

A meeting of the **Integration Joint Board**
 will be held on **21 September 2022** at **2-4pm**,
 In Stirling Council Chambers, Viewforth, Stirling

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 29 JUNE 2022 | For APPROVAL |
| 6. | CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black, Chief Officer) | For NOTING
(10 min) |
| 6.1 | IJB Appointments
(Paper presented by Annemargaret Black, Chief Officer) | For APPROVAL
(5 min) |
| 7. | BUDGET AND FINANCE | |
| 7.1. | Financial Report
(Paper presented by Ewan Murray, Chief Finance Officer) | For APPROVAL
(10 min) |
| 8. | PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT | |
| 8.1. | Draft Integrated Strategic Workforce Plan 2022-2025
(Paper presented by Carolyn Wylie / Wendy Forrest)
Workforce Plan – OD colleagues to present | For ASSURANCE
(5 min) |
| 8.2 | HSCP Transforming Care Board & Transforming Care Plan
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) | For APPROVAL
(5min) |
| 8.3 | Update on the Delivery Plan for the Alcohol and Drug Partnership
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) | For ASSURANCE

(10 min) |
| 8.4 | HSCP Strategic Improvement Plan
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) | For APPROVAL
(10 min) |
| 8.5 | Update on the Carers' Investment Plan
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) | For ASSURANCE
(10 min) |
| 9. | PERFORMANCE | |
| 9.1 | Quarter 1 Performance Report (April – June 2022)
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) | For APPROVAL
(10 min) |

10. NATIONAL AND PERSONAL OUTCOMES

- 10.1 HSCP refreshed approach to Self-Directed Support** **For ASSURANCE**
 (Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) **(10 min)**

11. POLICY AND LEGISLATIVE REQUIREMENTS

- 11.1 Code of Conduct, Register of Interest, Standard's Officer** **For APPROVAL**
 (Paper presented by Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer) **(10 min)**

- 11.2 Information Assurance Report** **For APPROVAL**
 (Paper presented by Sarah Hughes Jones, Head of Information Governance) **(10 min)**

- 11.3 Climate Change Report 2021/2022** **For APPROVAL**
 (Paper presented by Lesley Fulford, Senior Planning Manager) **(5 min)**

- 11.4 IJB and Committee dates for 2023 / 2024** **For APPROVAL**
 (Paper presented by Lesley Fulford, Senior Planning Manager) **(5 min)**

12. FOR NOTING

- 12.1. Action Log** **For NOTING**

- 12.2. Decision Log** **For NOTING**

- 12.3. Minutes** **For ASSURANCE**

- a. **Strategic Planning Group – 11.05.2022**
- b. **Joint Staff Forum – 23.06.2022**
- c. **Clinical and Care Governance Group – 31.03.2022 and 26.05.2022**

- 13. VIDEO CASE STUDY – Lived Experience** **For NOTING**
 (Introduced by Annemargaret Black)

14. ANY OTHER COMPETENT BUSINESS (AOCB)

15. DATE OF NEXT MEETING

23 November 2022 at 2pm via Microsoft Teams

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 5

Draft Minute of IJB Meeting held 29 June 2022

For Approval

Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	N/A
Author	Sonia Kavanagh, Business Manager
Exempt Report	No

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting
held on Wednesday 29 June 2022, at 2pm, via Microsoft Teams**

PRESENT

Voting Members

Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Danny Gibson, Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
John Stewart, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley

Non-Voting Members

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Helen Macguire, Service User Representative, Clackmannanshire
Robert Clark, Employee Director, NHS Forth Valley
Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council
Marie Valente, CSWO, Stirling Council

Advisory Members

Nikki Bridle, Chief Executive, Clackmannanshire Council
Isabel McKnight, Chief Operating Officer Communities and Performance
Lesley Fulford, Senior Planning Manager, HSCP
David McDougall, Clerk, Stirling Council

In Attendance

Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate, NHS Forth Valley
Lesley Middlemiss, Primary Care Improvement Programme Manager, NHS Forth Valley
Sonia Kavanagh, Business Manager HSCP (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, and especially those who were attending for the first time.

Apologies for absence were noted on behalf of:

Narek Bido, Kathleen Brennan, Cathie Cowan, Lorraine Robertson, Abigail Roberts, Eileen Wallace, Carol Beattie and Martin Fairbairn.

It was also noted that due to technical problems both Paul Morris and Louise Murray were unable to get into the meeting.

2. NOTIFICATION OF SUBSTITUTES

Andrew Murray on behalf of Cathie Cowan, NHS Forth Valley
Isabel McKnight, on behalf of Carol Beattie, Stirling Council

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

None.

5. MINUTE OF MEETING HELD ON 23 MARCH 2022

The Integration Joint Board approved the draft minute of the meeting held on 23 March 2022 as correct.

