery & Reducing Reliance on Temporary Workforce	0.100	All	Value Management, Intermediate Care, Care at Home and Reablement	0.100		Includes housekeeping type actions to control costs.
Sub-Total Integrated Budget	0.794			2.023		
Set Aside Budget for Large Hospital Services						
Integrated Whole System Working including impacts of business cases and unscheduled care covid recovery plan	0.528	Care Closer to Home, Mental Health, Supporting People with Dementia	Whole Systems Working	0.628		
Sub-Total Set Aside Budget	0.528			0.628		
Total Strategic Plan / Partnership Budget	1.322			2.651		

APPENDIX 4

**Clackmannanshire & Stirling Integration Joint Board
Transformation Fund Investment Plan
2022/23 Revenue Budget**

Initiative	Proposed 22/23 Allocation	Mark for Redesign in 2022/23	Consolidate within Carers Investment Plan V2	Consolidate with Dementia Commissioning Consortium
Overnight Care	91,327			
Enhanced Community Team(now part of hospital at home)	403,285			
C2h Night Nursing	30,962			
Develop Reablement	323,311			
Care Home Psychiatric Liaison	45,954			
Southwest Rural Stirling Intermediate Care	170,921			
Alcohol Related Brain Injury (ARBI) Case Management Model	83,594			
Alzheimer Scotland Pd Lw	119,672			
Town Break Stirling - Dementia Projects Assistant	17,834			
Ideas, Innovation & Improvement Fund	27,058			
Clackmannanshire Carers Centre	80,132			
Stirling Carers Centre	113,520			
Rapid Response Frailty Clinic	100,435			
Delayed Discharge Team Cs	99,064			
Hospital Discharge Team - Stirling	137,175			
Hospital Discharge Team - Clackmannanshire	103,050			
Strathendrick	-			
OD Advisor	50,909			
Senior Information Analyst	67,650			
Service Development Manager	56,732			
Administrator 1WTE @ Band 4 / equiv for Council	32,538			
Third Sector Engagement	50,648			
Programme Manager Integration	85,520			
Reablement Investment 21/22 Revenue Budget	284,407			
Self Directed Support Lead Officer	44,880			
Technology Enabled Care	25,500			
Strategic Planning Support/ Performance Analyst	107,100			
Service Improvement Support	30,000			
Admin Support (FOI/Complaints)	32,538			
Strategic and Locality Plan Engagement	5,000			
Supporting OD work	5,000			
Flexible Resource	76,500			
Total Funds Committed	2,902,215			
Total Available Funding	3,337,807			
Transformation Fund Balance Available for Investment	435,592			

Note: The third sector engagement and Ideas, Innovation and Improvement Fund are per SVE&CTSi proposal dated 31 January 2022. The third strand of this proposal related to Community Link Workers (aka connectors) as forms part of the Primary Care Improvement Plan.

Business Case

Programme Name	Redesign of current Reablement and MECS Teams to a Rapid Response Service
Date	February 2022
Written and submitted by	Carolyn Wyllie
Title / role	Head of Community Health and Care

Programme aims & opportunities

In summary, the aim of this business case is to maximize our potential to discharge people home by increasing our internal capacity through **redevelopment, redesign and additional investment of our current resources already based in the community**.

The principles behind the redesign, encompass the 2012 Scottish Government framework in order to help Health and Social Care partnerships design and improve intermediate care services within their localities (*Maximising Recovery, Promoting Independence: an Intermediate Care Framework for Scotland*).

For clarity, Intermediate Care is described as prevention, rehabilitation, reablement and recovery, which is built on the principle of self-management. There is a common assumption that intermediate care purely equates to the provision of beds within an intermediate setting such as the Bellfield or Ludgate however, intermediate care is much more than bed based care. It is the ability and capacity to support the transfer of patients to their destination of choice and provide the necessary therapy in order to maximize independence. When models are successful, it can also avoid the need for emergency admission to acute hospitals through the provision of a step up approach to a short-term intermediate bed. In turn, this model can promote faster recovery and a more timely discharge as well as helping people to re-learn vital life skills.

The proposed RAPID response service model detailed in this report will describe the transformation required to adopt and support a whole system [Discharge Without Delay](#)¹ model, which aims to prevent admissions as well as facilitating

¹ [Discharge without Delay Discussion Paper Final.pdf \(nhsgoldenjubilee.co.uk\)](#)

swift, efficient and effective discharges from hospital beds.

The **Discharge without Delay** program is a joint program of work between the Scottish Government's Urgent and Unscheduled Care Program and the Scottish Government Home First Team, designed to prevent delay and reduce length of stay; ultimately releasing capacity and improving the acute sector's ability to respond to unscheduled demand, and provide the right care in the right place, at the right time. Clackmannanshire and Stirling HSCP, in conjunction with NHS FV are one of the Pathfinder Boards who are working with the national team to test the implementation approach.

Good discharge planning is an essential element of acute hospital patient flow and the mismatch of demand and capacity is a constant pressure for the acute hospital sites and the HSCP. Early identification of discharge requirements, early ordering of the things essential for discharge, early referrals, early involvement of the multidisciplinary team, including social care expertise, early planning and early decisions, are all essential elements of a timely journey through hospital.

This business case recognises that we need to redesign our current services in order to reduce the length of stay for people in hospital and create a model, which has the capacity and flexibility to support patients home when clinically fit, undertaking the assessment of need in their own home environment. This model is universally known as **Discharge to Assess** and has been successfully tested across the UK sites with positive outcomes. It has links to the **Discharge Without Delay** program due to the potential to create capacity within new pathways to support patient's home in a timely manner.

Other HSCP's across Scotland have developed similar resources on the principle of **Hospital to Home**, which embeds the ideology that there is dedicated, support to care for a patient in their own home whilst awaiting commissioned care to meet their assessed and eligible needs or assessing their needs at home (**Discharge to Assess**). This model has the potential to reduce delays to peoples discharge from hospital, including length of stay and ensures that the assessment for commissioned care is a true reflective of eligible need which is assessed in the patients home as opposed to a clinical environment (**positive Risk enabling**).

We recognise that it is essential that health and social care make the best use of the limited resources available and ensure that services are provided in the most efficient and effective way possible, to those who are eligible to receive them. This model provides the opportunity to fully implement our vision of building capacity within our communities by enlisting less intrusive supports where possible, including the use of technology and our partners in the third sector.

The redesign of our current resources and pathways towards a new **Rapid Service** is built on three principle pillars which are -

1. Discharge to Assess

- Person is clinically ready (acute or community hospital) to be discharged to a homely setting and require a functional assessment in their own home.
- The emphasis is to stop assessing patients in hospital, instead focusing the assessment in the patient's home thus reducing delays and providing a more reflective picture of ability and strengths.

- *We do not current operate model locally as yet*

2. Reablement

- The reablement approach supports people to do things for themselves. It is a 'doing with' model, in contrast to traditional home care, which tends to be a 'doing for' model. Reablement improves service users' independence, prolongs people's ability to live at home and in theory reduces the need for commissioned care hours.
- It is time limited, usually for up to six weeks, but possibly for a shorter period depending on progress
- *We currently operate reablement teams across all localities however, the flow can be blocked due to lack of capacity within commissioned providers to be able to pick up new work.*

3. Crisis Care

- Crisis response in the community to situations, which require swift, immediate support.
- Time limited intervention
- 24/7 service provision
- *Established and in operation across all localities*

4. Discharge to await Framework Provider

The **Model of Care** that would be in operation allows the team to flex and importantly, be flexible to patients needs to support a rapid discharge from hospital or prevent admission to hospital.

Programme approach and Recommendation

Within Clackmannanshire and Stirling, the new RAPID response Service will encompass a number of objectives (detailed above) **under one multi-disciplinary team**, operating within the Health and Social Care Partnership. Each locality will have its own rapid team, which is responsive to the needs of that community and works collaboratively with local primary care services and third sector resources.

We propose that all people transferred from hospital will be supported through the Rapid Response pathway, which as noted, prevents a delay for patients in hospital who are clinically well to be discharged. The Rapid team manager will work collaboratively with the hospital discharge team to identify the most appropriate pathway for each patient.

This approach will allow the HSCP assessor to be clear of the eligible needs of each individual and ensure that (a) we have maximised independence through reablement (discharge without delay) b) ensure that all TEC options have been considered to support independence at home and (c) we have fully considered all communities and third sector that are available for people as part of their support arrangements

There is evidence to suggest that we are currently facing a crisis in our care at

Home sector due to a lack of new recruitment and therefore we need to have a multi-faceted approach as to how we support our most vulnerable of clients in the future. This approach of assessing clients in their own home, shifting the balance from assessment in hospital, allows us to be more accurate about need, as well as reducing delays in hospital and improving people's personal independence outcomes, while reducing deconditioning that is a feature of longer hospital stays.

Rapid Response Service Model of Care			
<i>Discharge to Assess</i>	<i>Reablement</i>	<i>Crisis Care</i>	<i>Awaiting Framework Provider</i>
Carers will support patients discharged from hospital whilst working with AHP, SW to identify and assess need. Time limited	Carers will support patient following discharge or support clients living in the community, to maximise independence whilst working alongside AHP.	Carers support client in their own home due to crisis, for example Carer in hospital. Time limited	This is to avoid patients having to wait in hospital until commissioned provider can start POC.

The aim and vision of the collective service is to promote and encourage independence by maximising the person's potential, in addition to promoting self-care of long-term medical conditions.

The new RAPID response service would provide support with assessment, routines, personal care, help with activities of daily living, build confidence to enable people to develop both the confidence and practical skills to carry out these activities themselves and to remain at home within their own community's safety, with the right support, with the right people for as long as possible. It is time-limited support to enable individuals to achieve maximum independence and to reduce dependence on health and social care services. RAPID response is an earlier step in the pathway to support discharge for people without delay; to be assessed at home or waiting for framework provider.

The service will operate 365 day per year from 7.30 am until 22.00pm however enhancements will be required for 7 day working. AHP staff will also work over 7 days.

Efficiency and Effectiveness of additional Staffing – Case for investment

During 2020, our commissioning partners expressed concern that the recruitment and retention of Social Care staff was fragile and therefore, the HSCP took an active decision to increase capacity within the Stirling Reablement team by employing an additional 7.5 (WTE) staff across the localities as part of the response to the Pandemic, to support people, reduce whole systems risks and to protect the acute hospital. Winter funding funded a pilot of a RAPID service within Stirling Localities in 2021. Given the success of the pilot the IJB approved to invest in this work across Clackmannanshire and Stirling.

Whilst the increased capacity was seen as a response to 'winter planning', it was also a test of change in order to analyse if the additional workforce would deliver long term results both in terms of the HSCP strategic priority of care closer to home but also cost effectiveness and long term efficiency. In this, particular model, cost effectiveness and long-term efficiency relate to the hospital bed days saved and the principle that if all people transferred from hospital are transitioned through a reablement programme, there should be an overall reduction in commissioned hours thereafter.

The Stirling Project started late December 2020 with a gradual increase of staff to 7.5 whole time equivalents. They were additional staff with capacity, to support people leaving bed based care who were waiting for a package of care, similar to the ethos of the Rapid Service described.

Given the success of the pilot the IJB approved to invest in this work across Clackmannanshire and Stirling (may 2021). The table below demonstrates that an increase of 7.5 WTE staff in Stirling, over a 4-month period, saved 977 bed days.

<i>Date</i>	<i>Beds/Nights saved</i>	<i>Total Hours provided</i>	<i>No of Clients</i>
Sept 2021	291	258	12
Oct 2021	283	204	18
Nov 2021	403	287	17
Total	977	749	47

The project provided additional capacity to increase the number of referrals from acute, Community and intermediate care beds, which reduced typical lengths of stay, as well as support a number of step up referrals to avoid a hospital admission.

In terms of estimated cost avoidance, using NHS Forth Valleys direct cost per day of a general medical bed ((£401.29 in 19/20 + uplifted by 3% for inflation= £413.33) gives a cost avoidance quantum of **£403,823** for the study period.

If we take an average of bed days avoided over January to March 2021 at 118 bed days per month and scaled this over a year, it is likely to give a prudent indication of 1,416 bed days and costs of £585,275 avoided against the set aside budget and acute operational budgets.

Caution should be applied in interpreting these costs as they represent potential costs avoided rather than any realisable cash savings.

Looking more generally at the cost benefits of a RAPID response service has been difficult to ascertain due to the limitations of current recording systems. However, as a proxy measure, the Business-matching unit in Stirling has been able to analyse 70 transfers from Reablement to a framework provider, demonstrating that 34 of the transfers were reduced by a total of 118 hours of care per week, which is equivalent to 49% of supported people. Unfortunately the system does not record those packages where there were no on-going needs following a period of reablement so therefore this figure is expected to be higher.

Referring back to the table above measure will be ensuring people get back to a homely environment more timeously and cost avoidance (i.e., reduction in hospital stays – discharge without delay).

Costs and Demand

Under the Public Services Reform (Scotland) Act 2010, this service will require to be a registered service with the Care Inspectorate, as they will provide personal care.

The table below demonstrates the current outstanding demand for Care at Home provision across the breadth of our systems and pressures. This business case is primarily to support the clients transition from Hospital and intermediate care to home although there will be occasion when the team undertake a '**step up**' service in response to a crisis, which potentially can avoid admission to hospital.

Demand Analysis – People waiting on a POC (approx. hours) as at 11-2-2022		
	<i>Clackmannanshire</i>	<i>Stirling localities</i>
Hospital Discharge (FVR/CCHC/Wallace/Thistle)	78	388
Intermediate care (Bellfield/Ludgate)	0	71
Post reablement (waiting for a commissioned provider to pick up but living at home)	94	239
Community – Assessed and waiting for POC	71	528

Table one below sets out the costs and investment required to establish this new service; however, many of these posts are already in place as this proposal is to bring the existing Reablement Services under one Team manager within each locality. The proposal is to create 3 locality teams as opposed to the current two teams in Clackmannanshire and Stirling. The additionality required will be new staff to increase the remit and capacity of the service to (a) develop a discharge to assess ethos and (b) prevent patients waiting in hospital for commissioned support. Essentially, we are aiming to progress the majority of hospital discharges through the Rapid Service before requesting support from commissioned providers.

The model is costed on a locality basis; one in urban Stirling, one in rural Stirling and one in Clackmannanshire. There will be one team manager, one care coordinator, one resource planner and one business support for the service in addition to the following: please note that we have added 30% enhancement to the projected cost as this model will be provided over seven days.

The investment required in each locality mirrors demand based modeling analysis, which is cognisant of the unmet need identified above. We recognise that there are additional challenges of commissioning care in Rural Stirling and therefore plan to bring an additional proposal, in order to secure a permanent internal care at home team, which will work with clients for as long as required and bridge a gap in capacity. Although it will need investment for staffing, we will not be commissioning all care to external providers and therefore the cost will only be the difference between the framework rate and the in-house cost.

Clackmannanshire Locality			
Position	In post	New post	Cost
Team manager	1	x	
Care Co-ord	x	1	58,820.00
Resource planner	1	1	43,459.82
Care Support Workers		6.89 (WTE)	299,438.19
OT – Band 6	x	1.5	69,929.99
OT – Band 5	x	1	56,183.80
Physio – Band 5	x	2	112,367.61
TOTAL		13.39	£640,199.41

Stirling Rural			
Position	In post	New post	Cost
Team manager	x	1	66,970.69
Care Co-ord	1	x	
Resource planner	x	1	43,459.82
Care Support Workers		7 (WFE)	283,941.93
OT – Band 6	0.5	0.6	41,958.00
Physio – Band 5	x	0.6	33,710.28
TOTAL		10.2	470,040.71

Stirling Urban			
Position	In post	New post	Cost
Team manager	1	x	
Care Co-ord	1	1	58,820.00
Resource planner	1	x	
Care Support Workers		10 (WTE)	405,631.33
OT – Band 6	3	x	
OT – Band 5	x	1	56,183.80
Physio – Band 6	x	1	69,929.99
Physio – Band 5	x	1	56,183.80
TOTAL		14	646,748.92

Falls Prevention

As part of this new way of working, we have identified that the Rapid team is also an excellent opportunity to develop and lead on Frailty and Falls within the home. This would mean that anyone who has fallen, or experienced multiple falls, and presented to A&E would be referred to the team. Once home, staff within the team will take an active lead to follow up with the patient and offer a home visit or telephone call to discuss prevention strategies. We would require one 0.5 Physio and one 0.5 Social Care officer to support this initiative.

Training

The team will work collaboratively between all of the disciplines to assess, support and provide a rapid discharge pathway from hospital. However, in order to do this safely, we are mindful of the training needs of all staff, particularly the Home care staff who will support the OT/Physio assessments. Therefore we would require one 0.5 OT and one 0.5 physio to support the 3 locality teams.

Additional costs (will cover all 3 localities)		
Falls Prevention	1FTE physio	69,929.99

Non-staff Costs Inc. Training	Travel/IT/PPE/uniforms 0.5 physio 0.5 OT	120,000.00
Total		189,929.99

Total amount of investment requested = £1,946,919

Funding Source and Key Success Measures

Intention would be for funding source to come from the resources included within the 2022/23 settlements for expansion of Care at Home and Multi-Disciplinary Teams (MDTs). Development of the 2022/23 Revenue Budget is predicated on protecting these elements of additional resource for investment in required additionality.

Impact on Key Performance Indicators (KPIs) and Success Measures for this team require to be aligned to expected outcomes and KPIs defined in the Scottish Government letter of 4 November detailing the Winter 2021/22 Investments.

These include:

- Significant reductions in delayed discharge and occupied bed days
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the length of time people are waiting for an assessment

When the patient/client is in the community we will monitor success measures, as follows through the:

- Number of referrals
- Number of assessments completed at home
- Reduction of unmet need
- Reduction in support hours following a reablement approach
- Monitoring use of TEC and third sector to support outcomes
- Outcome and Experience

There is also a benefit in increasing resilience through building internal capacity. As we have seen in recent times the HSCP is frequently required to be the 'provider of last resort' when providers cannot either maintain service delivery or provide capacity for new service users needs.

Further modelling and monitoring is required to estimate any direct impact on future demand and cost curves for social care. There is positive evidence from England; however, the differing policy landscapes make direct comparisons difficult. Evidence does however suggest that investment in reablement complements the investments made in Intermediate Care in recent years.

The National Institute for Clinical Evidence (NICE) published guidelines on Intermediate Care and Reablement in 2017. In relation to costs and savings it reported that:

Implementing the guideline may result in the following additional costs:

- costs of providing additional capacity in bed-based intermediate care
- costs of providing additional capacity in reablement

Implementing the guideline may also result in the following benefits and savings:

- reduced hospital admissions or re-admissions
- quicker discharge from hospital
- reduced requirement for and cost of commissioned home care
- delayed or prevented admissions to care homes

These benefits are entirely consistent with the IJBs strategic priorities as set out in the extant 2019-2022 Strategic Plan. Further modelling of potential efficiencies over the medium term requires to be completed to inform medium term operational, workforce and financial planning.