6. CHIEF OFFICER UPDATE

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

Ms Black also welcomed the new IJB members and noted introductory development sessions would be arranged.

Updates were provided including the recent National Care Service Bill, the ongoing pressures faced by services and the impact of the fuel cost increases on travel costs.

The Integration Joint Board discussed the National Care Service Bill which would involve a major change process while still dealing with operational pressures and that further clarification still to be provided.

The Integration Joint Board:

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

7. BUDGET AND FINANCE

7.1 Year End Financial Report to 31 March 2022

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

Both the IJB and Finance and Performance Committee had received regular updates and financial monitoring reports throughout the year. An overview of the financial performance and draft financial position for 2021/22 financial year was provided, subject to statutory audit.

The Scottish Government had published its Resource Spending Review on 31 May 2022 along with an updated Medium Term Finance Strategy. An updated Financial Framework for Health and Social Care was due in the coming months. The projections for the next 5 years showed a relatively flat outlook which had resulted in a 'reset' for public finances by the Cabinet Secretary for Finance and the challenging outlook for HSCPs was outlined. The IJB's Medium Term Financial Plan was due to be reviewed and an update would be provided to the Finance and Performance Committee in August prior to the IJB meeting in September 2022.

Mr Murray set out the draft final financial position with an, as expected, breakeven on the Integrated budget and an overspend of £0.476m on the Set Aside budget for large hospitals which was to be met in full by NHS Forth Valley. The total reserves at 31 March 2022 were £28.457m which was higher than the projected estimate within the 2022/23 IJB Revenue budget of £22.277m and the report included an analysis of movements including the impact of Scottish Government allocations received late in the financial year. Covid funding within the IJB reserves had been confirmed as the final Covid consequential funding for costs in relation to delegated integration functions of the IJBs and as a result there was a significant estimated in year gap of between £600m-£900m across the Scottish Health and Social Care Portfolio budget as a whole. Work was taking place to reduce and mitigate this financial risk as much as possible.

Mr Murray also highlighted the indicative financial pressure emerging for the first 2 months of the year and significant focus was required to mitigate financial risk in the current year. It was acknowledged that this would be very challenging in the face of significant ongoing system pressures and high inflation. A fuller report on the Quarter 1 financial projections and covid financial return to Scottish Government would be presented to the IJB Finance and Performance Committee in August.

In response to a query regarding funding set aside for unpaid carers, Mr Murray confirmed that while the money had not been ring fenced in Local and Scottish Government settlements the IJBs approved revenue budget included provision for additional spend in supporting unpaid carers and this was aligned to the updated Carers Investment Plan which would be considered at the next IJB meeting.

The Integration Joint Board:

- 1) Noted the fiscal outlook and update in relation to the Scottish Government Spending Review
- 2) Noted the breakeven position on the Integrated Budget after drawing funding from further Covid allocations provided by Scottish Government and the overspend in relation to the Set Aside budget for Large Hospital Services, met by NHS Forth Valley
- 3) Noted the above position reflected the guidance and agreement with Scottish Government in relation to financial year 2021/22.
- 4) Noted the indicative month 1 financial position.
- 5) Approved the issuing of final directions in respect of 2021/22 financial year to the constituent authorities

7.2 IJB Draft Accounts

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

Mr Murray noted that the 2021/22 Draft IJB Annual Accounts would usually be considered by the Audit and Risk Committee, however due to the timing of the May 2022 Local Government elections and confirmation of IJB membership this had not been possible. This had been highlighted and discussed with the IJB's External Auditors, Audit Scotland who were content with the approach being taken. The Audit and Risk Committee would consider the wider governance issues and other matters at its meeting in August 2022.

The public inspection period was due to run from 30 June 2022 and accounts published on the HSCP's website in line with regulations. Following the external audit process over the next few months the audited accounts would then be presented to the Audit and Risk Committee in October for consideration prior to formal approval by the IJB in November 2022. The final accounts would include an overview of performance, aligning to the final Annual Performance Report which was also due to be considered and approved by the IJB in November. Any further comments in relation to the accounts and in particular the Management Commentary to be highlighted to the Chief Finance Officer.

Councillor Rennie commended the accounts and particularly the clarity of the management commentary.

The Integration Joint Board:

- 1) Considered and commented on the 2021/2022 Draft IJB Annual Accounts and approved them for issue

8. PLANNING, COMMISSIONING, DIRECTIONS and NEEDS ASSESSMENT

8.1 Strategic Improvement Plan - Update

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

The Strategic Improvement Plan set out the ambitious programme of service review and re-design across community health and care services, incorporating legacy commitments and previous actions to address inspection recommendations.

Ms Forrest highlighted the activity, volume and significant number of actions completed during the challenges and continuing response to the pandemic to ensure strategic priorities were met.

The Integration Joint Board:

- 1) Noted the volume of activity underway and completed within the HSCP
- 2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities
- 3) Asked for officers to provide an update at Integration Joint Board meeting against the actions outlined in the Plan.

8.2 Development of new Strategic Commissioning Plan

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

Ms Forrest explained that strategic commissioning was the process by which health and care services were planned, purchased and monitored, including the strategic needs analysis, service planning and design, procurement, performance and quality monitoring. Therefore, the development of the Strategic Commissioning Plan was one of the key requirements of the IJB as the overarching commissioning body for all delegated functions, as laid out within the Scottish Government Guidance.

Although the current Strategic Plan was for the period April 2019 to March 2022, the IJB had agreed in September 2021 to carry this forward into 2022-2023 due to the ongoing impact of the pandemic. The programme of work to develop the new 10 year Plan was set out and had been considered by the Strategic Planning Group and Transforming Care Board to provide assurance that all relevant stakeholders and partners would be involved.

A wide range of engagement and participation would take place and following feedback and the output from the Strategic Needs Assessment along with the principles of ethical commission and values of equalities and rights- based approaches, the new Plan would go out to consultation later in the year for final consideration prior to consideration and approval by the IJB in March 2023.

The Integration Joint Board:

- 1) Approved the approach to develop the 10-year Strategic Commissioning Plan for April 22 / March 23 to April 32 / March 33.

8.3 Self-Directed Support Improvement Plan

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

The Health and Social Care Partnership recognised and had re-stated its commitment to the ethos of personal outcomes, choice and control. The IJB had also approved funding at their meeting in May 2021 for a dedicated Self-Directed Support (SDS) Lead Officer to ensure the principles and practices of SDS were embedded and to make the ongoing improvements required.

The areas of focus were outlined and a SDS Steering Group, with membership including supported people, carers, third sector providers, partners, trade union representatives, HSCP senior managers, practitioners and commissioners, had been established to oversee and drive the work set out within the Project Plan. Ms Forrest also highlighted that the group was being co-chaired with herself by a previous IJB member, Shubhanna Hussain-Ahmed (Unpaid Carers representative/Coalition of Carers).

In response to a question about what was a 'good outcome', Ms Forrest explained it involved good conversations, enabling people to have the choice and control over the type and level of support they wanted. It was about what people wanted to achieve for themselves with support.

The Integration Joint Board discussed the importance of data to understand the reasons why certain options may not be chosen. Ms Black noted the challenges to collate such information and analyse themes with the current social work systems in place across both Clackmannanshire and Stirling, however alternative routes would be explored.

The Integration Joint Board:

- 1) Approved the content of the attached Self-Directed Project Plan.
- 2) Sought for officers to provide regular updates on the implementation of the Self Directed Support Implementation Plan.

8.4 Developing Integrated Strategic Workforce Plan 2022-2025

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

The initial draft of the Integrated Strategic Workforce Plan 2022-2025 was due to be submitted to Scottish Government by 31 July 2022 following consultation with a wide range of stakeholders. It would be aligned to the National Workforce Strategy and NHS Recovery Plan and would seek to improve the strategic alignment between each of the organisations' workforce, financial and service planning.

A Workforce Planning Group had been established to oversee the development of the Plan including gathering current recruitment, HR and workforce data across the three organisations which would then need to be presented in a similar and consistent format. The draft would then be further developed following feedback from Scottish Government, with final submission due in October 2022.

The Integration Joint Board:

- 1) Noted the submission date for the first draft to Scottish Government of this Integrated Workforce Plan is 31 July 2022.
- 2) Approved approach to meeting the tight deadline out with meeting cycle of IJB.
- 3) Approved that officers provide an updated final draft for IJB at September 2022 meeting.

8.5 Alcohol and Drug Partnership Delivery Plan - Update

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

Ms Forrest provided a brief outline of the key activities and provision of the MAT Standards set out within the detailed and technical report. The Alcohol and Drug Partnership (ADP) was committed to explore how it could better involve people with lived and living experience to enhance its strategic planning function and meet the local need including adverse death and harm reduction.

The Integration Joint Board discussed adverse deaths, including suicide, the services and support required and how to measure improvement/success. Ms Forrest advised that rather than just looking at clinical responses to adverse deaths there was a need for a whole system, holistic approach to ensure the views of the family and wider support services were included. This would provide a rounded learning and review process to fully understand what could be done differently.

The Integration Joint Board:

- 1) Approved the content of the report.
- 2) Approved the extension of the GCL Contract for a further 12 months from October 2022 for the reasons set out at section 2.20.

- 3) Sought for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

8.6 FVRH ED Culture and Governance: progress Update

The Integration Joint Board considered the paper presented by Mr Andrew Murray, Medical Director, NHS Forth Valley.