Risks & barriers

1. Without investment, we will be unable to meet our targets to achieve no 'standard delays over 2 weeks'. The reablement service contributed significantly in the improved delayed performance in Stirling and we now have more people being supported in their own homes rather than be delayed in hospital
2. Home care services will be overwhelmed unless solutions are found that decrease and mitigate demand.
3. Recruitment continues to be challenging in social care.
4. The lack of staffing resources is putting more pressure onto unpaid carers escalating and increasing emergency care for the cared for person which is reflected in a number of complaints received by the HSCP.
5. The commissioned spend for care at home will continue to grow unless we redesign and ensure that we only commission based on eligible need.
6. From a practice perspective, reablement gains part of its power from responding to the wishes of supported people to retain independence, choice and control, staying at home in line with the ethos of the SDS. Without this opportunity, we reduced the opportunity to maximizing independence.
7. The needs of the population are not static, and we need to be flexible in our approach to this new team. Whilst we may start with a team manager, Social Worker, AHP (OT and Physio), home care support workers and business support; there will come at time when the make-up of the team needs to be reviewed to reflect local need. For example, the population projections show the older adult population (over 75's) will double by 2041 in Clackmannanshire and almost double in Stirling. With this comes older adult unpaid carers with their own co-morbidities.

Benefits

1. In considering whether a RAPID response team is affordable, the costs (and savings) of the services should be assessed against its potential benefits. We know that access to a RAPID response team improves people's quality of life compared with conventional home care services and there is also good evidence nationally, that RAPID response team has significant potential to

reduce ongoing care and support costs, despite the higher upfront costs compared with traditional home care.

2. Feedback from local teams –

- Question to service user "How could we improve our service" - Response "How can you improve when you deliver a gold standard of service already"
- From partners involved and worked closely with team: Just wanted to say that having the Rapid Response Team to help with delayed discharges and "filling the gap" has made a huge difference to our recorded delays over the past 6 months.

Summary and Recommendations

Why do we need to Transform

We are designing a model to provide the right support, care and professional input for the individual at every stage. For example, physiotherapy and occupational therapy input will be at the start of the pathway, in assessing and establishing enablement goals (outcomes) and the practice, which needs to be undertaken to reach those outcomes. Through the repetition and consistency of a reablement model, success depends upon everyone in the pathway being wholly engaged with its aims. The physiotherapist, for example, may write an individual plan, which includes practice going up and down the stairs two times a day, which then requires a care worker to accompany the individual during each practice to ensure they are safe. The underlying principle throughout is supporting the individual to safely be as independent as possible.

What will we achieve

We recognise that locally we need to transform our services so that they reach, or enable patients to return to their homes and communities with early, effective interventions. This model supports the ideology that rapid discharge from hospital is the best outcome for the patient but also enables managers and staff to improve outcomes for patients and their families.

There is good evidence that reablement improves service outcomes (prolongs people's ability to live at home, and removes or reduces the need for standard home care). Measured by its capacity to enhance the chances of staying at home, reablement also contributes to user independence and wellbeing.

Policy Arguments

- Discharge to assess and Reablement support a service focused on independence and the joint input of a multi-disciplinary team
- Redesign is required due to modeling work showing that Home Care Services will be overwhelmed unless solutions are found that decrease demand
- The Rapid Service has the potential to be cost effective and is a Spend to Save incentive.

Business Case

Programme Name	Rural Care at Home Team
Date	7 th March 2022
Submitted by	Carolyn Wyllie
Title / role	Head of Community Health and Care

Purpose of Business Case

In February 2020, a Care at Home Review Group was established. One of the functions of this group was to understand the Care at Home service provision across the Stirling localities within the HSCP, identify gaps in provision and explore future options in more detail. In summary, one of the outcomes of this work identified that there are significant challenges commissioning care at home in the more rural areas of Stirling that has steadily deteriorated as the pandemic has progressed.

The purpose of this business case is to present a comprehensive picture of the current challenges from a commissioning perspective including the data to evidence unmet need, and to present a solution, which will endorse the vision of the HSCP ***“to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities”***.

Current position & background

Provision of care at home in the rural north area of Stirling has proven challenging over recent years. The Care at Home Review work which was carried out in 2020 identified 2 principal reasons for the challenge:

1. High levels of demand in towns such as Callander, Dunblane, Bridge of Allan etc. and corresponding lack of local workforce;
2. Areas of particular rurality and low population density i.e. Killin, Balquhidder, Strathyre, Balmaha, the semi-rural eastern boundary of the Stirling Council area or other unique circumstances such as condition of the roads, distance between areas etc. are either not cost-effective on current contractual rates for a provider to service, or present additional levels of risk to service delivery.

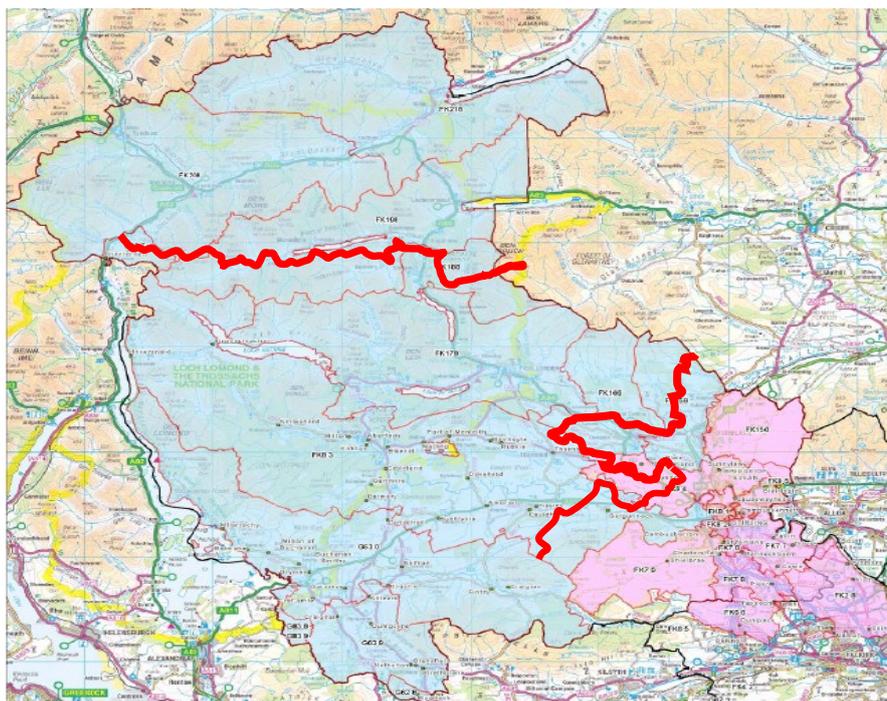
Whilst the implementation of the Scotland Excel Care & Support Framework and other capacity building work has alleviated some of the pressures in the more densely populated towns and villages, the availability of care in the more rural areas has significantly decreased (Fig 1 & 2 below). These challenges have been further exacerbated by the ongoing recruitment and retention issues, which are being

experienced nationally, during the COVID19 pandemic. Ultimately, this has resulted in providers being unable to cover their planned hours and seeking to withdraw from service delivery in particularly challenging areas.

Accordingly, in line with the recommendations of the Care at Home Review work, which was carried out in 2020, this business case seeks investment to develop an in-house provision across all care groups to complement our existing external providers, including the use of technology and our partners in the third sector.

Location

Stirling Rural North (FK18 8; FK19 8; FK20 8; FK21 8 and G83 7 postcodes)



Data

Waiting List (Rural North)

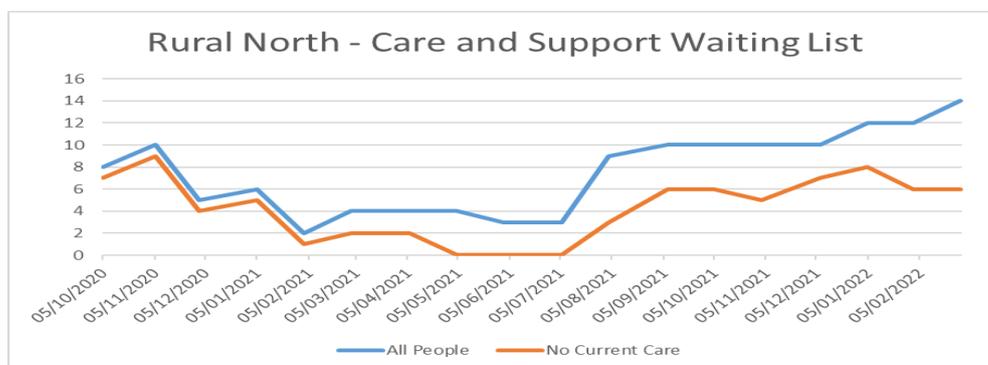


Fig 1: Rural North – Care & Support Waiting List (People/all care groups)

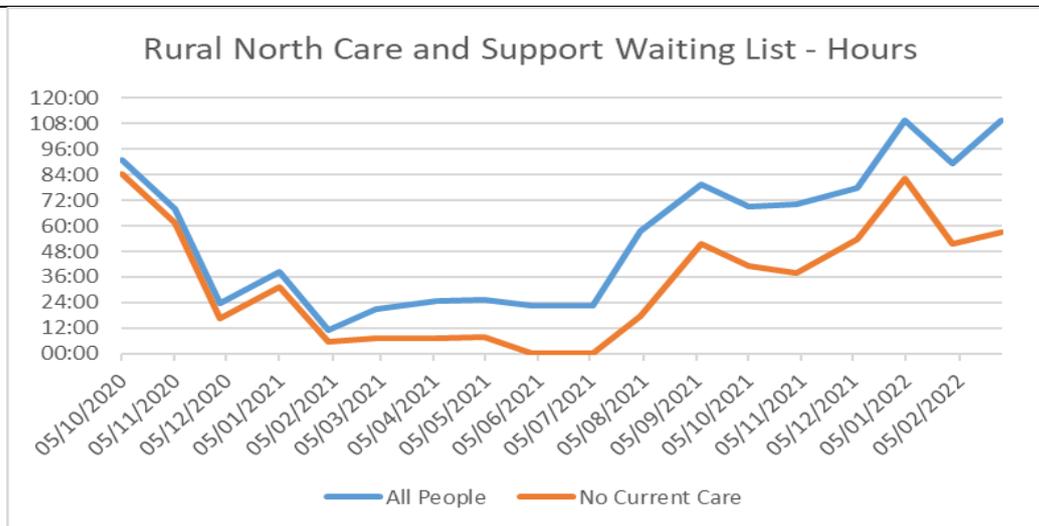


Fig 2: Rural North – Care & Support Waiting List (Hours/all care groups)

Waiting list – Analysis

- The waiting list was at its lowest on 6th July 2021 when no people without care in place, were waiting for a package of care and support.
- The waiting list was at its highest on 4th January 2022 when 8 people with care (82 hours per week) were waiting for a provider to start.
- The current waiting list in Rural North is **14 people (110 hours per week)**. If we break this down, six people are currently without existing care in place (57 hours) and eight people are waiting for an increase to their existing care per week.
- For context, there has been some improvement in the Stirling urban area since February 2022 but this has not been mirrored in the rural area.

New Demand – Analysis

Over 18 months, we have estimated that there has been an additional 15 people who were seeking care at home in the rural north area which is a demand growth of one new client per month.

Programme Approach and Recommendation

During 2020, our commissioning partners expressed concern that the recruitment and retention of Social Care staff was fragile. This has been particularly evident in rural Stirling resulting in a significant level of unmet need accumulating as well as longer delays for clients in hospital and waiting to transition home with care at home support.

This model provides opportunity to fully implement our vision of building capacity within our rural communities by developing an in-house provision to complement our existing external providers, including the use of technology and our partners in the third sector.

Although the development of a rural Care at Home will need investment for staffing, we will continue to work with rural providers however; the additional cost of this team will only be the difference between the framework rate and the in-house cost.

The management and oversight would come under the umbrella of the Team manager for the Rural Rapid Team who would report to a senior operational manager. There will be

operational costs such as travel, staff training that we need to include in the model.

Risks & barriers

1. If we do not consider Care at Home support from an 'in-house' perspective, which complements existing providers, there is evidence to demonstrate that people from the rural areas wait longer for the care they need.
2. Due to a lack of available care, we will be unable to transition people home from hospital in a timely manner resulting in longer delays in hospital.
3. There is strong evidence to support the analogy that the longer a patient waits in hospital; the more detrimental this has on their independence resulting in an increase in the level of care required on discharge.
4. Staffing this model appropriately is likely to have an effect on the ability of other commissioned services to provide necessary care across the wider region. This is because staff will undoubtedly move from commissioned providers to HSCP services due to better pay and conditions and people attracted to these posts tend to live in the local areas.
5. There is a likelihood that if this model expands across the whole of the rural areas; it will influence the viability of existing commissioned providers. Despite the intention to develop a rural team due to unmet needs in the area and develop an in-house service, the intent is to compliment and not compete with our commissioned providers where at all possible.
6. In line with the principles of Self Directed Support, people can choose to remain with their existing commissioned provider via SDS Option 2 but only if the commissioned provider agrees.
7. There is a risk of reputational damage with existing commissioned providers where implementation of this model negatively affects their business however; this risk is minimal as we are only considering the development of this model due to the level of unmet need and the fact that we cannot attract additional businesses to the area.

Benefits

1. Supporting client/patient outcomes to live independently in the community is the overarching benefit of this approach.
2. The model will enable capacity in the rural areas in order to support people to live at home resulting in a greater sense of stability than the current picture.
3. This model will also provide the opportunity to invest in the rural communities of Stirling, providing employment for local people and providing wider benefits and synergies with overall public sector strategies.

Costs & Funding Source

1. Estimated Cost to meet current level of unmet need

There are currently 14 people, who live in the Rural North area of Stirling, who accumulatively require 110 hours per week to meet assessed outcomes. Care and support from an in-house perspective, will be more expensive than the framework rates.

- 110 hours @ £56.83 Per hour per week = £6251 per week / £0.325m per annum

2. Existing Commissioned Hours in Rural North Community

The HSCP currently commission 51.5 hours from four providers within this geographic area. As noted in the context of this report, some providers wish to contractually end their existing contracts because they are struggling to resource the demand. Therefore, we need to be cognisant that there is a high potential for the Rural Care @ Home team to take planned transfers from external providers should this be agreed by the HSCP Commissioning manager. Should these hours be transferred into the in-house team, the cost to the HSCP will be higher than the framework costs when you consider the full spectrum of costs, such as mileage, training, national insurance, pensions etc. The assumption below is the estimated cost should all externally commissioned hours transfer to the HSCP in-house team however; we would wish to develop a hybrid, mixed economy model working collaboratively with external providers where possible.

- **51.5 hours @ £56.83 Per hour = £2,927 per week / £0.152m per annum less current commissioned cost of £0.070m per annum**

Net investment required for business case £0.407m per annum. A cost comparison to commissioned service provision (if this were achievable) and the investment required to secure the benefits of this business case are illustrated below.

Illustrative Cost Comparison to Commissioned Service Provision

	£
Unmet Need	149,515
Current Commissioned Care	70,000
Total Cost of Commissioned Care	219,515
In House Provision	477,258
Marginal Cost Increase	257,744

Investment Required

	£
Cost of In House Provision	477,258
Less: Cost of Currently Commissioned Care	(70,000)
Net Investment Required for Business Case	407,258

Provision has been made for this within the 2022/23 IJB Revenue Budget from Resources flowing through the 22/23 Scottish Budget Settlement.

Summary and Recommendations

In summary, our recommendation is that without the development of an in-house team, we will be unable to meet client's assessed needs within this geographical rural area because providers do not see their business model as being viable, which then disadvantages those citizens within rural localities.

Fundamentally, as described at the beginning of this business case, the vision of the HSCP is to *enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities* and therefore we are aiming to develop a model of care that will support this vision, albeit there are increases in costs to consider. Developing a mixed economy of scale within the rural area, will enable the HSCP to reduce the current level of unmet need, thus reducing risk and carer stress where relevant which in turn reinforces a prevention agenda and reduce demand on crisis services.

Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 9.1

Primary Care Premises Programme Initial Agreement Development

For Approval

Paper Approved for Submission by:	
Paper presented by	
Author	
Exempt Report	[Yes / No]

Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To update the IJB on the progress and approach taken to develop a Primary Care Premises Initial Agreement (PIA) which will seek Scottish Government Capital Investment.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the need to optimise primary care premises across Forth Valley in order to deliver modern and sustainable community services within localities 2) Agree the approach taken toward developing the initial agreement, including the model of care options. 3) Note that following approval of the PIA, work would commence to progress with 4 separate Outline Business Cases; (one for each locality where capital investment is required), assuming the Falkirk Central locality requirements (fifth locality) are addressed as part of the FCH Master planning project.
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1. Background

- 1.1. The Scottish Government's vision for the future of primary care services is that. "general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams (MDTs) will deliver care in our communities and be involved in the strategic planning of our services".
- 1.2. During April 2021 it was agreed that a project is established to progress the development of a Programme Initial Agreement (PIA) for primary care services across NHS Forth Valley to ensure that a modern, future proof service can be provided to the local population. This will be developed in line with the requirements of the Scottish Government Capital Investment Manuel and follows the submission of the Strategic Assessment in 2019.
- 1.3. A project group was convened to include appropriate stakeholder representation in order to begin scoping the project, establishing a baseline and agreeing a future service model.
- 1.4. The project is being directed by Kathy O'Neill, and supported by NHS Forth Valley Corporate Portfolio Management Office (CPMO) and Buchan + Associates; a specialist external partner in health and social care consultancy and planning.
- 1.5. This report provides a summary of the work undertaken to date in develop the preferred service model and supporting PIA. An outline of next steps and overarching programme has been provided.

2. Project Management & Stakeholder Engagement

- 2.1. The following project documentation has been developed and agreed.
 - Programme plan for both the Falkirk Community Hospital and Primary Care Programme Initial Agreement projects to understand the interdependencies and critical path;
 - Mobilisation and monitoring of a project risk register; reviewed monthly;
 - Lessons are being learned from similar programmes elsewhere and;
 - Development of a communications and engagement plan.
- 2.2. An event took place on 16 July 2021 to inform members of staff across the local Health and Social Care Partnerships of the aims and purpose of the programme.
- 2.3. A draft PIA document is well developed and currently with the project team for final review.
- 2.4. To support the PIA development, a number of workshops have been held; attended by a range of stakeholders including extended project team (all locality managers, lead GPs, representation from patient/user/carer groups).