Mr Murray provided an update on the recent External Review of the Emergency Department (ED) commissioned by the NHS Chief Executive in response to a formal complaint from the Royal College of Nursing and Unison about staff experience/culture in ED. This was subsequently expanded to include system wide clinical, staff and corporate governance arrangements.

An ED Oversight and Assurance Sub Committee had been set up and the scrutiny for the ED Improvement Action Plan and implementation including the organisational development work had been delegated to the Health Board's Assurance Committees.

The Integration Joint Board:

- 1) Noted the progress update on actions undertaken by the Health Board.
- 2) Requested quarterly updates on progress from NHS Forth Valley as previously agreed by the IJB
- 3) Noted the oversight and scrutiny in place in NHS Forth Valley.

8.7 Primary Care Improvement Plan – End of Phase Report

The Integration Joint Board considered the paper presented by Ms Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate

Ms O'Neill introduced Lesley Middlemiss, Primary Care Improvement Programme Manager who provided an update on the Primary Care Improvement Plan and the end of programme report following the 4 year implementation phase. This included the additional staffing as part of the multidisciplinary teams (MDT) such as Pharmacists, and Advanced Nurse Practitioners etc and the ongoing work to review the workforce planning assumptions and costs.

The Integration Joint Board noted the excellent programme of work to bring services closer to communities. However, it was noted that while feedback regarding the MDTs had been positive further communication was necessary to promote the new approach and ensure people knew that they did not necessarily need to see a GP.

The Integration Joint Board:

- 1) Noted the progress of the Primary Care Improvement Plan (Appendix 1)
- 2) Noted the Primary Care Improvement Fund Overview (Appendix 1, page 33). This outlined the programme spend for year 2021/22.

This also outlined the impact of cost of the existing plan updated for 2022/3 including the anticipated funding uplift from Scottish Government.

- 3) Approved the programme funding plan with an ongoing non-recurring budget risk of £1,299m, similar to previous year, noting that NHS Forth Valley agreed to continue hold this financial risk. This enabled minor programme revisions to occur in order to manage risk around skill mix review, re-banding of health care support workers, pharmacy service resilience and to increase to the number of care homes supported by the urgent care team. (See finance section of paper).
- 4) Approved the draft PCIP5 Scottish Government Reporting Tracker summarising service cover, workforce and spend. (Appendix 1, page 40-41) submitted as required to government at the end of April 2022.

8.8 Primary Care Premises Initial Agreement: Final Submission

The Integration Joint Board considered the paper presented by Ms Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate

A report on the Programme Initial Agreement (PIA) and the emerging model of care was considered by the IJB on 23 March 2022, to seek support for the investment proposal for Primary Care premises. The Strategic Planning Group had then received updates as the PIA developed.

The PIA process included engagement with stakeholders regarding the role of primary care within a transformed, integrated care system and the opportunities for effective and efficient investment. A preferred service model for the future delivery of primary care services was proposed and the development of existing and new 'hub' based models of care to support.

Following approval of the PIA work would commence to progress with 4 separate Outline Business Cases for the localities.

The Integration Joint Board:

- 1) Endorsed the Primary Care Initial Agreement document.
- 2) Noted that, following approval by the Scottish Government, work would commence to progress with 4 locality based outline business cases.
- 3) Noted that the first outline Business Case would focus on the Stirling City, with the Eastern Villages, Bridge of Allan and Dunblane locality.

8.9 Primary Care Submission to Mental Health and Wellbeing – Draft Plan

The Integration Joint Board considered the paper presented by Ms Kathy O'Neill, General Manager, Primary Care and Mental Health Directorate

A programme of Investment in Mental Health and Wellbeing in Primary Care was announced by the Scottish Government in November 2021. The programme would be rolled out over 4 years and would involve investment of over £40m across Scotland. Funding breakdown for Clackmannanshire and Stirling had been received up to March 2025 with 2025/2026 still to be announced.

A single Local Planning Group had been established to oversee the design of the submission and ensure an overall consistent approach to delivery across both Falkirk HSCP and, Clackmannanshire and Stirling HSCP. The attached submission for a hybrid model of delivery involved a combination of services which were embedded in each GP Practice and service which would support patients registered with a group of GP Practices at locality level. The key focus would be to increase the numbers of community link workers in partnership with Third Sector Interface. For years 3 and 4 the focus would be on designing the wider multidisciplinary team at locality level and further scoping required around model.

Feedback/approval was still to be received following submission at the end of May 2022 to Scottish Government as required.

The Integration Joint Board:

- 1) Approved the submission to the Scottish Government (Appendix 1).
- 2) Noted the contents of the funding letter (Appendix 2).
- 3) Noted that release of funding is subject to review and approval of the submission by the National Oversight Group.