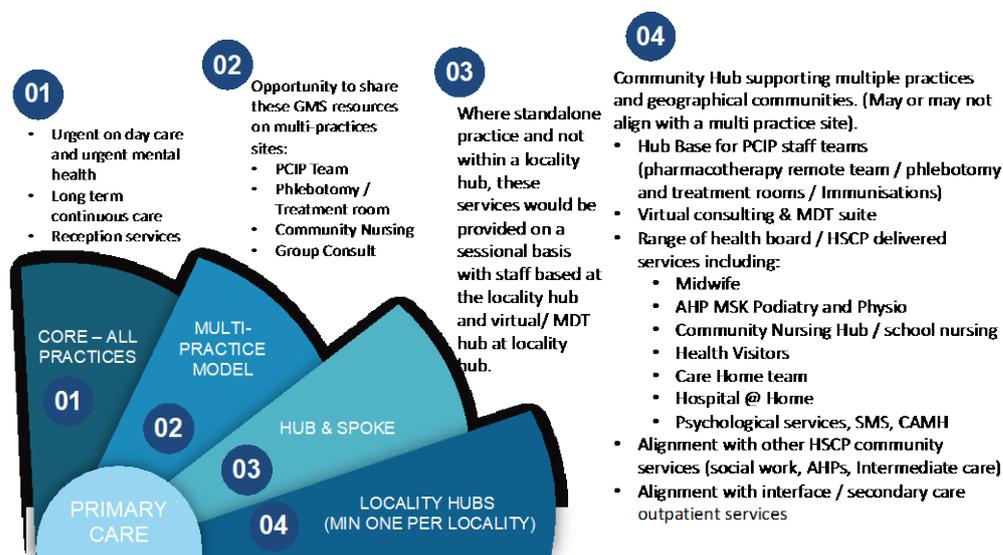
Workshop	When	Purpose
Need for change	29 th July 2021	Summarise the need for change. Identifying the key reasons for change in primary care, effect and why action required. Briefing papers issued to all attendees prior to session setting out purpose and role.
Benefits, Risks, Investment Objectives	19 th August 2021	Develop the investment objectives, benefits & risks.
Service Model	8 th October 2021	Develop and assess the proposed service options for each service. Follow up locality based meetings with locality manager, lead GP and patient /user/carer reps
Cross Check event	4 th November 2021	Large stakeholder group from both PIA and FCH project including all patient user/carer reps. Each sub-group lead presented on their future clinical model and to identify service impact or dependencies
AEDET	17 th November 2021	Undertake the evaluation of current estate using AEDET (Achieving Excellence Design Evaluation Toolkit); facilitated by Health Facilities Scotland
Design Statement	19 th November 2021	Develop the Design Statement of non-negotiables for public, staff and users; facilitated by Architecture & Design Scotland.
Falkirk Central Practices	6 th December 2021 13 th January 2022 8 th February 2022	Early engagement with potentially interested practices from Falkirk central locality who may wish to relocate to the proposed primary care component to the new Falkirk Health & Care facility. This investment proposal is likely to be picked up as part of the Falkirk Master planning Project; within the overarching shared programme of work.

2.5. A number of other key activities have been undertaken in the development of the PIA:

- A survey was issued to general practices.
- Engagement with the GP sub-committee to ensure support with the proposed direction of travel and ongoing stakeholder engagement.
- A site visit to a new primary care facility in Clydebank
- A workshop from NHS Assure has been provided to give both projects an overview and understanding of the process and the specific requirements
- Ongoing engagement with Health Facilities Scotland regarding NDAP requirements and facilitation of workshop 4
- Establishment of a finance sub-group including representation from both Chief Finance officers to determine the overall likely financial impact of the proposed developments. The outputs of which will be included in the final draft PIA.

3. Emerging model of care & Locality impact

- 3.1. The focus of the PIA has been to explore, with stakeholders, the role of primary care within a transformed, integrated care system and how primary care reform may evolve in Forth Valley, noting the current and significant General Practice premises challenges.
- 3.2. An area wide, programme approach has been taken in order to try and maximise interdependencies and opportunities for effective and efficient investment which can benefit the breadth of primary care. This has considered the emerging, transformative model of primary care and sought to identify options for working smarter together to benefit the majority.
- 3.3. A preferred service model for the future delivery of primary care services is proposed. Underpinning the proposed service model is the need to assure General Medical Service delivery at population level and develop existing and new “hub” based models of care. The ethos of these models being to provide some elements of primary and community based services within larger premises. For example, the podiatry service post-pandemic have moved to providing the majority of clinical sessions in fewer locations while at the same time increasing the number of sessions for patients.
- 3.4. Digital transformation requires to be at the heart of any future reform. Future business cases will ensure that next generation digital services are core to creating sustainable, quality services. This includes the expansion of virtual appointments, remote health monitoring, remote desktop server solutions and new primary care eHealth systems, ensuring that technology supports a more inclusive, patient led experience.
- 3.5. Engagement has taken place within each locality involving Locality managers, Locality lead GPs and public/user/carer reps.
- 3.6. The diagram below summarises the future service delivery option for primary care aligned services and how each service would be provided within the future model:



Locality options	Proposed Configuration	Benefits	Impact
Option / Level 01	All 50 GP practices in Forth Valley require to deliver contracted, sustainable, person centred General Medical Service to people at community level.	<p>Prioritised, targeted investment has the potential to:</p> <ul style="list-style-type: none"> • improve a service limited by poor building quality and include a shift of practice owned premises to HB owned • improve services limited by a lack of space • address new Housing Demand 	<ul style="list-style-type: none"> • Re-location of a small number of non GMS community teams and services to strengthen existing and new locality hub models will facilitate space for first contact MDT access in general practice. • Example: - Reprovision of Cowie and Plean • Release of space in Meadowbank
Option / Level 02	Optimise the benefits which can be created through co-location of practices, particularly in urban areas served by more than one GP practices. Opportunity to collaborate and optimise the delivery of care and use of space and technology.	<ul style="list-style-type: none"> • In addition to Level 01 benefits, targeted investment has the potential to • Facilitate collective and dynamic models of MDT care such as Community Treatment, phlebotomy, pharmacotherapy, mental health, MSK and urgent care through effective delivery of PCIP MDT between practices, • Group consultation approaches • Digital and remote support for wider community model. 	<ul style="list-style-type: none"> • Example:- reprovision of premises for up to 4 practices in central Falkirk • Improved service provision in existing co located premises - Stenhousemuir, CCHC, Meadowbank. <p>(a multipractice may or may not be a hub)</p>
Option / Level 03	A hub and spoke option links GMS capacity within Community Hub with stand alone or multipractice models through service hubs or remote / digital support.	<ul style="list-style-type: none"> • In addition to Level 01 benefits practices would benefit from efficient locality delivered or in reach services such as Community treatment, phlebotomy, remote pharmacotherapy or other shared remote consultation approaches to improve access for patients 	<ul style="list-style-type: none"> • Example – Support for rural practices
Option / Level 04	Provide co-ordinated and colocated non GMS locality teams and services.	<ul style="list-style-type: none"> • Build on existing models such as Stenhousemuir, Carronbank, CCHC, and Stirling H&CV, to provide modern digitally enabled quality locality services. • Through a planned approach to community services, provide equitable access to patients both at general practice and community service level • To facilitate space for first contact MDT access in general practice. 	<ul style="list-style-type: none"> • Targeted investment to re-locate / consolidate a small number of non GMS community teams and services may be in alignment with multipractice investment e.g. Falkirk Community Hospital • Optimise the use of existing hub facilities

4. Proposed Approval Process and next steps

4.1. The proposed approvals process is outlined below:

Body	Action	Timescale
GP Sub-Committee	Present model of care	15 th February 2022
Project Team	Sign off	3 rd March 2022
Programme Board	Sign off	End March 2022
Falkirk Integration Joint Board	Present model of care	TBA
Clacks & Stirling Integration Joint Board	Present model of care	TBA
NHS Forth Valley Performance & Resources	Sign off	26 th April 2022
NDAP	Approval	May 2022
NHS Assure	Approval	March-May 2022
NHS Forth Valley Board	Sign off	31 st May 2022
Capital Investment Group	Approval	Submission 18 th May for 29 th June 2022 meeting

4.2. Following approval of the PIA work would commence to progress with 4 separate Outline Business Cases; (one for each locality where capital investment is required) assuming the Falkirk Central locality requirements are addressed as part of the FCH Master planning project.

4.3. An evaluation of the immediacy of need in each locality be undertaken by project team to assess the priority in which the locality based OBCs will be progressed.

4.4. The overall timeline to complete the investment is summarised below:

Task	Assumptions	Timeline
Locality Based Outline Business Cases	4 OBCs each 6 months plus 4 months approval	September 2022- July 2024
Locality Based Full Business Cases	4 FBCs each 6 months plus 4 months approval	August 23- September 2025
Construction & Commissioning	4 projects; each 18 month construction; 3 months commissioning	June 2024- December 2027
Operating facilities		May 2026 – January 2028

5. Conclusions

- 5.1. Significant engagement has been undertaken over the last 9 months in the development of the programme of investment across primary care within NHS Forth Valley. A key component of this has been the development of a sustainable; equitable model of care. The work has been undertaken with a range of stakeholder groups including significant input from members of the Strategic Planning Groups of both IJBs.
- 5.2. A significant programme of investment is proposed over the next 6 years; dependent on the availability of capital funding from the Scottish Government.
- 5.3. The PIA development to date has focussed on the service model options; the specific locations of locality hubs and GP practice investments will be appraised and evaluated as part of the Outline Business Cases which follow.

6. Appendices

None.

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does / does not</u> require a EQIA
Data Protection:	The content of this report <u>does / does not</u> require a DPIA

<p>Fairer Scotland</p>	<p>Duty</p> <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does / does not require a Fairer Duty assessment.</p>
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Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 9.2

HSCP Strategic Improvement Plan

For Approval/Discussion

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest
Author	Wendy Forrest
Exempt Report	No

Directions	
No Direction Required	X
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To present the HSCP Strategic Improvement Plan to the Integration Joint Board for approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the volume of activity underway and completed within the HSCP 2) Approve the Strategic Improvement Plan and ask officers to progress the actions and activities 3) Seek for officers to provide an update at Integration Joint Board meeting against the actions outlined in the Plan.
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1. Background

- 1.1. The overarching priority for the HSCP is to improve the health and well-being of the people of Clackmannanshire and Stirling. This Plan was first presented in September 2020, it set out an ambitious programme of service review, re-design across community health, and care services, in partnership with local communities, providers, wider stakeholders and communities of interest.
- 1.2. The Strategic Improvement Plan combines legacy commitments and agreed new actions into one document whilst reflecting the priorities of the current Strategic Plan 2019 – 2022 (3).
- 1.3. The Plan also includes actions against recommendations made in Healthcare Improvement Scotland Care Inspectorate Joint Inspection (Adults) in 2018 focusing particularly on the integration of community health and social care services and approach to commissioning of local services.
- 1.4. The Audit Scotland Annual Audit Plan 2019 / 2020, published March 2020, supported the need for a review of IJB progress in the delegation and management of IJB budgets – the actions to create robust processes are reflected within the Plan.
- 1.5. The current Strategic Plan priorities was operationalised into key actions which were assigned to the HSCP Senior Leadership Team. These actions are aligned to the six priorities agreed by the IJB; Care Closer to Home; Primary Care Transformation, Caring and Connected Communities, Mental Health, Supporting People living with Dementia and Alcohol and Drugs. This embeds

the IJB’s strategic direction into a programme of service re-design across all areas of delegated functions.

- 1.6. For ease of accountability for the Board and wider partners, the Plan describes the reporting structures and accountability for each area of activity providing clarity for all partners to see the progress and updates on areas of work.
- 1.7. The committees and wider structures of the IJB, including the Joint Staff Forum, Strategic Planning Group, Transforming Care Board and Clinical and Care Governance Group have created the fora for the advisory, representative, and executive functions that has supported the delivery of this Plan.
- 1.8. The Plan presented today reflects a significant number of completed delivery actions as well as proposed changes and updates to the work which is already underway, but which has been affected by the impacts of the ongoing response to the pandemic.

2. Conclusions

- 2.1. This Strategic Improvement Plan provides clarity on the strategic direction as well as describing the complexity of the whole system and the need for officers to work with partners and across boundaries. This Plan also aligns to the Transforming Care Plan and the developing Self Directed Support Plan and Adult Support and Protection Improvement Plan.
- 2.2. This Plan has not only been about creating new activity and transformational change but also galvanises and delivers the commitments already agreed by the IJB.
- 2.3. Our vision is to enable people in Clackmannanshire and Stirling to live full and positive lives and by delivering the actions laid out in the Plan we will be creating the conditions to meet the aspirations of the IJB when it agreed the Strategic Plan 2019 – 2022.

3. Appendices

Appendix 1: Strategic Improvement Plan

Fit with Strategic Priorities:	
Care Closer to Home	X
Primary Care Transformation	X
Caring, Connected Communities	X
Mental Health	X
Supporting people living with Dementia	X
Alcohol and Drugs	X

Enabling Activities	
Technology Enabled Care	X
Workforce Planning and Development	X
Housing and Adaptations	X
Infrastructure	X

Implications	
Finance:	Aligned to Finance papers presented within the meeting.
Other Resources:	Will be met within existing resources
Legal:	No implications
Risk & mitigation:	Risk of not delivering on the Plan – organisational and financial risk
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report <u>does not</u> require Fairer Duty Scotland Assessment</p>



Health and Social Care Partnership Strategic Improvement Plan

Our vision is to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities

Clackmannanshire and Stirling Health and Social Care Partnership is the delivery vehicle for all community health and care services delegated by the three constituent authorities of Clackmannanshire Council, Stirling Council and NHS Forth Valley. This is a unique partnership in Scotland as there are two local authority areas and one health board all of whom have voting members on the Integrated Joint Board alongside representatives of the wider partnership including third sector, carers and community representatives.

This Plan describes legacy commitments for the HSCP as well as COVID-19 specific activities which have been accelerated during the pandemic and as such the Plan reflects rapid change and transformations progressed over the past few months.

Our Strategic Priorities

Care closer to home
Primary care transformation
Caring and connected communities
Mental health
Supporting people living with dementia
Alcohol and drugs

Our Key Enabling activities

Technology enabled care
Workforce planning and development
Housing and adaptations
Infrastructure

Collaborative working

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
Delegation of services and operational control of resources	Leadership structure established	Annemargaret Black	<ul style="list-style-type: none"> Leadership and management structure Ongoing until all operational delegations are completed 	Autumn 2021 Ongoing	Strategic Inspection Plan – Care Inspectorate
HSCP Integration Joint Board	IJB effectiveness review	<i>To be confirmed</i>	<ul style="list-style-type: none"> Review process underway with IJB members, delayed due to response to pandemic 	Autumn 2021 April 2023	Integration Joint Board & NHS Forth Valley & Council Committees
HSCP Integration Scheme	Review of Integration Scheme with partners	Wendy Forrest	<ul style="list-style-type: none"> Timescales refreshed in context of Feeley Report Engagement paused meantime Consider requirement for revised Integration Scheme 	Autumn 2021 September 2022	Integration Joint Board & NHS Forth Valley & Council Committees
Learning sessions with IJB members	Establish informal pre-IJB sessions with members – set aside / directions / performance	Wendy Forrest	<ul style="list-style-type: none"> Senior Organisational Development in post now in place to support the development of the programme Commenced programme of learning sessions 	Summer 2021 Ongoing	Strategic Inspection Plan – Care Inspectorate
HSCP Unscheduled Care Board	Establish group across Clackmannanshire and Stirling	Annemargaret Black	<ul style="list-style-type: none"> Ongoing engagement with NHS Forth Valley about future planning on scheduled and unscheduled care Unscheduled Care Board started to meet 	Summer 2021 Commenced February 2022	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
	Develop CPP Health and Well-being group on behalf of both to reflect recovery and renewal	Wendy Forrest	<ul style="list-style-type: none"> ▪ IJB member identified to chair and lead the work ▪ CPP report being drafted for both CPP Executives ▪ Await recruitment ahead of mental health 	<p>Autumn 2021</p> <p>July 2022</p>	<p>Community Planning Partnerships</p> <p>Strategic Planning Group</p>
HSCP Property and Asset Management	Establish with partners property assets for services and staff across HSCP Develop Property and Asset Management Strategy	Wendy Forrest	<ul style="list-style-type: none"> ▪ Development of Asset Strategy underway by the HSCP ▪ Delayed due to ongoing COVID pressures across the system ▪ Mapping of accommodation underway and identification of HQ accommodation 	December 2022	Integration Joint Board

1. Care close to home

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
Integrated Housing Programme	Review Housing Contribution statement	Wendy Forrest	<ul style="list-style-type: none"> HSCP joined the Strategic Housing Forum HSCP and Housing Services have established a Specialist Housing Group to create joint approach Align review with the development of the new Strategic Plan 	<p>March 2022</p> <p>March 2023</p>	Strategic Planning Group
	Re-provision of Menstrie House	Wendy Forrest	<ul style="list-style-type: none"> Steering Group established Programme of work agreed Unable to proceed due to pandemic Re-engagement with staff and the community within locality planning networks to develop revised timescales and model of care 	<p>March 2021</p> <p>– April 2022</p> <p>March 2023</p>	Integration Joint Board
	Scoping of options for Extra Care Housing Provision	Wendy Forrest	<ul style="list-style-type: none"> Initial discussions Housing & HSCP underway to identify clear work streams Develop proposal to bring to Transforming Care Board to develop capacity to take workstream forward 	April 2022 – April 2024	IJB and Council Housing Committees
	Review of Model of Care for Rural Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> Steering Group established Programme of work agreed Series of engagement has taken place with communities across Rural Stirling, report being developed 	July 2021 Completed Move	Integration Joint Board
Develop Model of Care	Review of assessment and review processes within adult social work	Carolyn Wyllie/Wendy Forrest	<ul style="list-style-type: none"> The review of adult social care proposed a number of recommendations to improve performance. A high level pathway and 	April 2022	

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
			<p>framework has been developed. Next stage is a broader staff engagement and consultation, in partnership with trade unions</p> <ul style="list-style-type: none"> Discharge Planning, SDS, Locality Planning, and the Assessment & Review processes within this project are all interdependent. 		
Systems, TEC, & e-Health Programme	Re-provision of Social Care Recording System	Wendy Forrest	<ul style="list-style-type: none"> Steering Group established Programme of work agreed Work delayed by three months due to pandemic Progress recruitment of TEC Post 	April 2022	Integration Joint Board Stirling Council Clackmannanshire Council
	Increased use of TEC (Technology Enabled Care) and e-Health	Carolyn Wyllie	<ul style="list-style-type: none"> HSCP Lead identified to scope activity and seek Scottish Government funding to support delivery Additional dedicated capacity is being developed to progress this work stream 	April 2022	Transforming Care Board
	JLES Equipment Programme Re-provision of JLES (Joint Loan Equipment Store) Equipment Store	Wendy Forrest	<ul style="list-style-type: none"> Transformation Portfolio lead identified Initial SBAR completed on challenges and pressures A review is underway across Forth Valley jointly with Falkirk HSCP - will require longer timescale as delayed due to pandemic response. Falkirk HSCP commissioned Healthcare Improvement Scotland (HIS) to conduct a review of the JLES (Joint Loan Equipment Store) on behalf of both the Falkirk and the Clackmannanshire & Stirling 	April 2022	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
			HSCPs. A short life working group is being convened to review actions in the report and progress the work.		