9. PERFORMANCE

9.1 Q3 Performance Report (Oct-Dec 2021)

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

Ms Forrest noted the delay in providing the Q3 Performance report due to operational pressures through winter to gather the relevant information and data. The Integration Joint Board noted the comprehensive and detailed report and the opportunity to highlight any specific areas of interest for inclusion in the Annual Performance Report which was currently being developed.

The Integration Joint Board:

- 1) Reviewed the content of the report.

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

10. NATIONAL AND PERSONAL OUTCOMES

There were no papers for consideration under this item.

11. POLICY AND LEGISLATIVE REQUIREMENTS

11.1 IJB Vice Chair and Committee Membership 2022/2024

The Integration Joint Board considered the paper presented by Lesley Fulford, Senior Planning Manager regarding IJB Vice Chair and Committee Membership for 2022/2024.

The Integration Joint Board:

1) Approved the following nominations:

Integration Joint Board (Section 2)

- a) Stirling Council confirmed their nomination of Councillor Danny Gibson for the Vice Chairperson of the IJB on the 29 June meeting

Audit and Risk Committee (Section 3)

- b) The Integration Joint Board nominated Councillor Martin Earl as Chairperson for Audit and Risk Committee
- c) The Integration Joint Board nominated Martin Fairbairn for Vice Chairperson of Audit and Risk Committee

Finance and Performance Committee (Section 4)

- d) The Integration Joint Board nominated Councillor Wendy Hamilton for Chairperson of Finance and Performance Committee
- e) The Integration Joint Board nominated Gordon Johnston for Vice Chairperson of Finance and Performance Committee

Membership of Committees (Section 5)

Approved the nominated membership for the Audit and Risk Committee and Finance and Performance Committee and noted NHS Forth Valley still required to confirm the further one Health Board non-executive for the Audit and Risk Committee and the three Health Board nonexecutives for the Finance and Performance Committee.

Programme of Meeting dates (Sections 7 and 8)

- f) Approved the proposal for Audit and Risk Committee dates laid out in table 2.

h) Approved the proposal for Finance and Performance Committee dates in table 3.

12. ITEMS NOTED

12.1 Care Home Report

12.2 Action Log

12.3 Decision Log

12.4 Minutes

i. **Strategic Planning Group – 16 February 2022**

ii. **Joint Staff Forum – 10 February 2022**

iii. **Clinical and Care Governance Group – 27 January 2022**

13. VIDEO CASE STUDY – Lived Experience

Ms Black introduced a short film where a woman told her story of lived experience and being impacted by her husband's relapse back to substance use. She also shared supports they received, and the outcomes achieved as a result

The Integration Joint Board noted the moving story which highlighted the role everyone has to tackle the stigma and language used around alcohol and drugs.

14. ANY OTHER COMPETENT BUSINESS (AOCB)

A proposal to hold the next meeting in person was noted and possible locations including those in the community would be explored.

15. DATE of NEXT MEETING

21 September 2022 at 2pm

Clackmannanshire & Stirling Integration Joint Board

21 September 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. Queen Elizabeth II

- 1.1. The long reign of Queen Elizabeth II was marked by her strong sense of duty and her determination to dedicate her life to her throne and to her people.
- 1.2. She was born Elizabeth Alexandra Mary Windsor was born on 21 April 1926 and passed away peacefully surrounded by her family at Balmoral Castle in Scotland.
- 1.3. Our thoughts are with her family.

2. Background

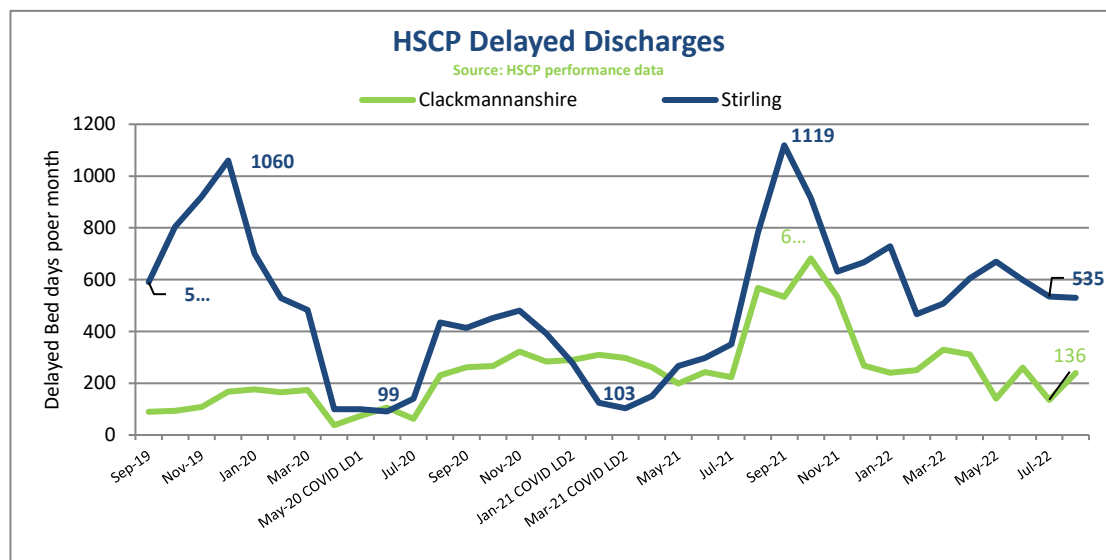
- 2.1. The purpose of this report is to provide the Integration Joint Board with updates and progress on a range of areas not covered in other Board reports.
- 2.2. Verbal updates on time sensitive items will be provided at the Board meeting.