2. Localities and primary care transformation

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Locality Planning	Review Locality arrangements in context of COVID and community responses	Wendy Forrest	<ul style="list-style-type: none"> Refreshed Locality Plan under development 	December 2022	Strategic Planning Group
Integrated Community Teams	Enhanced Care Team in the Community; integrated community team focused on prevention of admission	Carolyn Wyllie	<ul style="list-style-type: none"> Team established during the emergency response to the pandemic Analysis of impact underway Awaiting investment decision from NHS Forth Valley on enhancing this team Phase 2: Establish Hospital At Home Team Rapid Team Business Case coming to IJB 	June 2020 Team established January 2022 Completed March 2022	Transforming Care Board
	Test the use of Community Links Workers in GP practices across Clackmannanshire & Stirling	Wendy Forrest	<ul style="list-style-type: none"> Finance identified to test Link Workers within communities Anthea CTSI leading on pilot in Clackmannanshire 	April 2022	Strategic Planning Group
Intermediate Care, Care at Home, and	Review of model of care within the Bellfield	Carolyn Wyllie	<ul style="list-style-type: none"> Steering Group established iHub support in place 	August 2021 –	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Reablement Programme			<ul style="list-style-type: none"> iHub agreed programme of support with HSCP Initial findings presented in June 2021 to workforce and senior managers. 	August 2022 Underway – delayed due to pandemic	
	Shifting the balance of care	Carolyn Wyllie	<ul style="list-style-type: none"> Discussions underway with acute and allied health professionals to create re-ablement and rehabilitation Bellfield hosting 10 acute rehab beds on a temporary basis (CW to check number) 	November 2021 Underway – delayed due to pandemic Delayed further due to use of beds in response to ongoing pandemic	Transforming Care Board
	Seek opportunities for staff co-location across Clackmannanshire and Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> Locality Managers reviewing across all teams in Clackmannanshire and Stirling Sonia Kavanagh progressing review of all accommodation to identify opportunities 	November 2021 Underway – delayed due to pandemic Ongoing	HSCP Senior Management Team
	Accommodation for HQ for HSCP	Sonia Kavanagh	<ul style="list-style-type: none"> Discussions ongoing with local authorities and NHS Forth Valley 	Summer 2021 Ongoing	HSCP Senior Management Team

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Palliative and end of life care	Review current pathways	Carolyn Wyllie	<ul style="list-style-type: none"> Agreement across HSCPs and NHS Forth Valley to review approach to palliative and end of life care Report being finalised 	September 2021 Review underway Ongoing	Integration Joint Board
Programme of engagement with all staff groups across the HSCP	Create a programme of meet and greet sessions with SLT (every 4 months)	Wendy Forrest Annemargaret Black / Kelly Higgins	<ul style="list-style-type: none"> Senior Organisational Development Advisor now in place to support the development of the programme Staff engagement sessions (every 6 months). Sessions will involve cross section of teams across HSCP in order to promote communication, integration and understanding of diverse roles/responsibilities. 	October 2020 Post recruited and start date 1st March Ongoing throughout 2021 – 2022	HSCP Senior Management Team
AHP Pathway re-design	AHP pathway re-design including alignment of review and assessment processes	Shiona Hogg	<ul style="list-style-type: none"> Scoping complete Draft project charter created Programme governance and stakeholder analysis in progress Creation of innovative model of care to meet local demand needs underway 	April 2022	Transforming Care Board

3. Caring and connected communities

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Effective demand management and signposting within the community	Establish effective early intervention model linking people with third sector and community supports	Wendy Forrest	<ul style="list-style-type: none"> Community response has been significant during the pandemic Continued work with TSI and Carers Centres to create ongoing community capacity Commissioning consortium now in place and will take forward this work 	April 2022 Ongoing	Strategic Planning Group
Programme of engagement across all communities in Clackmannanshire and Stirling	Deliver annual programme of engagement with all providers working with the HSCP & create opportunities for joint working with independent sector	Carolyn Wyllie	<ul style="list-style-type: none"> Providers forums for care at home and care homes well established 	March 2021 – April 2022 Ongoing	Strategic Planning Group
Support to Carers	Review HSCP Carers Strategy and priorities	Wendy Forrest	<ul style="list-style-type: none"> Carers Strategy Group re-established for August Draft workplan circulated and agreed by the group Need for annual review of activity by SPG Have an agreed carers investment plan and recruitment to carers lead post 	Working ongoing to deliver the Plan during 2021 - 2022	Strategic Planning Group
	Review HSCP Short Breaks Policy	Wendy Forrest	<ul style="list-style-type: none"> Carers Strategy Group re-established for August Proposal for Short Break Co-ordinator to be single point of contact for Carers and embed Short breaks approach across the HSCP 	March 2022	Strategic Planning Group

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
			<ul style="list-style-type: none"> Post has been filled however, due to business continuity issues member of staff had to be deployed on other duties 		
Self-Directed Support	Review and Refresh approach to SDS across Clackmannanshire and Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> Operational Lead identified to progress Desktop review of current status underway Initial analysis of current position completed Dedicated Lead for SDS to be identified Draft implementation plan in place 	November 2021 Completed Work ongoing	Transforming Care Board
Co-production and participation	Develop models of self-care and self-management with third sector partners	Wendy Forrest	<ul style="list-style-type: none"> Review with third sector partners as part of the refreshed partnership agreement 	June 2021 June 2022	Transforming Care Board Strategic Planning Group

4. Mental health

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Integrated community mental health services	Delegation of Community Mental Health Services to the HSCP	Annemargaret Black	<ul style="list-style-type: none"> ▪ Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infrastructure ▪ Proposed Head of Mental Health post agreed and out for recruitment ▪ Progressing recruitment of a Head of Mental Health for third time 	<p>August 2021</p> <p>December 2022</p>	Integration Joint Board
Community Mental Health Strategy	Develop a co-produced Mental Health Strategy for Clackmannanshire and Stirling	Head of Strategic Planning / Head of Mental Health	<ul style="list-style-type: none"> ▪ Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infrastructure ▪ To be progressed by new Head of Mental Health 	<p>March 2022</p> <p>December 2022</p>	Integration Joint Board
Self-Evaluation of Adult Support and Protection	Undertake a programme of self-evaluation of processes linked to adult support and protection	Carolyn Wyllie	<ul style="list-style-type: none"> ▪ Discussions underway with ASP Co-ordinators and Chief Social Work Officers ▪ Self-evaluation underway with Locality Managers and ASP Co-ordinator ▪ Progressing as part of the improvement plan following recent inspections across Clackmannanshire & Stirling 	Ongoing throughout 2021 – 2022	Integration Joint Board

5. Supporting people living with dementia

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Create person centred services	Review commissioning arrangements for dementia support	Wendy Forrest	<ul style="list-style-type: none"> ▪ Commissioning Teams delegation completed 1st December 2020 for Stirling Council service ▪ Clackmannanshire Commissioning Team to delegated on 1 April 2021; ▪ Development of a joint commissioning service underway ▪ First commissioning consortium for dementia has taken place ▪ Model of care being developed 	March 2021 – March 2022 Ongoing	Integration Joint Board
Dementia Friendly Communities	Continue to support approach to Dementia Friendly Communities	Wendy Forrest	<ul style="list-style-type: none"> ▪ Steering Group and funding in place for two years ▪ Arrange communications around Herbert Protocol ▪ Align Dementia Strategy Group and Dementia Friendly work streams to reflect joint working 	March 2022	Integration Joint Board

6. Alcohol and drugs

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
Co-produced response to alcohol and drug use	Clackmannanshire and Stirling ADP will localise the Scottish Government vision of creating an environment where “we live long, healthy and active lives regardless of where we come from and where individuals, families and communities.”	ADP Lead – currently out to recruitment	<ul style="list-style-type: none"> ▪ ADP Development Plan lays out the approach ▪ ADP Post in place and working with wider third sector and recovery community 	2020 – 2023	Integration Joint Board
Engage with those affected by issues of drugs and alcohol misuse	ADP continues to work with third sector organisations and with recovery cafes to ensure co-produced services delivery	ADP Lead – currently out to recruitment	<ul style="list-style-type: none"> ▪ ADP Development Plan lays out the approach ▪ Work ongoing within the ADP to be continued within the HSCP ▪ ADP Post in place and progressing plans 	2020 – 2023	Integration Joint Board

7. Workforce planning and development

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP Workforce Plan in line with new guidance	Review and update current plan	Kelly Higgins and HR & OD Leads	<ul style="list-style-type: none"> Workforce Plan 2019 – 2022 will need to be reviewed to reflect the impact of the pandemic Engagement underway with new Workforce plan 	<p>March 2022 Completed</p> <p>June 2022</p>	
	Monitor PDPs and PDRs across HSCP staff establishment	SLT	<ul style="list-style-type: none"> SLT access to HR systems in NHS and both Councils to support completion of PDPs and PDRs As services are recovering encourage the uptake of PDPs 	<p>Summer 2021</p> <p>March 2023</p>	
Learning opportunities for HSCP services and managers	Programme of engagement with all staff groups across the HSCP for delegated staff groups	Wendy Forrest	<ul style="list-style-type: none"> Organisational Development Adviser to support the development of the programme 	<p>October 2021 Completed & Ongoing</p>	
	Seek opportunities for mentoring, shadowing and leadership exchange across NHS and local authority partners for delegated staff	Wendy Forrest	<ul style="list-style-type: none"> Organisational Development Advisor to support the development of the programme 	<p>October 2021</p> <p>Ongoing during 2022/23</p>	
	Development of professional forum for Social Workers	Carolyn Wyllie/ Chief Social Work Officers	<ul style="list-style-type: none"> Organisational Development Advisor to support the development of the programme Underway 	<p>October 21</p> <p>Throughout 2022</p>	
HSCP identity	Review staff/public facing information e.g. website	Wendy Forrest	<ul style="list-style-type: none"> A review of website underway 	<p>Ongoing throughout 2021 – 2022</p>	

Completed Actions

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP Medium Term Financial Plan (MTFP)	Maintain and continue to develop approach to medium term financial planning to support whole systems financial management, decision making and best value.	Ewan Murray	<ul style="list-style-type: none"> ▪ Review of reserves policy and strategy required linked to MTFP ▪ Review of Budget Impacts of Covid and effect on demand, costs, resource availability and Medium Term Financial Planning ▪ Re-assessment of covid impacts on costs and funding ▪ Periodic Update of Medium Term Financial Plan ▪ Substantive review of medium term financial plan post May 2022 Scottish spending review 	<p>June 2021 Completed Sept 2021</p> <p>Ongoing Completed for Year 2020 - 2021 March 2022</p> <p>Six Monthly and post anticipated revision of Scottish Government Medium Term Financial Framework for Health and Social Care September 2022</p>	Integration Joint Board, IJB Audit and Risk Committee and IJB Financial and Performance Committee
HSCP Transforming Care Board	Establish group across Clackmannanshire and Stirling	Annemargaret Black	<ul style="list-style-type: none"> ▪ Terms of reference agreed ▪ Programme of work drafted ▪ First meeting agreed for October 2020 	October 2020 Completed	Transforming Care Board

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP Recovery and Renewal	<p>Collaborate with partners to create joint recovery plan</p> <p>In partnership with NHS Forth Valley, Clackmannanshire Council and Stirling Council to deliver recovery approach for HSCP taking into account of second COVID-19 wave, winter pressures, flu and EU withdrawal</p>	Wendy Forrest	<ul style="list-style-type: none"> Plans developed and agreed at HSCP Finance and Performance Committee Renewal Plan and Recovery Plan developed to reflect COVID-19 Work underway with partners to ensure a state of readiness for winter Plans have been refreshed on an ongoing basis for Scot Government. Progress recovery plan for 2022/23 will be aligned to new Strategic Plan 	<p>August 2020 Completed</p> <p>Refreshed March 2021</p> <p>Completed</p> <p>March 2023</p>	HSCP Finance and Performance Committee
HSCP Engagement and Participation	Develop the foundations for participation and engagement across all stakeholders as a requirement of the Public Bodies (Joint Working) Act	Wendy Forrest	<ul style="list-style-type: none"> Activities planned to work with communities across Clackmannanshire and Stirling, staff groups, providers and communities of interest Structures established & additional capacity identified to deliver 	<p>March 2021 Completed</p>	Strategic Planning Group
	Letter received from Chairs of the Community Engagement Guidance Working Group on 11 March 2021: Requirement to Review Participation and Engagement Strategy	Wendy Forrest	<ul style="list-style-type: none"> Review of new guidance against current Participation and Engagement Strategy completed – all requirements and actions included 	<p>April 2021 Completed</p>	Strategic Planning Group
CPP Health and Well-being Group	In response to COVID and request from LRP - establish group across Clackmannanshire and Stirling	Wendy Forrest	<ul style="list-style-type: none"> Terms of reference agreed Programme of work drafted First meeting of NHS Forth Valley agreed for July 2020 	<p>July 2020 Group established Completed</p>	Local Resilience Partnership

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP Clinical and Care Governance Forum	Establish group across Clacks and Stirling	Scott Williams James King	<ul style="list-style-type: none"> ▪ Terms of reference drafted and seeking agreement from IJB and three constituent organisations ▪ Programme of work being drafted ▪ First meeting agreed for May 2020 ▪ In place and chaired by Dr James King 	May 2021 Delayed due to COVID Completed	Strategic Inspection Plan – Care Inspectorate
HSCP commissioning approach for Clackmannanshire and Stirling	Develop single commissioning service for Clackmannanshire and Stirling	Wendy Forrest	<ul style="list-style-type: none"> ▪ Delegation to HSCP agreed at IJB June 18 ▪ Transformation Portfolio lead identified to progress. ▪ Stirling Council delegated commissioning function December 2020 ▪ Clackmannanshire Council delegated 1st April 2021 	April 2021 Delegation of both services to HSCP April 21 Completed	Integration Joint Board
Adult Social Work Review	Review of adult social care to create outcomes focus and modernisation of assessment and care management	Carolyn Wyllie / Chief Social Work Officers	<ul style="list-style-type: none"> ▪ Initial report completed and out for comment ▪ Implementation Group established ▪ Work plan developed ▪ Initial Report published ▪ Delivery programme being developed ▪ Delayed due to business continuity issues 	January 2021 Initial programme of work completed March 2023	Transforming Care Board
Adult Social Work Review	Establish Implementation Group	Annemargaret Black/Carolyn Wyllie/CSWOs	<ul style="list-style-type: none"> ▪ Programme of work developed ▪ Delivery of the Plan underway 	April 2021 Completed	Transforming Care Board
	Review of Model of Care for Rural Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> ▪ Steering Group established ▪ Programme of work agreed 	July 2021 Completed	Integration Joint Board

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
			<ul style="list-style-type: none"> Series of engagement has taken place with communities across Rural Stirling, report being developed 		
	Re-provision / de-commission of Beech Gardens and Allan Lodge	Carolyn Wyllie	<ul style="list-style-type: none"> Beech Gardens continues to be used for safe haven care. Both facilities have been de-commissioned 	August 2021 Completed	Stirling Council
Locality planning	Create and deliver an effective model of locality planning	Wendy Forrest	<ul style="list-style-type: none"> HSCP Service Improvement Lead undertaking desk top analysis Locality Plan being developed for IJB in September 	December 2021 Locality Plan agreed at IJB Completed	Strategic Planning Group
Integrated community teams	Care Homes Assessment and Review Team (CHART)	Carolyn Wyllie	<ul style="list-style-type: none"> Team established during the emergency response to the pandemic – analysis of impact underway 	April 2021 Team recruitment underway Completed	Transforming Care Board
Intermediate Care, Care at Home, and Reablement Programme	Best Value Review of Care at Home	Scott Ross	<ul style="list-style-type: none"> Steering Group established Transformation Portfolio lead identified Programme of work agreed Initial progress report circulated to partners 	August 2020 Completed	Transforming Care Board
Participatory Budgeting	Seek opportunities across Clackmannanshire and Stirling to support participatory budgeting	Wendy Forrest	<ul style="list-style-type: none"> Discussions underway with Councils to ensure approaches align and are undertaken in partnership HSCP Participatory Budgeting commitments reflected in Stirling Council report – aligns 1% of spend. 	March 2021 Completed financial year 2020 – 2021 Completed	Integration Joint Board

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
			<ul style="list-style-type: none"> Will be part of ongoing commitment to Locality planning 		
Co-production and participation	Review Participation and Engagement Strategy	Wendy Forrest	<ul style="list-style-type: none"> Draft Strategy developed and will be presented to Integration Joint Board in September 	September 2020 Completed	Integration Joint Board
	Develop Localities Plan for community participation	Wendy Forrest	<ul style="list-style-type: none"> Plan and approach signed off by SPG November 2020 	March 2021 Completed	Strategic Planning Group
Public reporting	Create public facing format for quarterly performance reports and annual performance report	Wendy Forrest	<ul style="list-style-type: none"> Review of quarterly performance report underway Feedback from Finance and Performance Committee 	December 2021 Completed Year 2021 – 2022 Completed	Strategic Planning Group
Meet priorities of Scottish Government Strategy - Rights, Response and Recovery	Delegate ADP function to the HSCP in line with the Public Bodies (Joint Bodies) Act 2014	Wendy Forrest	<ul style="list-style-type: none"> Paper will be presented to September Integration Joint Board 	September 2020 Completed	Integration Joint Board
Learning opportunities for HSCP services and managers	Establish learning and development forum for HSCP	Wendy Forrest	<ul style="list-style-type: none"> OD lead appointed and timescales reflect start date 1st March 2021 	September 2020 Completed	

Clackmannanshire & Stirling Integration Joint Board

23 March 2022

Agenda Item 12.1

IJB Scheme of Delegation: Draft Revised Scheme

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To present a revised Scheme of Delegation to the IJB for approval
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the revised Scheme of Delegation 2) Note the background to the extant Scheme of Delegation 3) Note that: <ul style="list-style-type: none"> ▪ the draft revised Scheme of Delegation was considered by the Audit and Risk Committee on 4 March; and ▪ the Audit and Risk Committee recommended approval of the draft revised scheme to the IJB 4) Agree that the Scheme of Delegation is reviewed should a revised Integration Scheme be approved and on an annual basis and that the Audit & Risk Committee oversee such reviews. 5) Note that any revisions to the Scheme of Delegation required the approval of the Board.
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1. Background

- 1.1. The extant Scheme of Delegation was approved by the IJB in November 2016. It sets out the decisions and matters reserved to be decided by the Board (IJB) and the powers delegated to officers. The extant scheme is basely on a model scheme for IJBs developed via the Integrated Resources Advisory Group (IRAG).
- 1.2. It is important to recognise this Scheme of Delegation was developed and approved just after the approval of the Integration Scheme. At this point in time the Chief Officer did not have any direct operational management responsibility for delegated integration functions and direct decision making powers of the Chief Officer where mostly associated with the use of Transformation Funding (previously referred to as Partnership Funding).
- 1.3. It is also important to reflect on the learning from the Covid pandemic and the governance arrangements that were required to be put into place. These urgent decision making powers have been in place since March 2020. Whilst the urgent decision making powers have put in place an arrangement to facilitate required decision making they have also amplified the view that the extant Scheme of Delegation is no longer fit for purpose for the current

operating environment. The Board have therefore in recent months expressed a wish for these to the urgent decision making powers to be removed and replaced with an updated, fit for purpose, IJB Scheme of Delegation.

- 1.4. For reference, the extant Scheme of Delegation is appended to this report as well as a draft revised Scheme of Delegation with proposed changes tracked.
- 1.5. The delegations contained in the Scheme of Delegation (Section 3) refer to the officers of the IJB, namely the Chief Officer or, as the case may be, the Chief Finance Officer. This reflects normal custom and practice that the Chief Finance Officer usually acts as deputy to the Chief Officer.
- 1.6. Section 4 of the scheme of delegation details the Powers Expressly Reserved to the Integration Joint Board.
- 1.7. The scheme sets out, at section 5, Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers. The key restrictions are:
 - a financial limit of £50,000 sterling per transaction or operational manner (5.1)
 - All delegated authorities must be exercised within the IJB's approved budget(s) (5.2)
 - No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer (5.3)
 - All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJBs Financial Regulations, Integration Scheme and its Strategic Plan.
 - Officers will report back to the IJB on actions taken under authority delegated to them.
 - If an officer is proposing to taken any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/or the service delivery/performance for the IJB or any of the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities.
- 1.8. The Scheme of Delegation is a key element of the IJBs Governance Frameworks and the governance workplan acknowledges the need for it to be reviewed. There is interdependency between the Integration Scheme and the Scheme of Delegation. The IJB has agreed that further consideration requires to be given to the requirement to develop a revised Integration Scheme after June 2022 there may also be a requirement to further review the Scheme of Delegation should a revised Integration Scheme be developed and approved. Given this, it is proposed a revised Scheme of Delegation at this point is based on the extant Scheme of Delegation.
- 1.9. Approval or amendment of the Scheme of Delegation is a power expressly reserved to the IJB (Section 4.2.12).

2. Considerations

- 2.1. For various reasons including turnover in the Chief Officer post and impact of the pandemic the Scheme of Delegation has not been reviewed and updated since November 2016.
- 2.2. There were existing plans to review and update the scheme in 2020 however the impact of the pandemic and the introduction of urgent decision making powers prevented this occurring to date.
- 2.3. As we move towards Covid recovery and progression of the Transforming Care Programme it is key that an updated Scheme of Delegation appropriately empowers the Chief Officer (or deputy) to deliver the Strategic Plan priorities and manage services effectively within the current operating context.
- 2.4. The key constraint in the effectiveness of the existing Scheme of Delegation is the restriction of financial authority set out at section 5.1. This constraint conflates the strategic role of the Chief Officer as accountable officer to the IJB with financial limits on approval of transactions at a constituent authority level.
- 2.5. The IJBs transactions are processed through the constituent authorities and officers (including the Chief Officer) delegated authority at a transactional level is defined through the Scheme of Delegation of Clackmannanshire and Stirling Council and NHS Forth Valley. There are differences in the level of delegated authority to the Chief Officer on a transactional level across the constituent authorities with the lowest maximum approval level being at a financial value of £0.250m.
- 2.6. The Schemes of Delegation of a number of peer IJBs has been examined for inform this review and, for all schemes examined, the prime restriction is within approved or available budget per restriction 2 of Section 5 of the extant Scheme of Delegation. The Schemes of Falkirk, Angus, South Ayrshire, Angus and Glasgow City IJBs were examined.
- 2.7. It is therefore proposed that the principal restriction on delegated powers by officers therefore becomes that 'All delegated authorities must be exercised within the IJBs approved budget(s)' and the transactional limit is a matter appropriately reflected in the Scheme of Delegation of the constituent authorities. This would bring the IJBs revised Scheme of Delegation in line with the model scheme for IJBs and the approach deployed in the other partnerships examined.
- 2.8. In relation to Directions, an amendment to the wording in the Scheme of Delegation at section 4.2.2. is proposed to appropriately reflect the role of the IJB in taking decisions which require a direction with the administrative task of the issuing of directions to invoke a decision of the IJB.
- 2.9. The Audit and Risk Committee considered the proposed revised scheme at its meeting on 4 March 2022 with both the IJBs Internal and External Auditors present as part of discussions. After full scrutiny and debate the committee

agreed to recommend the proposed revised scheme of delegation to the IJB for approval.

3. Conclusions

- 3.1. The draft revised Scheme of Delegation updates a key element of the IJBs governance frameworks taking due consideration of the issues set out in this report.
- 3.2. Whilst the proposed revised scheme of delegation has limited changes there has been a full review and scrutiny process via the Audit and Risk Committee. Approval of the proposed recommendations would bring the IJBs Scheme of Delegation broadly in line with the model scheme developed as part of the work of the Integrated Resources Advisory Group (IRAG).
- 3.3. The IJB has agreed that the requirement for a revised Integration Scheme will be considered after June 2022. As there are close interdependencies between the Integration Scheme and the Scheme of Delegation the Scheme of Delegation will be further reviewed should a revised Integration Scheme be prepared.
- 3.4. This notwithstanding, the Scheme of Delegation should be reviewed on an annual basis, and it is proposed that the Audit and Risk Committee oversee this review on behalf of the IJB. Any proposed revisions to the Scheme of Delegation as a result of the annual review will require to be presented to the IJB for approval

4. Appendices

Appendix 1 – Extant IJB Scheme of Delegation
Appendix 2 – Draft Revised Scheme of Delegation

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒

Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	The Scheme of Delegation and the Integration Scheme are interdependent. The Integration Scheme is the legal partnership agreement establishing and governing the IJB.
Risk & mitigation:	Effective governance frameworks assist the IJB is managing risk and discharging its accountabilities.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report does not require Fairer Duty Scotland Assessment</p>

Scheme of Delegation

Clackmannanshire & Stirling Integration Joint Board

1. Introduction & Commencement

- 1.1 In the absence of a decision by the Clackmannanshire & Stirling Integration Joint Board (the **IJB** or the **Board**) to the contrary, all of its powers would have to be exercised through meetings of the full Board. That is, all decisions no matter how large or small would need to be taken at meetings of the full IJB.
- 1.2 Recognising that would be unworkable and would detract from the Board's aims and values, the IJB has chosen to exercise the power to delegate. A Scheme of Delegation will help to ensure the effective and efficient management of IJB business between Board meetings by providing the Chief Officer and, as appropriate, the Chief Financial Officer with authority to take decisions and/ or to act on the IJB's behalf.
- 1.3 This Scheme of Delegation (**Scheme**) was approved by the IJB on [16 November 2016].
- 1.4 The Scheme specifies the powers which the IJB has decided to delegate to officers and regulates the exercise of delegated powers.

2. Interpretation

- 2.1 The Interpretation Act 1978 shall apply to the interpretation of this Scheme as it applies to an Act of Parliament.
- 2.2. In this Scheme the following terms have the meanings assigned to them:
 - 2.2.1 "2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;
 - 2.2.2 "Chief Finance Officer" means the chief financial officer of the IJB appointed by the IJB under Section 95 of the Local Government (Scotland) Act 1973;
 - 2.2.3 "Chief Officer" means the Chief Officer of the IJB appointed by the IJB under Section 10 of the 2014 Act;
 - 2.2.4 "Constituent Authorities" means Clackmannanshire Council, Stirling Council and NHS Forth Valley; and

2.2.5 “Integration Scheme” means the Clackmannanshire & Stirling Integration Scheme agreed by the Constituent Authorities under the 2014 Act and approved by Scottish Ministers.

3. Delegation

- 3.1 The matters to be reserved to the IJB are mainly the strategic policy, direction, financial and regulatory issues which require to be decided by the IJB. Day to day management and actions on behalf of the IJB will be delegated to the relevant officer(s).
- 3.2 The IJB has determined that all powers which are not specifically reserved to the Board are delegated to the Chief Officer or, as the case may be, the Chief Finance Officer to the Board.
- 3.3 The Chief Officer will have delegated responsibility from the IJB for all matters in respect of the oversight, development and implementation of IJB policy unless specifically reserved to the IJB, together with such statutory or other legal duties as may have been specifically assigned to the Chief Officer.
- 3.4 The Chief Finance Officer will have delegated responsibility from the IJB for the planning, development and delivery of the three year financial strategy together with such statutory or other legal duties as may have been specifically assigned to the Chief Finance Officer including
 - 3.4.1 Establishing financial governance systems for the proper use of the delegated resources;
 - 3.4.2 Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources; and
 - 3.4.3 Ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the plan;
- 3.5 The Chief Officer or Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the IJB or any decision taken in the exercise of a delegated power.
- 3.6 The Chief Officer or Chief Finance Officer are authorised to execute contracts and other legal documents on behalf of the IJB. The delegated power at this Section 3.6 cannot be sub-delegated by the Chief Officer or Chief Finance Officer.

- 3.7 The IJB may deal with a delegated matter itself or withdraw or amend the delegation. If the IJB determines that a particular power should be exercised by it, notwithstanding the delegation permitted in this Section 3, no officer may exercise delegated authority in respect of that power.
- 3.8 All exercise of delegated power is subject to Section 5.
- 3.9 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so in accordance with the terms of this Scheme.

4. Powers Expressly Reserved to the Integration Joint Board

- 4.1 Powers which are not reserved to the IJB are delegated, in accordance with the provisions of this Scheme.
- 4.2 The following is a comprehensive list of what is reserved to the IJB:
- 4.2.1 any function, power or remit which is, in terms of statute or other legal or regulatory requirement bound to be undertaken by the IJB itself;
 - 4.2.2 the issuing of Directions to constituent authorities in terms of Section 26 and 27 of the 2014 Act;
 - 4.2.3 to change the name of the IJB;
 - 4.2.4 to receive any certified abstract of the Board's annual accounts;
 - 4.2.5 the approval or amendment of the financial strategy;
 - 4.2.6 the approval or amendment of the annual budget;
 - 4.2.7 the approval of any investment strategy and annual investment report;
 - 4.2.8 the approval of any stakeholder expenses policy relating to service user, unpaid carer and third sector representatives and determining issues regarding the entitlement of IJB members and others to expenses;
 - 4.2.9 to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct IJB business;
 - 4.2.10 the approval annually of the Integrated Revenue Budget;

- 4.2.11 the incurring of any additional net expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is approved by and reported to the IJB;
- 4.2.12 the approval or amendment of the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;
- 4.2.13 approving the appointment of the Chief Officer and Chief Finance Officer subject to compliance with any relevant frameworks or policies of the relevant constituent authority, if appropriate;
- 4.2.14 any approval or amendment of the Strategic Plan including the associated Financial Plan;
- 4.2.15 to set and amend a programme of IJB and committee meetings;
- 4.2.16 any matters reserved to the Board by Standing Orders, Financial Regulations and other strategies or frameworks approved by the IJB; and
- 4.2.17 [Any other matters which it is considered should be reserved to the IJB].

5. Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers

- 5.1 All exercise of delegated authority is subject to a financial limit of £50,000 fifty thousand pounds sterling per transaction or operational matter.
- 5.2 All delegated authorities must be exercised within the IJB's approved budget(s). If the exercise of any power might lead to a budget being exceeded, and the IJB has not previously been notified of the likelihood of that budget being so exceeded, or it is expected the action will lead to a budget being exceeded by more than has been notified to the IJB, the officer must consult with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB before exercising that delegated power.
- 5.3 No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer.

- 5.4 All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and the legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJB's Financial Regulations, Integration Scheme and its Strategic Plan. For the avoidance of doubt, delegated powers must not be exercised by any officer where the decision or action by that officer in exercising that delegated power would represent:
- 5.4.1.1 a departure from IJB strategy or policy;
 - 5.4.1.2 a departure from the IJB's Financial Regulations, Integration Scheme of its Strategic Plan, or would be contrary to any standing instruction, decision or direction of the IJB; or
 - 5.4.1.3 a significant development of IJB strategy, policy or approach.
- 5.5 Officers will report back to the IJB on actions taken under authority delegated to them.
- 5.6 If an officer is proposing to take any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/ or the service delivery/ performance for the IJB or any of the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities.

6. Sub-delegation & Deputies

- 6.1 The Chief Officer and the Chief Finance Officer may sub-delegate powers to officers of Constituent Authorities, as appropriate. Any officer of a Constituent Authority afforded delegated power under this Section may only exercise that power in respect of their own Constituent Authority and in accordance with the requirements of their post and employment with that Constituent Authority. Any such sub-delegation must be recorded in writing and copied to the Chief Executive of the Constituent Authority that employs the relevant officer. In doing so, the Chief Officer or the Chief Finance Officer shall retain responsibility for carrying out the delegated power.
- 6.2 If the Chief Officer is absent or otherwise unable to carry out their responsibilities for a period of 4 weeks or longer, the Integration Scheme provides that formal arrangements require to be made by the IJB. Under any such arrangements, the person appointed there under would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Officer.
- 6.3 If the Chief Finance Officer is absent or otherwise unable to carry out their responsibilities, any suitably experienced and qualified person formally appointed by the IJB to carry out the role in the Chief Finance Officer's absence

would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Finance Officer.

- 6.4 Any officer exercising delegated authority either by sub-delegation under Section 6.1, or under Section 6.2 or 6.3 is required to exercise it in accordance with Section 5 of this Scheme

7. Alteration & Review of Scheme

- 7.1 Subject to the provisions of the 2014 Act the IJB shall be entitled to amend, vary or revoke this Scheme from time to time.
- 7.2 The Chief Officer shall have the power to alter the Scheme only to correct any minor errors or to make any consequential amendments required as a result of a decision of the IJB.
- 7.3 The IJB shall review this Scheme periodically (at least annually) or earlier, if required.

Scheme of Delegation

Clackmannanshire & Stirling Integration Joint Board

1. Introduction & Commencement

- 1.1 In the absence of a decision by the Clackmannanshire & Stirling Integration Joint Board (the **IJB** or the **Board**) to the contrary, all of its powers would have to be exercised through meetings of the full Board. That is, all decisions no matter how large or small would need to be taken at meetings of the full IJB.
- 1.2 Recognising that would be unworkable and would detract from the Board's aims and values, the IJB has chosen to exercise the power to delegate. A Scheme of Delegation will help to ensure the effective and efficient management of IJB business between Board meetings by providing the Chief Officer and, as appropriate, the Chief Financial Officer with authority to take decisions and/ or to act on the IJB's behalf.
- 1.3 This Scheme of Delegation (**Scheme**) was approved by the IJB on [16 November 2016].
- 1.4 The Scheme specifies the powers which the IJB has decided to delegate to officers and regulates the exercise of delegated powers.

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- 2.1 The Interpretation Act 1978 shall apply to the interpretation of this Scheme as it applies to an Act of Parliament.
- 2.2. In this Scheme the following terms have the meanings assigned to them:
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 - 2.2.3 "Chief Officer" means the Chief Officer of the IJB appointed by the IJB under Section 10 of the 2014 Act;

2.2.4 “Constituent Authorities” means Clackmannanshire Council, Stirling Council and NHS Forth Valley; and

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3. Delegation

3.1 The matters to be reserved to the IJB are mainly the strategic policy, direction, financial and regulatory issues which require to be decided by the IJB. Day to day management and actions on behalf of the IJB will be delegated to the relevant officer(s).

3.2 The IJB has determined that all powers which are not specifically reserved to the Board are delegated to the Chief Officer or, as the case may be, the Chief Finance Officer to the Board.

3.3 The Chief Officer will have delegated responsibility from the IJB for all matters in respect of the oversight, development and implementation of IJB policy unless specifically reserved to the IJB, together with such statutory or other legal duties as may have been specifically assigned to the Chief Officer.

3.4 The Chief Finance Officer will have delegated responsibility from the IJB for the planning, development and delivery of the three year financial strategy together with such statutory or other legal duties as may have been specifically assigned to the Chief Finance Officer including

3.4.1 Establishing financial governance systems for the proper use of the delegated resources;

3.4.2 Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources; and

3.4.3 Ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the plan;

3.5 The Chief Officer or Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the IJB or any decision taken in the exercise of a delegated power.

3.6 The Chief Officer or Chief Finance Officer are authorised to execute contracts and other legal documents on behalf of the IJB. The delegated power at this Section 3.6 cannot be sub-delegated by the Chief Officer or Chief Finance Officer.

- 3.7 The IJB may deal with a delegated matter itself or withdraw or amend the delegation. If the IJB determines that a particular power should be exercised by it, notwithstanding the delegation permitted in this Section 3, no officer may exercise delegated authority in respect of that power.
- 3.8 All exercise of delegated power is subject to Section 5.
- 3.9 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so in accordance with the terms of this Scheme.

4. Powers Expressly Reserved to the Integration Joint Board

- 4.1 Powers which are not reserved to the IJB are delegated, in accordance with the provisions of this Scheme.
- 4.2 The following is a comprehensive list of what is reserved to the IJB:
- 4.2.1 any function, power or remit which is, in terms of statute or other legal or regulatory requirement bound to be undertaken by the IJB itself;
 - 4.2.2 the ~~issuing of~~approval to issue Directions to constituent authorities in terms of Section 26 and 27 of the 2014 Act;
 - 4.2.3 to change the name of the IJB;
 - 4.2.4 to receive any certified abstract of the Board's annual accounts;
 - 4.2.5 the approval or amendment of the financial strategy;
 - 4.2.6 the approval or amendment of the annual budget;
 - 4.2.7 the approval of any investment strategy and annual investment report;
 - 4.2.8 the approval of any stakeholder expenses policy relating to service user, unpaid carer and third sector representatives and determining issues regarding the entitlement of IJB members and others to expenses;
 - 4.2.9 to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct IJB business;

- 4.2.10 the approval annually of the Integrated Revenue Budget;
- 4.2.11 the incurring of any additional net expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is approved by and reported to the IJB;
- 4.2.12 the approval or amendment of the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;
- 4.2.13 approving the appointment of the Chief Officer and Chief Finance Officer subject to compliance with any relevant frameworks or policies of the relevant constituent authority, if appropriate;
- 4.2.14 any approval or amendment of the Strategic Plan including the associated Financial Plan;
- 4.2.15 to set and amend a programme of IJB and committee meetings;
- 4.2.16 any matters reserved to the Board by Standing Orders, Financial Regulations and other strategies or frameworks approved by the IJB; and
- 4.2.17 [Any other matters which it is considered should be reserved to the IJB].

5. Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers

~~5.1 All exercise of delegated authority is subject to a financial limit of £50,000 fifty thousand pounds sterling per transaction or operational matter.~~

5.25.1 All delegated authorities must be exercised within the IJB's approved budget(s). If the exercise of any power might lead to a budget being exceeded, and the IJB has not previously been notified of the likelihood of that budget being so exceeded, or it is expected the action will lead to a budget being exceeded by more than has been notified to the IJB, the officer must consult with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB before exercising that delegated power.

5.35.2 No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer.

5.45.3 All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and the legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJB's Financial Regulations, Integration Scheme and its Strategic Plan. For the avoidance of doubt, delegated powers must not be exercised by any officer where the decision or action by that officer in exercising that delegated power would represent:

5.4.1.15.3.1.1 a departure from IJB strategy or policy;

5.4.1.25.3.1.2 a departure from the IJB's Financial Regulations, Integration Scheme of its Strategic Plan, or would be contrary to any standing instruction, decision or direction of the IJB; or

5.4.1.35.3.1.3 a significant development of IJB strategy, policy or approach.

5.55.4 Officers will report back to the IJB on actions taken under authority delegated to them.

5.65.5 If an officer is proposing to take any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/ or the service delivery/ performance for the IJB or any of the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities.

6. Sub-delegation & Deputies

6.1 The Chief Officer and the Chief Finance Officer may sub-delegate powers to officers of Constituent Authorities, as appropriate. Any officer of a Constituent Authority afforded delegated power under this Section may only exercise that power in respect of their own Constituent Authority and in accordance with the requirements of their post and employment with that Constituent Authority. Any such sub-delegation must be recorded in writing and copied to the Chief Executive of the Constituent Authority that employs the relevant officer. In doing so, the Chief Officer or the Chief Finance Officer shall retain responsibility for carrying out the delegated power.

6.2 If the Chief Officer is absent or otherwise unable to carry out their responsibilities for a period of 4 weeks or longer, the Integration Scheme provides that formal arrangements require to be made by the IJB. Under any such arrangements, the person appointed there under would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Officer.