3. Pressures

- 3.1. The system is facing unprecedented challenges and the key challenge to the Health and Social Care Partnership is to keep focused on whole system working and use data to help us understand pressure points, demands and also service redesign opportunities. There is a need to look at the whole system.
- 3.2. In terms of delayed discharge data, it is published nationally as open source data. Clackmannanshire and Stirling performance improvements are

highlighted in the graph below, with delays reducing significantly since September 2021 in both Local Authority areas. See chart 1 below for local performance data.

Chart 1 HSCP Delayed Discharges



3.3. According to [Public Health Scotland data](#)¹, in September 2021 Clackmannanshire and Stirling residents occupied 49 bed days due to being delayed in hospital. By June 2022 this number reduced to 24 bed days occupied due to being delayed in their discharge. This performance was delivered in the context of significant and enduring service pressures and a reduction of available social care supports, due to workforce availability challenges. It should be noted that the number of bed days presented in this graph does not include people who are undergoing legal guardianship processes. At the point of writing on 14th September 2022, there were 13 people in NHS beds going through guardianship processes. The Clackmannanshire and Stirling teams supporting people out of hospital should be commended for their performance and ongoing focus to improve peoples outcomes and reduce whole system service risks and potential impacts on people.

3.4. The number of people experiencing delayed discharges are subject to significant scrutiny due to the impact on people and on whole system service sustainability. This is also the case over winter when additional demand is expected across a number of service areas and within in-patient services at Forth Valley Royal Hospital. People who are delayed in their discharges are prioritised by the Health and Social Care Partnership to support clinical colleagues in reducing hospital bed usage in terms of delayed discharge and getting the person to their intended destination.

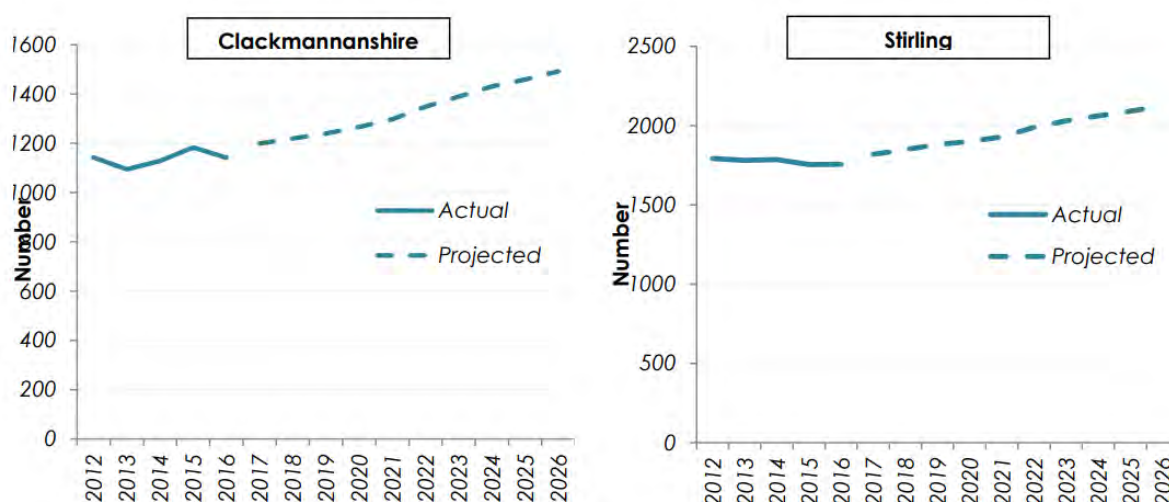
3.5. In early 2022 the two commissioning teams in Clackmannanshire and Stirling were brought together under one manager, the service is currently

¹ <https://www.publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-monthly/delayed-discharges-in-nhsscotland-monthly-figures-for-july-2022/#section-3-4>

being reviewed whilst their data and systems are being brought together to enable joint reporting.