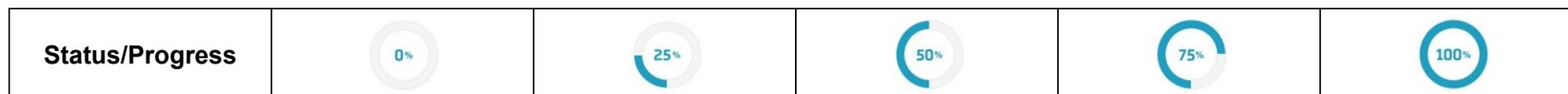
6.3 If the Chief Finance Officer is absent or otherwise unable to carry out their responsibilities, any suitably experienced and qualified person formally appointed by the IJB to carry out the role in the Chief Finance Officer's absence

would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Finance Officer.

- 6.4 Any officer exercising delegated authority either by sub-delegation under Section 6.1, or under Section 6.2 or 6.3 is required to exercise it in accordance with Section 5 of this Scheme

7. Alteration & Review of Scheme

- 7.1 Subject to the provisions of the 2014 Act the IJB shall be entitled to amend, vary or revoke this Scheme from time to time.
- 7.2 The Chief Officer shall have the power to alter the Scheme only to correct any minor errors or to make any consequential amendments required as a result of a decision of the IJB.
- 7.3 The IJB shall review this Scheme periodically (at least annually) or earlier, if required.



The action log documents actions not covered by IJB report recommendations. Once completed actions are noted at the Board meeting they will be removed and outstanding actions will be rolled forward to the next meeting.

Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
22 September 2021	Urgent Decision Making	Mr Murray to discuss with Chair of Finance and Performance Committee whether to present the Revised Scheme of Delegation to the October Committee meeting prior to consideration at IJB.	Ewan Murray	March 2022	The revised Scheme of Delegation is presented to this meeting of the IJB for consideration.	

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 January 2022	Financial Report	Ewan Murray	Ewan Murray	N	1) Noted the 2021/22 projection based Financial Performance for the first eight months of the financial year to 30 November 2021. 2) Noted the Significant Financial Issues and Pressures and Key Assumptions. 3) Noted the updates on Scottish Government funding support for ongoing impacts of Covid 19 and the requirement to submit a Quarter 3 Covid financial return to Scottish Government in January 2022.
26 January 2022	Budget Report	Ewan Murray	Ewan Murray	N	1) Considered the 2022/23 Budget update and IJB Business Case. 2) Noted the updates on the implications of Scottish Draft Budget and terms in respect of minimum payments to IJBs. 3) Noted the level of complexity and uncertainty affecting budget considerations. 4) Approved the 2022/23 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme. 5) Noted the next steps and further budget development work required prior to the IJB considering the 2022/23 Revenue Budget for approval.
26 January 2022	Joint Loan Equipment Service	Wendy Forrest	Wendy Forrest	N	1) Considered the conclusions of the independent review and evaluation of the four service delivery options. 2) Agreed in principle that a unified Forth Valley Community Equipment Service, be progressed with further technical and financial development work, as well as engagement and consultation with service users, carers and other key stakeholders. 3) Short Life Working Group be established to take forward the recommendations, with Board Member Helen Macguire joining the group.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 January 2022	Q2 Performance Report	Carol Johnston	Wendy Forrest	N	<ul style="list-style-type: none"> 4) Reviewed the content of the report. 5) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports. 6) Approved quarterly reports that normally be presented first at the Finance & Performance Committee and subsequently at the available Board meeting.
26 January 2022	Archiving the Records of the IJB	Rosie Al-Mulla, Assistant Archivist, Stirling University	Rosie Al-Mulla and Amy Cawood, Corporate Records Manager, NHS FV	N	<ul style="list-style-type: none"> 1) Noted the IJB Records Management Plan submitted to the Keeper of the Records of Scotland in 2019 set out the intention to deposit IJB records with the University of Stirling Archives and Special Collections who were already the place of permanent deposit for the records of NHS Forth Valley. 2) Approved amending the existing Memorandum of Understanding (MoU) between NHS Forth Valley and the University of Stirling to include the digital preservation of IJB records (option B).

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Financial Report	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the 2021/22 projection based Financial Performance for the first six months of the financial year to 30 September 2021. 2) Noted the Significant Financial Issues and Pressures 3) Approved that the measures set out at section 4.7 of this report satisfied the requirement of the Integration Scheme for a financial recovery plan to be in place. 4) Noted the updates on Scottish Government funding support for ongoing impacts of Covid 19, savings, investments, winter funding allocations and projected reserves levels. 5) Approved the proposal to implement the uplift in social care pay for commissioned services as set out in Section 8.4. 6) Approved the proposal that the draft 2022/23 IJB Business Case is presented to the December Finance and Performance Committee meeting and submit to the constituent authorities thereafter.
26 November 2021	2020/21 Audited Accounts and Independent Auditors Report	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted that the 2020/21 Annual Accounts were being considered by the Audit and Risk Committee on 22 November 2021. 2) Subject to the recommendation of the Audit and Risk Committee approved the accounts for signing by the Chair, Chief Officer and Chief Finance Officer and publication on the partnership website thereafter 3) Noted the Independent Auditors report
26 November 2021	Remobilisation Plan	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approved the content of the HSCP Re-Mobilisation Plan 2) Noted the financial framework and financial reporting to Scottish Government

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Programme of Meeting Dates	Lesley Fulford	Lesley Fulford	N	<ol style="list-style-type: none"> 1) Approved the proposed Integration Joint Board programme of meeting dates for 2022 / 2023 set out in paragraph 4.1. 2) Approved March 2023 meeting would be focussed on budget, associated directions and delivery plan only set out in paragraph 4.3. 3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2022 / 2023 set out in paragraph 5.1. Recognising the June meeting would be rescheduled. 4) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2022 / 2023 set out in paragraph 6.1. Recognising the June meeting would be rescheduled. 5) Noted the Transforming Care Board programme of meeting dates for 2022 set out in paragraph 7.1. 6) Noted the Strategic Planning Group programme of meeting dates for 2022 / 2023 set out in paragraph 8.1. 7) Noted the Clinical and Care Governance Group programme of meeting dates for 2022 / 2023 set out in paragraph 9.1.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Chair and Vice Chair Proposals 2022/2024	Lesley Fulford	Lesley Fulford	N	<ol style="list-style-type: none"> 1) Approved the nomination for Chairperson of the Integration Joint Board in first year (2022 / 2024) as per report section 3. 2) Agreed Local Authorities would nominate Vice Chair of the Integration Joint Board and Chair of Committees post Local Government election as per report sections 3, 4, and 5. 3) Approved the following nominations for: <ol style="list-style-type: none"> a) Vice Chairperson for Audit & Risk Committee (2022 / 2024) as per report section 4. b) Vice Chairperson for Finance & Performance Committee (2022 / 2024) as per report section 5 c) As a contingency the Board approved Vice Chairperson (as set out in sections 4 and 5 of this report) could Chair the Committees in the interim.
26 November 2021	Draft Annual Performance Report 2020/2021	Carolyn Wyllie and Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approved the Draft Annual Performance Report 2020/2021 subject to amendments for typing errors
26 November 2021	Alcohol and Drug Partnership Report	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approved the content of the report. 2) Sought for officers to provide updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Urgent Decision Making	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Approved the extension of delegated authority to take such urgent measures or decisions as are required to: <ol style="list-style-type: none"> a) The Chief Officer (or the Chief Finance Officer or their substitutes) b) for the period up until at least 23 March 2022 c) and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power. 2) Noted that work to review and update the IJBs extant Scheme of Delegation would commence in the coming period and it was anticipated that a revised scheme would be brought to the March 2022 meeting for approval
26 November 2021	Finance and Performance Committee – Terms of Reference Review	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Reviewed and approved the proposed revisions and updates to the Finance and Performance Committee’s Terms of Reference 2) Agreed to further review the Terms of Reference no later than 2 years from approval by the Integration Joint Board 3) Noted the considerations of the Finance and Performance Committee
26 November 2021	Board Member Review	Lesley Fulford	Lesley Fulford	N	<ol style="list-style-type: none"> 1) Noted the content of the report 2) Noted the carers representatives were due to step down and new representatives would attend future meetings
26 November 2021	Climate Change Report 2020/21	Lesley Fulford	Lesley Fulford	N	<ol style="list-style-type: none"> 1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009 2) Approved the draft Climate Change Report 2020/2021 for submission to Sustainable Scotland Network

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Response to Mental Welfare Commission	Carolyn Wyllie		N	3) Approved the response for submission (appendix 1)
22 September 2021	Advocacy Service – Award of Contract	Wendy Forrest	Wendy Forrest	Y	<p>4) Noted that the proposed Forth Valley-wide approach would provide equitable Independent Advocacy services across both HSCPs and NHS Forth Valley.</p> <p>5) Noted that the contract would ensure the HSCPs and NHS Forth Valley meet their statutory obligations with regard to people subject to legislative processes who must have access to an Independent Advocate.</p> <p>6) Approved the award of contract as outlined in the paper and direct Stirling Council, Clackmannanshire Council and NHS Forth Valley to put in place the contractual arrangements, with Stirling Council leading on the procurement process.</p>
22 September 2021	Information Governance Assurance Report 2020/2021	Dierdre Coyle	Dierdre Coyle	N	<p>1) Noted the Information Governance activity for the year 2020/2021</p> <p>2) Approved the Progress Update Review for submission to the Keeper of the Records (appendix 1)</p> <p>3) Approved that the Chair meets with the Archivist at Stirling University to agree records for permanent preservation.</p>

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Urgent Decision Making	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Approved the extension of delegated authority to take such urgent measures or decisions as are required to: <ol style="list-style-type: none"> a. The Chief Officer (or the Chief Finance Officer or their substitutes) b. for the period up until at least 24 November 2021 c. and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power. 2) Noted that work to review and update the IJBs extant Scheme of Delegation would commence in the coming period and a revised Scheme of Delegation or a progress update will be brought to the next IJB meeting.
22 September 2021	Quarter 1 Performance Report (Apr-Jun 2021)	Carol Johnson	Carolyn Wyllie	N	<ol style="list-style-type: none"> 1) Reviewed the content of the report. 2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approved quarterly reports that should come to the first available Board meeting following Finance & Performance Committee.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Primary Care Improvement Plan Update	Lesley Middlemiss	Lesley Middlemiss	N	<ol style="list-style-type: none"> 1) Approved the progress report on the Primary Care Improvement Plan. 2) Noted the revised timeline of April 2022 and revised memorandum of understanding issued August 2021 3) Noted that there was no substantive change to the actions, cost or deliverables previously outlined in PCIP Iteration 3 approved by tripartite partners in June 2020. 4) Noted that the funding gap between the plan and Scottish Government allocation remained, however, the plan for 2021/22 remained deliverable with support of slippage and NHS Forth Valley funding of the flu vaccination service.
22 September 2021	Culture and Governance – Emergency Department, Forth Valley Royal Hospital		Scott Urquhart	N	<ol style="list-style-type: none"> 5) Noted the external review report, actions and scrutiny undertaken by the Health Board. 6) Approved the NHS oversight group provide the IJB with quarterly updates on progress.
22 September 2021	Review of Strategic Plan	Lesley Fulford	Lesley Fulford	N	<ol style="list-style-type: none"> 1) Approved the rolling forward of the Strategic Plan for a period of one year. 2) Approved the development of a 10-year Strategic Plan for April 23 / March 24 to April 33 / March 34.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Directions Policy	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the recommendation of the Audit and Risk Committee. 2) Approved the draft Directions Policy. 3) Approved the proposal that the monitoring role in respect of directions issued by the IJB is performed by the Finance and Performance Committee on behalf of the IJB.
22 September 2021	Transforming Care Board – Update	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Supported the progress made within the work streams under the HSCP Transforming Care Board. 2) Continued to seek for officers to provide detailed updates at Integration Joint Board to ensure progress and provide scrutiny.
22 September 2021	Commissioning Consortium	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the content of this report; 2) Approved implementation of a Commissioning Consortium model of commissioning as outlined in this paper; 3) Considered and approved the proposed investment in a Strategic Commissioning Manager to lead this area of work in so far as the proposed investment could be contained within a balanced partnership budget position. 4) Noted that the focus of this work would additionally seek to offer better value for money focused on outcomes for individuals. 5) Sought additional regular reports on progress following scrutiny at Finance and Performance Committee and recommendations from Strategic Planning Group.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Carers Investment Plan	Wendy Forrest	Wendy Forrest	N	1) Approved implementation of the Carers Investment Plan.
22 September 2021	Strategic Improvement Plan – Update	Wendy Forrest	Wendy Forrest	N	1) Noted the volume of activity planned and underway within the HSCP. 2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities 3) Sought for officers to provide an update at each Integration Joint Board meeting against the actions outlined in the Plan.
22 September 2021	Reserves Strategy	Ewan Murray	Ewan Murray	N	1) Noted the recommendation of the Audit and Risk Committee. 2) Approved the appended draft reserves strategy. 3) Agreed that the reserves strategy be further reviewed by March 2022 as part of consideration of the 2022/23 IJB Revenue Budget.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Financial Report	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the 2021/22 projection based on Financial Performance for the first four months of the financial year to 31 July 2021. 2) Noted the Significant Financial Issues and Pressures 3) Agreed the requirement, per the Integration Scheme, for a budget recovery plan to be prepared for initial consideration by the Finance and Performance Committee and then by the Integration Joint Board. 4) Noted the update on Scottish Government funding support for ongoing impacts of Covid 19. 5) Approved the proposal in respect of the Budget Strategy as set out in section 8 of this report.
22 September 2021	Urgent Business Brought Forward by Chairperson/Emergency Items	Chair	Chair	N	<ol style="list-style-type: none"> 1) Approved the dates and times for informal Board development sessions and workshops.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
16 June 2021	Urgent Decision Making Powers	Lindsay Thomson	Lindsay Thomson	N	<p>1) Approved the extension of delegated authority to take such urgent measures or decisions as are required to:</p> <ul style="list-style-type: none"> a. The Chief Officer (or the Chief Finance Officer or their substitutes) b. for the period up until at least 22 September 2021 c. and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power. <p>2) Noted that the Cabinet Secretary for Health is due to review the emergency footing of the NHS which is currently in place until at least 30 June 2021.</p>
16 June 2021	Carers Scotland Act 2016 Implementation Update	Wendy Forrest	Shubhanna Hussein Ahmed / Elizabeth Ramsay	N	<p>6) Noted the progress made to implement the requirements of the Carers Act.</p> <p>7) Approved the review of the HSCP Short Breaks Statement prepared with partners, with the additional support of Short Break Co-ordinator.</p> <p>8) Approved the review of the HSCP Eligibility Criteria.</p> <p>9) Approved the review of the current HSCP Carers Strategy 2019 – 2022 prepared with partners and carers across Clackmannanshire and Stirling and seek for officers and carers’ representatives to bring further reports during 2021 on progress against the actions.</p> <p>10) Sought for officers to work with carers to produce a Carers Investment Plan to align with the priorities of a refreshed Carers’ Strategy.</p>

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
16 June 2021	Rural Model of Care	David Niven	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the robust process of consultation undertaken across communities in Southwest Rural Stirling. 2) Noted that the feedback from the rural communities is for a model of care which is based on person centred and outcome focussed care and support. 3) Approved the six recommendations resulting from the Rural Southwest Consultation process. 4) Approved the permanent service change which will result in Strathendrick House Care Home being declared surplus to requirements for the HSCP as part of the ongoing re-design of the Rural Model of Care.
16 June 2021	Strategic Improvement Plan Update	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Considered and approve the updates to the Strategic Improvement Plan attached at Appendix 1. 2) Sought further regular updates on the Strategic Improvement Plan to the Integration Joint Board.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
16 June 2021	Financial Report for Year Ended 31 March 2021	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the net underspend reported on the Integrated Budget of £2.986m and net overspend reported on the Set Aside Budget for Large Hospital Services of £1.107m for financial year 2020/21 (subject to statutory audit) 2) Approved the issuing of final directions in respect of 2020/21 financial year to the constituent authorities 3) Noted the overspend on the Set Aside budget for Large Hospital Services of £1.107m which has been met by NHS Forth Valley 4) Noted the updates on the preparation of the IJBs Accounts and Review of Medium Term Financial Plan. 5) Considered and Approved the Business Case to reduce Waiting/Pending lists for Adult Social Care during the remainder of financial year 2021/22.
11 May 2021	Revenue Budget 2021/22	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Approved the revision to the IJB Budget Strategy (Section 2.3) 2) Approved the 2021/22 Revenue Budget 3) Approved the development of a Carers Investment Strategy Proposal for 21/22 (Section 5.8) 4) Considered the proposals to accelerate the Transforming Care Programme and approved the proposal to establish and delegate to the Chief Officer a £0.5m leadership fund from the Transformation Earmarked Reserve (Section 6) 5) Considered and approved the business cases appended to the report in so far as the proposed investments could be contained within a balanced partnership budget position.

Strategic Planning Group

Minute of meeting held on 15 December 2021 @ 2pm via MS Teams

Present:

Name	Position
Cllr Les Sharp (Chair)	Integrated Joint Board Chair
Elizabeth Ramsay	Carers Representative
Shubhanna Hussain-Ahmed	Carers Representative
Natalie Masterson	CEO Stirlingshire Voluntary Enterprise
Liz Rowlett	Third Sector HSCP Partnership Officer
Eileen Wallace	Service User Rep
Colleen McGregor	Stirling Carers
Agnes McMillian	Central Carers
Marjory Mackay	Strathcarron Hospice
Abigail Robertson	UNISON Rep
Pam Robertson	UNISON Rep
Stephen Clark	Housing Services Stirling Council
Marie Valente	Chief Social Work Officer Stirling Council
Hazel Meechan	NHS Forth Valley Public Health
Susan Bishop	NHS Forth Valley Innovation and Improvement
Janette Fraser	NHS Forth Valley Head of Planning
Lesley Middlemiss	NHS Forth Valley Primary Care
Elaine Lawlor	NHS Forth Valley ADP Public Health
Elaine Brown	NHS Forth Valley Public Health
Joanne O Suilleabhain	NHS Forth Valley Health Promotion / Public Health
Kelly Tulloch	NHS Forth Valley
Annemargaret Black	Health and Social Care Partnership Chief Officer
Ewan Murray	Health and Social Care Partnership Chief Finance Officer
Wendy Forrest	Health and Social Care Partnership Head of Strategic Planning and Health Improvement
Lorraine Robertson	Health and Social Care Partnership Chief Nurse
Caroline Robertson	Health and Social Care Partnership Locality Manager
Phil MacDonald	Health and Social Care Partnership Locality Manager
Judy Stein	Health and Social Care Partnership Locality Manager
Jennifer Baird	Health and Social Care Partnership Commissioning Manager
Louise Johnson	Health and Social Care Partnership Commissioning Manager
Lesley Shaw	Health and Social Care Partnership Service Improvement Manager
Michelle Duncan	Health and Social Care Partnership Planning and Policy Development Manager
Simon Jones	Health and Social Care Partnership Alcohol and Drug Partnership Lead Officer
Karen Pirrie	Buchan Associates
In attendance	
Fiona Norval	Minute taker / PA

Apologies	
Sheila McGhee	Carers Representative
Anthea Coulter	Clackmannanshire Third Sector Interface
Julie Anne Moore	Alzheimer Scotland
Chris Mollins	Capability Scotland
Murray Sharp	Housing Services Clackmannanshire Council
Mandy Paterson	Police Scotland
Robert Clark	NHS Forth Valley Staff Side
Andrew Murray	NHS Forth Valley Medical Director
Scott Williams	NHS Forth Valley Deputy Medical Director
Angela Wallace	NHS Forth Valley Nursing Director
Phyllis Wilkinson	NHS Forth Valley
Kathy O'Neill	NHS Forth Valley
Clare Copeland	NHS Forth Valley
Jennifer Borthwick	NHS Forth Valley
Anita Paterson	NHS FV Health Improvement
Carolyn Wyllie	Health and Social Care Partnership Head of Community Health and Care
Shiona Hogg	Health and Social Care Partnership AHP Lead
James King	Health and Social Care Partnership GP Lead
Bob Barr	Health and Social Care Partnership Locality Manager
Carol Johnson	Health and Social Care Partnership Lead Analyst
Kelly Higgins	Health and Social Care Partnership Senior Organisational Lead
Emma Mitchell	Health and Social Care Partnership Self Directed Support Lead
Lesley Fulford	Health and Social Care Partnership Senior Planning Manager

1. Welcome from Chair, Apologies & Declarations of Interest

Councillor Sharp welcomed everyone to the meeting and reminded colleagues of the protocols of using MS Teams.

Apologies noted above and there were no declarations of interest.

2. Draft Minute of meeting held on 27 October 2021

Changed the date of the minute from 12 to 27 October, 2021, thereafter the minute of the meeting was approved as an accurate record.

3. Matters Arising & Rolling Action Log

See attached log

4. Alcohol & Drug Partnership – Drug Related Deaths

Wendy Forrest provided context around the reason why this presentation was coming to this group. She advised that it was helpful to provide feedback on the work of the ADP as it had been delegated to the Integration Joint Board Health and partners within the Strategic Planning Group would have an interest in the key work streams including Drug Related Deaths. Simon Jones and Elaine Brown shared their presentation with the group advising it comes with the caveat that the data is at this moment in time.

 SPG Presentation.pdf
Action: Fiona Norval to share presentation with group.

Les Sharp thanked Simon and Elaine for this presentation.

Discussion took place around the different aspects of the presentation. It was noted that Scottish Government are looking at this as a public health issue and seeking to support those affected with a health and well-being approach.

The group discussed the development of a dedicated team based care and support model. The current thinking is that the crisis team would lead until the current crisis was being supported for the individual and then supported through current CADs and community health & care services.

Simon Jones advised that the project is linking in with children’s services and Clackmannanshire Council are currently involved with a pilot, which is based on the Icelandic Model; substance use prevention for adolescents.

The group agreed that workforce development and training for staff would be important. Simon Jones confirmed that the workforce planning would be circulated in the new year. Funding for these works will be through the national Drug Task Force.

Action: Simon Jones to circulate information around Courses/Workforce Development early 2022 when completed.
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5. Presentation on proposals for community equipment service

Wendy Forrest provided an update on the work that has been undertaken around the Joint Loan Equipment Store (JLES), advising that JLES is hosted by Falkirk Council / IJB which Stirling Council are partners alongside Forth Valley. Clackmannanshire Council has its own store and delivery service.

Wendy Forrest advised that the current services are in need of review as there are limitations in terms of electronic ordering and recycling of equipment. The group agreed that there was a need for the whole system to be reviewed and looking to refresh future delivery model for the provision of equipment across Forth Valley.

Wendy Forrest advised that commitment is sought from this group to work with them and take part in the wider consultation and engagement;-

- Consider the conclusions of the independent review and evaluation of the four service delivery options.
- Agree in principle that a unified Forth Valley Community Equipment approach, be progressed with further technical and financial development work, as well as engagement and consultation with service users, carers and other key stakeholders.
- Short Life Working Group be established to take forward the recommendations.

It was agreed that this is such a vital area of work and welcomed the wider collaboration, there has been issues with this service for a long time, and both Abigail Robertson and Councillor Shared advised they would be happy to be involved in any way that would be of assistance.

6. Primary Care Premises Business Case

Lesley Middlemiss welcomed the opportunity to bring this presentation to this group, advising that work is still in the early stages and is part of an area wide review.

The purpose of the presentation is around exploring ideas and looking for any suggestions the group may have around this, and at end of the presentation views on whether the group think and agree this is a good proposal to take forward.

Wendy Forrest thanked Lesley for an interesting presentation, highlighting an ambitious programme for delivery for the citizens of Clackmannanshire and Stirling. Wendy Forrest, introduced Lesley Shaw, Service Manager, Improvement and Change, advising as part of her remit she will be working on Locality Planning.

The group agreed it is good to look at transformational service delivery and how we can be SMART around this, as unfortunately there will not be investment available for all projects. Currently there are 3 priorities, and thought needs to be given around how to make the opportunities align with the community, the Partnership and Primary Care to enable and promote collaborative working.

Abigail Robertson observed the need to bear in mind the amount of changes the HSCP has undergone recently; around service delivery, COVID and planned changes to try and improve services shortage, therefore there will be a need to manage expectations and bring the public along around any new proposals.

Lesley Middlemiss agreed, advising this would be a future topic for discussion, giving an example; that one would be a plea on behalf of GP's to consider direct services. Currently there is a bottle neck as a lot of services need a GP referral, creating a lack of open access. Work would need to be undertaken to look at how this could possibly be re-designed.

Discussion took place around the various way expectations could be managed; i.e. making of videos, explaining the new teams within GP's, knowing where to access services, around signpost and better communications.

It was discussed that the current communications may have not been as effective as one would wish around signposting the public to the other services rather than always looking for a GP appointment. It was noted that this this has been raised at the IJB and NHS Boards levels around the need for better communicate, around the delivering and sharing this message.

Elizabeth Ramsay advised that whilst she agrees with these discussions, how had carers and service users contributed to this presentation?

Lesley Middlemiss advised that user and community engagement has been light up to this point as the priorities have not been agreed. Engagement is currently taking place at a higher level, around capital investment. Thereafter, the next stage would be to undertake a detailed look, as the current brief is not clear enough yet for the user. This process required to be managed as we do not want to raise any anxiety as this may not be taken any further, as still awaiting the green light to move on.

If and when the priorities have/are agreed, the focus would then move to arranging a series of community engagement. Consultation process will be challenging due to this being a Forth Valley wide approach. It was agreed by the group that they would be willing to help shape the next stage once the capital investment has been agreed.

Action: Fiona Norval to share presentation



Primary Care PIA
SPG Update 2021121

8. Financial update

Ewan Murray provided an update around Month 7 projected budget within the Health and Social Care Partnership. Ewan advised that it is expected that Scottish Government's intention is for the NHS Forth Valley delegated budget to the Integration Joint Board will break even, but there is need to continue and monitor particularly due to movement in months 6 and 7.

The Scottish Government presented the draft budget for 2022/23 on 9 December 2022, where it announced significant spending pending commitments across Health and Social Care Partnership, but further detail in relation to allocations is still to be fully confirmed. It is hoped further detail will presented at the Chief Finance Officer, IJB session on 16th December 2022.

The Local Government Finance Circular is still to be published, which has all the detailed allocation. There will be a requirement to compare to our demand pressures and at present it is difficult to give a clear picture, although there are quite a lot of targeted resources, it is looking challenging for Local Authorities.

Inflation now running at high levels which will bring its own challenges across the current budgets and proposed spending.

Discussion is ongoing with Scottish Government and the UK Government Treasury around whether COVID consequential will be extended and Ewan hopes to be given more details at the meeting on 16 December, 2022.

8. Any other business

8.1 HSCP Annual Performance Report – for noting

8.2 HSCP Re-Mobilisation Plan – for noting

Elizabeth Ramsay highlighted Carers UK who undertook survey around Carers Stress advising there is now evidence to back this up. Link below to survey

<https://www.carersuk.org/help-and-advice/36-for-professionals/policy-eng/report/6958-state-of-caring-2021-report>

9. Date of Next Meeting: Wednesday 16 February 2022 @ 2pm – 4pm via teams 4.00pm

10.0 Proposed topics for future meetings

10.1 HSCP Carer's Commissioning Consortium – Jennifer Baird

10.2 HSCP Self Directed Support – Emma Mitchell/Bob Barr

10.3 HSCP Integrated Workforce Plan & staff resources – Kelly Higgins

10.4 HSCP Locality Planning – Lesley Shaw

10.5 HSCP Move to a Homely Setting – Phil MacDonald

10.6 Update on Drug Related Deaths – “so what have we done” – Simon Jones

10.7 Update on the Promise – Marie Valente

**Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held
on Thursday 25 November 2021 via Teams**

Present:

Annemargaret Black, Chief Officer, HSCP (AB) Chair
Bob Barr, Locality Manager, Stirling, HSCP (BB)
Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Wendy Forrest, Head of Strategic Planning & Health Imp, HSCP (WF)
Kelly Higgins, Senior OD Adviser, HSCP (HK)
Sonia Kavanagh, Business Manager, HSCP (SK)
Amie McIntosh, Senior HR Business Partner, Stirling Council (AMcl)
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
David O'Connor, Regional Convener, Unison (DO'C)
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
Pam Robertson, Co-Chair JSF, Secretary, Clacks Unison, (PR)
Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)
Brian Wilson, GMB. Stirling Council (BW)

1. Welcome and Introductions

Annemargaret Black chaired the meeting and welcomed everyone.

2. Apologies for Absence:

Apologies for absence were intimated on behalf of:

Linda Guy, HR Manager, NHS Forth Valley (LG)
Karen Morrison,
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

3. Minute of Meeting of 28 October 2021

This minute was approved with one amendment

Page 2 last paragraph

There is an assistant manager on duty who is visible at weekends and a senior on overnight.

To be changed to the following

Assistant Manager on duty doing an ad hoc weekend and recruiting to seniors overnight. These are not permanent posts.

4. Matters Arising

Item 8 Increased Capacity in Strategic Planning & Health Improvement

Wendy Forrest advised that she was in the process of developing the Implementation & Delivery Group and would ensure Abigail was included.

5. **Management Update**

Annemargaret Black provided an update on behalf of management.

Business Continuity

There were still significant issues and risks across the system.

Weekly reports on levels of unmet need both in the hospital and community continue to be submitted to Scottish Government. The biggest issue was availability of staff and packages of care were being risk assessed to ensure support for those with critical needs.

Scottish Government had provided an investment of £300m with an allocation for social care and winter pressures. Teams were looking for solutions to increase capacity and along with a national recruitment campaign. Stirling Council are leading on a local recruitment campaign.

Providers are to receive funding to increase wage from £9.50 to £10.02 per hour. It was noted that the need for investment into social care had also been recognised in the recent National Care Consultation

Following the recent analysis across the different local authorities on costings of unmet need in social care, Annemargaret advised that initial findings were that there was a significant investment gap. There is not enough funding on a recurring basis to meet all need. However, Scottish Government were looking at this. Ewan Murray CFO is developing a business case which would feed into both council's budget setting process, noting the different demographics for Clackmannanshire & Stirling.

6. **Service Pressures**

Covered above

7. **COVID 19 Update**

Annemargaret provided a brief update:

- PPE and testing were still available.
- Care Home Assurance Group continues to meet.
- Community infections were high although many were asymptomatic.
- Vaccine & Flu Programme - these were being rolled out and were going well. The uptake amongst social care for the booster was sitting about 25% and some were reluctant to get both the covid and flu vaccine at the same time. Staff should be encouraged to have the vaccinations and regular communications would be rolled out.
- Care at Home Assurance Group established to look at impact of covid and unmet needs
- Wellbeing resources were still available to support staff

Abigail noted disappointed in the vaccination rates and wondered if there was a link between this and the recent guidance which was for Care at Home staff compared to the previous guidance which included all social care staff.

Annemargaret advised that she was not aware of this difference and would raise it at the National Workforce Leadership Group.

8. **Care Future 7 – Staff Shortages Survey**

Pamela Robertson had put forward this paper to enable discussion. Lesley

Fulford who was attending on behalf of Carolyn Wyllie, advised that there was nothing in the report that was not already known about regarding wage levels and staff feeling valued but thanked Pamela for sharing it. Pamela asked if there were difficulties in this area affecting the partnership and how they were being dealt with. Annemargaret advised that there was a Recovery Plan in place including financial support for providers and to support recruitment. The plan had a range of actions about how to create social care capacity to ensure critical needs are met and that wider system risk are mitigated.

National discussions There are also discussions going on about incentivising people to come into the care service. This is a national issue which requires significant long term investment including better pay and career development pathways to make this more attractive to people. These were often described as unskilled jobs, which is not the case and public engagement is needed for better awareness.

Wendy highlighted that commissioning colleagues also linked in with Provider Forums and Abigail noted that while this was useful this only accessed senior management viewpoints and staff views were needed to understand what was important to them. Wendy advised that both Clackmannanshire and Stirling had signed up to the Ethical Care Charter which includes how staff are treated and this will be incorporated into commissioning arrangements as well.

The impact of the wage increase for provider staff could affect their Universal Credit payments and long term implications for NHS staff who 'bought back' their annual leave in March/April was noted.

9. Service Updates

Stirling Locality

Bob Barr provided a verbal update for the Stirling Locality.

Bob highlighted the current ASP Inspection taking place. The inspection file reading was last week and the weeks leading up had been hectic gathering files etc. This was a challenging and stressful time, however staff had performed well and positive feedback had been received regarding their engagement with the Inspection Team. The final report is due in January 2022. On a positive note this was an opportunity for improvement and were already aware of areas which required further work. However if any other areas were flagged these would be included in the Improvement Plan already in place. Clackmannanshire's file reading week is due next week.

The registration of Ashford Care Home had been taken on by Stirling Council and this had involved a lot of work. There has been an impact on staff and where agreeable staff were TUPED on a temporary basis to Stirling Council. The majority of staff have chosen to do this although some had not.

However, all had received support & advice and had access to trade union supports. Bob highlighted the positive impact already noted, with residents happier and interacting in communal areas and feedback from staff and families acknowledging a much better feel about the place and the quality of care.

Annemargaret advised that the Council had taken on the lease of the building for nine months with the opportunity to sell as an ongoing concern. Although it was hoped a new provider would take it on, whatever happened residents

would continue to be cared for in a safe and planned way, noting a couple of new homes were due to open in the area.

There were ongoing pressures in relation to people being discharged from hospital into the community and challenges to meet their needs. Sickness absence levels impacted on day to day work across the sector and there were significant pressures on teams. Although the recruitment drive was ongoing, Occupational Therapist (OT) recruitment was proving a real challenge. The Team are exploring how this OT work could be supported and shared with the REACH team and how training for single handed care could reduce some pressure.

The issue of the OTs was discussed and whether the ASP duties they had included in their role were impacting recruitment. Annemargaret noted that both OTs and Social Worker were keen to maintain their professional titles and not be called Care Managers. Wendy advised that work with the School of Social Work and Stirling University was progressing to establish a Social Work Forum to discuss continuous professional development and embedding the professional position of social work locally.

Clackmannanshire Locality

Caroline Robertson was unable to attend as Clackmannanshire were in the middle of inspection preparation. File reading is due to start next week. Similar issues in Clackmannanshire regarding service issues were noted.

Hospital, Reablement & District Nursing

Judy Stein provided a verbal update for these areas.

Reablement were looking at doing a review of how it is working, a lot was office based rather than front facing.

There were significant pressures due to absences for District Nursing. They were also now involved with the immunisation roll out which was an additional pressure. Working with other providers on palliative & end of life care using a small amount of non recurring funding from Scottish Government to support this.

Mental Health & Learning Disability

New Service Manager, Nicola Cochrane has just started and would attend future meetings. Her initial focus would be on the Improvement Plan to meet the recommendations of the Mental Welfare Commission, Authority to Discharge report and housing models. Wendy added she was working with providers building bespoke housing for people with complex needs so they could move out of current arrangements to safe and independent care.

Annemargaret and the Chair of the IJB, Councillor Les Sharp had recently visited the MH team at Livilands Resource Centre. Some of the issues were due to increased service demands, approximately 20% which was difficult to sustain. There was good work taking place with a test of change for homelessness services in Stirling, working with digital inclusion and lending ipads out and teaching IT skills.

Annemargaret advised that it was hoped to do a SMLT reflection session on

achievements of the last couple of years. Recognising the amount of good work that had taken place and using communications to highlight what our workforce have achieved. There was also the possibility to take this to a future IJB development session.

10. STANDING ITEMS

H & S Partnership Group Minutes

There were no minutes. Judy was working with partners to get a single report across the partnership.

11. AOCB

Uniform at Bellfield

Wendy Forrest advised that she would get someone in her team to pick this item up.

12. Date of Next Meeting

Thursday 10th February 2022 via Microsoft Teams

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 22 December 2021 at 2.00pm
via MS Teams**

Present:

John Ford, Non-Executive Board Member, NHS Forth Valley (Chair)
Councillor Scott Farmer, Stirling Council,
Councillor Susan McGill, Stirling Council
Councillor Les Sharp, Clackmannanshire Council
Councillor Dave Clark, Clackmannanshire Council
Cathie Cowan, Chief Executive, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley

In Attendance:

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Lesley Fulford, Senior Planning Manager, HSCP
Sonia Kavanagh, Business Manager (Minutes)

1. Chair's Welcome and Introductory Remarks

Mr Ford welcomed everyone to the meeting which would focus on the operational pressures, business continuity and budget update.

2. Apologies

There were no apologies noted.

3. Minute of Meeting held 20 October 2021

The minute of the previous meeting held on 20 October 2021 was approved as an accurate record subject to the following amendment:

- Councillor Les Sharp was in attendance

4. Operational Pressures, Business Continuity and Budget Update

Wendy Forrest, Head of Strategic Planning and Health Improvement provided the context around the HSCP Recovery Plan and Business Continuity to ensure people continued to be safe and received the care and support they required. Work continued across Clackmannanshire and Stirling around recruitment including for external providers to provide these services.

As previously discussed at Finance and Performance Committee the Recovery Plan, aligned to the Strategic Improvement Plan, included the multi-agency working through CHART Team, Care at Home, the specialist rehab beds which were in place, interim moves to care homes, the Hospital @ Home model and the involvement of Third Sector link worker based in FVRH. This completed work demonstrated the range and scope undertaken to increase capacity and space to provide the right care in the right place.

Details of the work in development were also provided; Rapid Hospital to Home which included the Discharge to Assess model and collaborative working with external providers to ensure critical care was delivered, and creating capacity for new patients/clients. There was also a wider range of planned activity with the development of a TEC First approach, an Active and Independent Hub with the ethos of early prevention clinics to promote living well and a Care at Home Review Team to embed the statutory reviews and promote independence.

Ms Forrest highlighted that community health and care services had been operating in business continuity since the start of the pandemic and work continued to review functions which could be stood down and consideration of the re-deployment of staff where possible.

The data which supported and evidenced the system pressures was recently considered in detail at the IJB informal development session held on 1 February 2022. The reduction in the number of delayed discharges from the hospital demonstrated the commitment and hard work of operational colleagues to ensure people were supported home or to a homely setting.

The Finance and Performance Committee discussed the challenges with Care at Home and care provider capacity and the investment required. Pathways continued to be reviewed to identify gaps and opportunities to provide the appropriate support to those who required it. The challenges with staffing were also noted and the impact of vacancies across the whole system.

The budget update was presented by Ewan Murray. He advised the projection at month 7 was an overspend of £0.932m on the Integrated Budget. This was an increase from the previous month which had been presented to the IJB meeting on 26 January, due to Prescribing and Primary Care. The assumption was that Scottish Government would provide funding cover to breakeven and any unspent resource from Winter Funding would be carried forward via earmarked reserves.