- 3.6. Stirling Commissioning team introduced a new adult and older people framework for Care and Support in September 2020, which introduced a new tool to record requests and placements of care. This means there is more accurate information to help identify and respond to requests for care and support. This will be introduced in Clackmannanshire in time.
- 3.7. With respect to unmet need in care at home services this is a work in progress and a baseline report can be provided in January 2023 and a fuller report with more detail can be provided in Summer 2023, once the reporting has matured.
- 3.8. Chart 2 below illustrates unmet need for care at home services projected out for the next four years based on population projections. This is work in progress and will be further refined through strategic needs assessment and Strategic Plan 2023/24 to 2033/34.

Chart 2 Unmet need for Care at home



Source: Clackmannanshire Community Care Information System and SWIFT.

4. Response to Whole System Pressures

- 4.1. Throughout the last 12 months we have delivered a discharge recovery plan and improved our systems and processes as well as ways of working.
- 4.2. Below are actions we have planned for winter and what we have already achieved to reduce people’s delays.

Achievements

- Interim care moves for people to care homes continue

- Two care homes have closed due to concerns raised about safety and effectiveness of care for residents. Residents were supported into other care homes of their choice.
- Took forward 'single handed care' and have trained significant numbers of staff across FV on moving and handling and use of equipment with an aim to reduce the number of people requiring 2 members of staff to support them
- Released capacity in Bellfield to allow NHS Forth Valley to place people together who have head injuries, to optimise treatment, care and support. This released 10 beds in Forth Valley Royal Hospital (FVRH) for use.
- Worked with Department for Work and Pensions (DWP) and colleagues to try to attract people into social care jobs
- Reviewed all care packages and now supporting people who have critical needs.
- Supported hospital to home expansion from 15 to 25. This is currently being considered for further expansion by NHS Forth Valley and HSCP officers will continue to support the service where we can
- At the height of the pandemic the HSCP redeployed some non essential local authority staff. These staff have now returned to their substantive roles.
- Early adopter of Discharge Without Delay - part of the national unscheduled care programme, working with a whole system focus, streamlining, and improving MDT working. This national programme includes taking people home to assess them - known as Discharge to Assess
- Carried out community meetings in areas where people are more likely to be delayed in hospital. We now have a programme of these in operation to talk with local people and try to achieve joint solutions in communities.
- Our commissioning consortium considered care at home provision and are now moving to patch base working to give additional flexibilities and opportunities for personal carers to get to know local MDTs
- ASP inspection was concluded in early 2022 with positive areas identified and an improvement plan was developed and submitted to the Care Inspectorate.
- Ludgate, a care home for older people, were inspected by the Care Inspectorate in August 2022 and achieve very good for supporting peoples wellbeing and leadership.
- Appointed a Self-Directed Support (SDS) lead and a short breaks coordinator for unpaid carers.
- Care Home Assessment and Review Team (CHART) was first established to support care homes to support people who become unwell in the care home to avoid admissions to hospital and support care home residents, their families and staff throughout the pandemic. This team now has permanent funding and has evaluated well.
- Technology Enabled Care (TEC) – the switchover from analogue to digital. Funding has been secured in both Clackmannanshire and Stirling councils to invest in purchasing equipment for this switchover.

Further planned

- The Board will recall the decision of the IJB to invest in 3 locality rapid assessment teams and a rural care at home team. Some of the key posts to take this forward have been recruited to (Rural team leader, senior post). Recruitment to further posts should be in place soon. Most delays in discharge are for people are in rural Stirling. An extra 50 WTE staff will be recruited into

AHP and social care posts for these two developments. There are recruitment challenges with certain types of roles, this is a national issue, not a local one. These posts will also support people who are delayed in social care beds and reablement caseloads to move onto permanent care at home, releasing vital capacity and improving outcomes for people.

- Clackmannanshire & Stirling teams have already met in July to start winter planning locally to explore options to support people during winter and to get proposals into whole systems planning in Forth Valley, for consideration for Scottish Government winter monies. Some good ideas were generated by teams and are now being produced as business cases for consideration. For example -
 - Health Care Support Worker (HCSW) in District Nursing team to support palliative and end of life care needs in Rural Stirling. This will support a reduction in admission/support timely discharge and improve patient flow. Whilst assisting patients to achieve desired place of death.
 - Testing additional support workers at FVRH front door seven days a week to support facilitation of hospital discharge and getting medication out to clients in a timely and effective way.
- Working with pharmacy to review medications to assess if visits for medication support could be reduced. This would only be possible for medication only visits
- Agreed temporary payments to providers to support their staff with cost of living and asked them to create more capacity where possible
- Supporting vaccinations programmes across care homes and front-line staff
- Continue Clackmannanshire and Stirling leadership roles in Forth Valley (FV) wide Care Assurance oversight
- Scope out and continue to develop actions that staff think are useful to support their wellbeing
- The coming home report was about improving care for people with complex needs and learning disabilities and asked HSCPs to look at any out of area placements they had. The aims are to reduce people who are delayed in their discharge and provide care closer to home for people with learning disabilities and complex needs. As of October 2022 Clackmannanshire and Stirling will have no people who have a learning disability delayed in long term hospital care.
- Joint Loan Equipment Service (JLES) will undergo a review with support from Scottish Government
- Mental Health and Learning Disability Day services will be redesigned
- Distress Brief Interventions (DBIs) are an innovative way of supporting people in distress. The need to improve the response to people presenting in distress has been strongly advocated by people who have experience of distress and by front line service providers, resulting in the DBI pilot. Distress Brief Intervention (DBI) is a ground-breaking mental health programme, and an independent evaluation (published in May 2022) recommends further roll-out of DBI across Scotland. This is being considered in this HSCP.