Mr Murray provided a brief outline of the NHS and Local Government settlements and implications for the IJB including improving patient outcomes, social care investment and pay increases. There was significant complexity around understanding the various allocations and impacts for the IJB as further details continued to emerge. It was noted that the Carers Investment Plan would be presented at a future meeting to provide an update on how the remaining resources would be used.

There were considerable pressures including increasing unmet need/demand, workforce constraints and inflationary impacts. Although strategic priorities remained unchanged it was difficult to see where significant efficiencies could come from while making the best impact from the investment decisions already made. The Finance & Performance Committee discussed the need for delivery of savings and efficiencies to be part of the medium to long term strategy.

The proposed transitional Budget Strategy for 2022/23 was outlined, aligned to the extended Strategic Plan, as previously agreed by the IJB, and based on key assumptions for adult social care. Mr Murray advised that the next step would be to consolidate the information into the IJB Business Case to the Chief Executive of NHS Forth Valley and Chief Executives of both Stirling Council and Clackmannanshire Council as part of the budget setting process. A Delivery Plan and Revenue Budget would then be considered at the IJB meeting in March 2022 including options for efficiencies and unmet need.

The Finance and Performance Committee:

- 1) Agreed to the delegated authority for Chief Officer and Chief Finance Officer to write to constituent authorities (consulting with chair and vice chair)
- 2) Noted the work to expand capacity using the governance route of urgent decision making powers with updates to the IJB and this Committee
- 3) Noted the review of transformation funding and decisions required

5. Any Other Competent Business

As there was no other competent business the Chair drew the meeting to a close.

6. Date of Next Meeting

23 February 2022, 2-4pm via MS Teams.

**Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**
held on **Monday 22 November 2021 at 2.00pm**
via Microsoft Teams

Present:

Voting Members

Allan Rennie, Non-Executive Board Member, NHS Forth Valley (Chair)
Councillor Martha Benny, Clackmannanshire Council (Acting Chair)

In Attendance:

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
John Cornett, Audit Director, Audit Scotland
Adam Haar, Audit Manager, Audit Scotland
Tony Gaskin, Chief Internal Auditor
Ross Reid, Audit Scotland
Sonia Kavanagh, Business Manager (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting which was taking place via Microsoft Teams due to Covid-19 and confirmed the meeting was quorate.

Apologies for absence were noted from:

- Councillor Graham Houston, Stirling Council
- Gordon Johnston, Forth Valley NHS Non-executive Board member
- Natalie Masterson, Chief Officer, Stirling Voluntary Enterprise

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. MINUTE OF PREVIOUS MEETING HELD 23 JUNE 2021

The draft minute of the previous meeting held on 23 June 2021 was approved as an accurate record.

4. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

Allan Rennie noted the Reserves Strategy previously considered by the Audit and Risk Committee had been approved by the IJB at their meeting on 22 September 2021.

It was agreed at this point to take Items 5 and 6 together

5. 2020/2021 ANNUAL AUDIT – INDEPENDENT AUDITORS REPORT INCORPORATING LETTER OF REPRESENTATION

6. 2020/21 ANNUAL AUDIT REPORT - PROPOSED

Mr John Cornett, Audit Director, Audit Scotland presented the Independent Auditors Report Incorporating Letter of Representation and Proposed 2020/21 Annual Audit Report.

The audit work on the 2020/21 annual accounts was now substantially complete. Subject to receipt of a revised set of annual accounts for final review, Mr Cornett advised that an unqualified position was issued with the outcome a true and fair view of accounts for the financial year.

The impact of the pandemic on IJBs and Health Boards was noted including the delay in performance data and the extended deadline to 30 November 2021 for IJB's audited annual accounts and annual audit reports. Mr Cornett highlighted in particular the quality and content of the Management Commentary which had significantly improved with some further development still required.

There were no concerns with the financial management and sustainability. Although due to the pandemic and additional funding from Scottish Government there was an unprecedented level of reserves and underspend and these were appropriated earmarked, and ring fenced.

Governance arrangements were effective and appropriate and the IJB had put in place appropriate arrangements to demonstrate the achievement of Best Value.

Mr Cornett expressed thanks to Ewan Murray and finance colleagues for their support and partnership approach to move the audit forward.

Mr Murray highlighted the knock on effect of Covid and complexity involved due to delays with NHS Board and Councils' accounts and therefore the IJB's. He noted the report reflected the current position and the known areas which required further consideration and improvement

The Audit and Risk Committee discussed the need for appropriate infrastructure and support from the 3 organisations to ensure performance and financial data was coordinated, relevant and real time. The potential to share learning from other HSCPs and map performance to risk was also noted.

Annemargaret Black highlighted that Clackmannanshire and Stirling IJB had been put forward as an early adopter for the Best Value Review for IJBs and would provide an update in the future.

In response to a question from the Chair regarding how the Committee could monitor the key priorities and timelines, Mr Murray advised a Progress report could be added as a standing item and the Finance and Performance Committee could undertake deep dives in certain areas to support them to discharge their accountability.

The Audit and Risk Committee:

- 1) Considered and noted the Independents Auditors report
- 2) Noted the Letter of Representation would be signed and returned by the Chief Finance Officer with the signed annual accounts prior to the independent auditor's report being certified.

7. 2020/21 BEST VALUE STATEMENT

Mr Ewan Murray, Chief Finance Officer presented the 2020/21 Best Value Statement.

Mr Murray noted the link to the previous 2 items and how the work of the IJB was evidenced to demonstrate best value as part of the annual accounts process. The Best Value Statement was based on the prompts developed by Audit Scotland and covered:

- Vision and leadership
- Governance and accountability
- Effective use of resources
- Partnerships and collaborative working
- Working with communities
- Sustainability
- Fairness and equality

The process of Best Value strengthened and enhanced continuous improvement providing the opportunity to identify when further work was necessary or when due to the challenges of covid for example, plans to mitigate the impact could be taken and alternative ways of delivery explored to achieve the outcomes.

The Audit and Risk Committee:

- 1) Discussed and approved the draft Best Value statement 2020/2021 (appendix 1)

8. 2020/21 IJB ANNUAL ACCOUNTS

Mr Ewan Murray, Chief Finance Officer presented the 2020/21 IJB Annual Accounts.

Following consideration of the unaudited accounts in June by the Audit and Risk Committee there had been development in key areas. These were set out in section 2.3 of the report:

- Development of the management commentary including incorporation of and overview of performance from the published Annual Performance Report
- Development of the Annual Governance Statement including reflection of the assurance drawn from the Annual Internal Audit Report
- Updating the governance action plan and agreeing this with the Partnership Senior Leadership Team.
- Adjustments to core financial statements to reflect adjustments during audit processes to Stirling Council and NHS Forth Valley accounts and correction of an error in relation to IJB reserves held by Clackmannanshire Council. The net impact on these adjustments resulted in an increase in the operational underspend and therefore IJB reserves of £0.337m.

Mr Murray highlighted a minor further adjustment regarding remuneration required prior to going to the IJB on Wednesday for approval.

The Audit and Risk Committee discussed the savings and the updated position on reserves in place to end of March 2022, noting the potential for the IJB to manage this into the next financial year.

Mr Rennie raised the importance of investing money to transform lives and how to highlight this. Mr Murray advised that the annual accounts were part of a suite of documents along with the Annual Performance Report, where this could be teased out along with people's stories/experiences of how investment, aligned to the IJB's strategic priorities, had supported them to live better lives.

The Audit and Risk Committee:

- 1) Considered the audited 2020/21 annual accounts
- 2) Recommended the 2020/21 annual accounts to the Integration Joint Board for approval, signing and publication on the IJB website

9. INTERNAL AUDIT PLAN

Mr Tony Gaskin, Chief Internal Auditor presented the Internal Audit Plan.

The Public Sector Internal Audit Standard set out the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals. Mr Gaskin advised that due to the continuing

significant impact of Covid-19 views had been sought from both the Chief Officer and Chief Finance Officer with a focus on the emergent risks and those with most immediacy as the basis for the first draft plan. This would continue to be reviewed and updated as necessary with formal approval by the Audit and Risk Committee required.

The Audit and Risk Committee:

- 1) Approved the 2021/22 annual plan
- 2) Noted the need for a flexible and responsive approach to deal with emergent issues. Therefore, any fundamental changes to the plan or timeframes would be considered by the Chair, Chief Officer and Chief Financial Officer then shared with the Committee for formal sign off/agreement.

10. INTERNAL AUDIT CHARTER

Mr Tony Gaskin, Chief Internal Auditor presented the Internal Audit Charter.

The IJB had previously considered and approved the Internal Audit Charter, drafted in line with the requirements of the Public Sector Internal Audit Standards (PSIAS) on 9 December 2020. Mr Gaskin advised that it had been agreed that the charter would be reviewed, updated and approved annually. As there had been no fundamental changes to the PSIAS or the operation of the Audit and Risk Committee or Internal Audit, the Charter remained unchanged.

The Audit and Risk Committee:

- 1) Approved the updated Internal Audit Charter for Clackmannanshire & Stirling IJB.

11. STRATEGIC RISK REGISTER

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register. The Strategic Risk Register continued to be reviewed and assessed regularly by the Senior Leadership Team prior to consideration and scrutiny by the Audit and Risk Committee. A risk had been added around the COP26 on a temporary basis and this had now been removed. While covid continued to have an impact, Mr Murray noted on reflection that this could be incorporated into the other strategic risks rather than a standalone one. This would be considered further and refined. High risks continued to be reported regularly through the Performance report to the IJB.

Mr Murray advised that he continued to work with Risk Leads aligning risk arrangements across the 3 organisations. This work was providing real value and quarterly meetings had now been set up. The IJB's Risk Management Framework would also be reviewed and updated to ensure it was more readable and relevant. It was anticipated that this would be brought to the February 2022 Audit and Risk Committee.

The Audit and Risk Committee discussed the work involved to keep up to date with the various risks and noted how quickly things could change. Mr Murray noted that while the strategic risk themselves may not change the current pressures being faced meant that operational challenges could impact or change the mitigations in place daily. He suggested the opportunity to use an IJB Development session to reflect on the IJB's risk appetite and willingness to tolerate. This would also align to the review of the Strategic Commissioning Plan.

The Audit and Risk Committee:

- 1) Reviewed and approved the Strategic Risk Register

12. RELEVANT NATIONAL REPORTS

In line with the Audit and Risk Committee Terms of Reference, Mr Murray continued to bring to the Audit and Risk Committee's attention any national level reports which were of relevance and significance to the business of the IJB.

12.1 Covid-19 Vaccine Programme – Audit Scotland

Ms Black advised that while the Covid-19 vaccination programme had made excellent progress in vaccinating a large proportion of the adult population, engagement in some groups was lower. Staff across the health and care services continued to be encouraged to take the vaccine/booster and staff to administer these were also being sought.

12.2 Tracking the impact of Covid-19 on Scotland's Public Finances – Audit Scotland

Mr Murray noted that importance of transparency around funding being critical while challenging. The increasing demand and emerging economic picture would be teased out further in the Finance Report to the IJB with the potential for some difficult decisions ahead.

The Audit and Risk Committee:

- Noted the reports and key messages presented.

13. ANY OTHER COMPETENT BUSINESS

As there was no other competent business the Chair closed the meeting.

14. DATE OF NEXT MEETING

Wednesday 9 February 2022 at 2pm.

Minute of the Clinical and Care Governance Group meeting held on Thursday 23 September 2021, at 2.30pm, via Microsoft Teams

Present: James King, GP Clinical Lead and Locality Coordinator C&S HSCP (Chair)
Lorraine Robertson, Chief Nurse Clacks and Stirling HSCP (Vice Chair)
Carolyn Wyllie, Head of Community Health and Care, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Bob Barr, Locality Manager, HSCP
Judy Stein, Locality Manager, HSCP
Linda Melville, Service Manager, HSCP
Graeme Hendry, Adult Support Coordinator, HSCP
Lesley Fulford, Senior Planning Manager, HSCP

In Attendance: Kelly Higgins, Senior OD Advisor, HSCP
Glen Carter, Speech and Language Therapy Coordinator, NHS Forth Valley
Sonia Kavanagh, Business Manager, HSCP (minute)

National Care Service Consultation

Kelly Higgins provided a brief outline of the consultation which was taking place from 9 August to 2 November 2021. This followed the Independent Review of Adult Social Care in Scotland, chaired by Derek Feeley and the subsequent recommendations made. The consultation focused on addressing the barriers to people accessing support when they needed it and delivering better outcomes. Views were sought on the proposal to establish a National Care Service with Scottish Ministers accountable for national standards of community health and social care. These were set out under 7 Chapters for consideration and feedback and these were summarised.

Various sessions had been arranged to ensure there was wide engagement on the consultation and views/feedback could be collated. This included the Integration Joint Board and Strategic Planning Group, Senior Management and Leadership Team, sessions with Mental Health and Learning Disability teams, Elected Members and a HSCP workforce session.

The Clinical and Care Governance Group

- Thanked Kelly Higgins for the presentation, noting the wide range of views being sought
- Noted the opportunity to feedback on individual or all Chapters using the template provided

Wellbeing and Culture

Glen Carter introduced the concept of compassionate leadership and how this could support staff especially at this time.

He noted the sacrifice, trauma and mental health impact of the last 18 months on staff, including for some the personal loss and the risks of not taking action. While there were many wellbeing initiatives and signposting staff appreciated more personalised approaches to meet their needs. Through compassionate leadership, culture development and sustainable workload lasting change and wellbeing could be achieved.

The impact of compassionate leadership where trust and relationships with staff were built on led to an inclusive culture where staff felt listened to, motivated and improved their sense of wellbeing and optimism. While the current pressures and the impact on workloads were noted there was a need for brave decisions about those activities which could be stopped or streamlined. The focus should be on preventative and upstreaming work in order to improve outcomes, prevent admissions and long term conditions.

The Clinical and Care Governance Group discussed how this approach was the foundation to providing sustainable support for staff. It was noted that dedicated time to listen would sometimes feel like a challenge and it was vital that this compassionate culture began at the top and cascaded throughout the partnership to ensure dedicated time and support was provided.

In response to a question regarding how success could be evaluated, Glen Carter highlighted the Healthy Culture questionnaire which he had used for his team to understand what made a 'good day' or a 'bad day'. Through supporting staff to feel valued, inspired and empowered they would then feel able to focus on supporting and improving the lives of others.

The Clinical and Care Governance Group

- **Thanked Glen Carter for the insightful presentation and approach**

1. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted on behalf of Caroline Robertson.

It was noted that due to the current challenges and pressures some verbal updates would be provided.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 29 JULY 2021

The Clinical and Care Governance Group:

- Approved the draft minute as a correct record.

3. MATTERS ARISING FROM THE MINUTE AND ACTION LOG

There were not matters arising.

4. CLINICAL AND CARE GOVERNANCE REPORTS

The Clinical and Care Governance Group considered the Clinical and Care Governance reports provided by the Locality and Service managers.

4.1 Care Homes

Linda Melville provided a brief update including Menstrie and the projected staffing overspend. Although some of this included additional covid related staffing costs this would be offset by mobilisation funding once identified. It was also highlighted that a review of current residents was due to take place to ensure dependency was within staffing levels or whether needed to be augmented etc.

Although the staffing budget for Ludgate was forecasted as overspent this would reduce once the projected agency use was adjusted to reflect the actual usage.

The Clinical and Care Governance Group noted their thanks and appreciation to all the staff.

4.2 Adult Social Care, Clackmannanshire Locality and MH&LD

The Clinical and Care Governance Group noted the detail provided within the report.

4.3 Integrated Mental Health Service

The Clinical and Care Governance Group noted the detail provided within the report.

Carolyn Wyllie advised that the new Service Manager for Mental Health and Learning Disability was due to start on 15 November. Due to the current challenges a full review of the roles, responsibilities and function of the team would be her first priority.

It was agreed items 4.4 and 4.5 would be considered together

4.4 Riverbank & Streets Ahead Learning Disability Service and 4.6 The Whins

Linda Melville provided a brief update on the areas rated as amber.

Although the Care Inspectorate had not undertaken an inspection of the Whins since January 2018 assurance was provided that the Team Manager continued to be in contact with them.

4.6 Hospital and Reablement Services and District Nursing

Judy Stein provided a verbal update on the key challenges faced, this included the ongoing challenges with staffing and the exhaustion felt. Details of the system pressures faced were also provided and the impact on staffing requirements including the District Nursing team.

There had been a positive inspection visit from CHART for Bellfield with a score of 95% received. Medication training had been undertaken to reduce errors and the simulation team had worked with the intermediate care staff around scenarios/role playing. There was also OD work taking place with the senior team, facilitated by the OD Advisor.

Care assurance inspections for CCHC had also been very positive with 97% for Ward 1 and 98% for Ward 2. Following a Health and Safety audit further work was required although it was noted the Senior Charge Nurse post was now out to advert which would help with monitoring and improvement.

Although there had been delays with the process the Reablement were actively recruiting to their teams especially in Clackmannanshire.

The lack of mobile equipment and accommodation continued to affect the District Nursing teams and the impact of the forthcoming the flu vaccine programme was also noted.

4.7 Adult Social Care – Stirling Locality

Bob Barr provided a summary of particular areas of focus. There was real concern regarding staffing for Care at Home providers and the potential need to reduce care provision. Work had commenced for providers to rag rate their clients to understand where possible reductions could be made while ensuring critical needs continued to be met. Opportunities with the Third Sector were also being explored to utilise community resources where possible. A meeting was due to take place with commissioning colleagues to review the rag ratings. Carolyn Wyllie highlighted that Communication colleagues across Forth Valley had been pulled into a Communication Strategy Group to support this work and ensure the public, Elected Members and teams etc were fully informed. She also advised that assistance from planning to map out mitigation work and timescales would be beneficial.

Absence levels continued to be high, including management level. Challenges with recruitment continued with a lack of interest/applicants for some posts and agency/locums cover which also impacted on the service.

On a positive note, Large Scale Investigation work was reducing and Care Inspectorate grades for one particular provider had increased, the action log would be updated to reflect this.

The Clinical and Care Governance Group noted the issues raised and the ongoing work to address. They noted their appreciation to the staff who continued to keep going under the extreme pressures to ensure service delivery. Bob noted that he was working with the OD Advisor to draw together support packages for staff and provide protected time for informal supports.

The Clinical and Care Governance Group

- **Noted the performance updates provided and challenges highlighted**
- **Noted the assurance regarding actions being taken to mitigate**
- **Noted the continuing pressures for staff.**

5. IMPROVEMENT TRACKER

The Improvement Tracker was noted. It was agreed the recruitment challenges should be added and following discussion regarding Lone Worker, the need for phones to ensure safety would be looked at urgently.

Marie Valente noted the importance of highlighting those actions/areas which were improving, Lesley Fulford suggested using the Staff Newsletter and would draft something for inclusion.

Work continued to ensure it provided the appropriate assurances.

6. ITEMS FOR OVERSIGHT AND ASSURANCE

6.1 Noted the ASP and Care Home report – week ending 15 September 2021

6.2 Noted the Non-Clinical Claims report – August 2021

6.3 Noted the Complaints report April – July 2021 (NHSFV)
Discussed the need for a collated report.

7. PROPOSED DATES FOR 2022/23

The dates were approved.

8. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

9. DATE OF NEXT MEETING

- Thursday 25 November 2021 at 2pm