5. COVID-19

Care at Home and Care Homes

- 5.1. [Guidance](#) for staff and visitors within social care settings has changed and they no longer need to routinely wear a face mask or face covering at all times². See appendix 1.

Care Homes

- 5.2. At the time of writing (8 September 2022) there are two care homes in the partnership area where admission will be by risk assessment due to COVID 19.

6. Vaccinations

- 6.1. Frontline health and social care workers (including care home staff) are eligible for both Covid-19 and flu vaccines and people can now book their vaccination appointment online using the national booking portal on [NHS Inform](#) (see below for further details) or by calling the national vaccination helpline on 0800 030 8013. Appointments are available from Monday 5th September 2022.
- 6.2. The Covid-19 booster jab will be given at the same time as the flu vaccine to those eligible, where possible, as evidence shows giving both vaccines together is a safe and efficient way to deliver maximum protection over the winter months.
- 6.3. Vaccination Clinic Venues
- Forth Valley Royal Hospital, Learning Centre (every Mon, Tues, Thurs & Fri from 8.30 – 4.00pm)
 - Falkirk Community Hospital (7 days a week from 8.30am – 7.30pm)
 - Stirling Health and Care Village (7 days a week from 8.30am – 7.30pm)
 - Clackmannanshire Community Healthcare Centre (7 days a week from 8.30am – 7.30pm)
- 6.4. Care home residents are being vaccinated by NHS Forth Valley's Immunisation team who are scheduling visits to all local care homes from 5th of September 2022. Care home staff working on the day of these visits will also have the opportunity to be vaccinated on site. If this is not possible, care home staff can book a vaccination appointment to attend a local community clinic on the [National Booking Portal](#) or by calling the National Vaccination Helpline on 0800 030 8013.

4. Community Health and Care Oversight

Care at Home and Care Home Providers

- 4.1. 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.

² [Coronavirus \(COVID-19\): use of face coverings in social care settings including adult care homes - gov.scot \(www.gov.scot\)](#)

- 4.2. Weekly Care Assurance Oversight meetings continue with the Medical, Nurse and Public Health Directors, Forth Valley Chief Social Worker Officers and Chief Officers supporting and overseeing all care homes across Forth Valley. Weekly reporting to NHS and Local Authority Chief Executives has been stood down and reporting will now be by exception.
- 4.3. Across the whole system, there continues to be social care and nursing staffing pressures due to workforce availability.

5. Integrated Workforce Plan

- 5.1. Clackmannanshire & Stirling Health and Social Care Partnership was required to submit a draft of Integrated Workforce Plan 2022 – 2025 to Scottish Government by 31 July 2022 for review and comment.
- 5.2. Following July submission, Scottish Government colleagues have undertaken an analysis of the submission, taking account of the key areas outlined within the Guidance provided, as well as seeking for there to be alignment with NHS Forth Valley Workforce Plan.
- 5.3. A process of feedback will take place from Scottish Government to the HSCP and following any recommendations and ensuring amendments are made, the finalised Plan will be published on the Clackmannanshire & Stirling HSCP website by 31 October 2022. Details are available in the workforce plan paper.

6. Ukrainians

- 6.1. There is a pan Forth Valley oversight group to support Ukrainian guests chaired by Stirling Council CEO. The Chief Officer is a member of this group, and an operational group has been stood up. The response from the whole system to support Ukrainian guests has been very positive.
- 6.2. There is also work going onto to help Ukrainian guest into work including social care if possible.

7. Unpaid Carers

- 7.1. A concern was raised at the June 2022 Board around unpaid carers and access to more breaks. Officers are in the process of recruiting carers lead who will work in partnership with unpaid carers to develop plans going forward, and a carers respite worker has also been appointed.
- 7.2. While plans are being developed, a recovery plan is being put in place to accelerate support to carers. Both carers centres have submitted plans and these have been approved by the Chief Finance Officer and Head of Strategic Planning and Health Improvement.

8. Community Wealth Building

- 8.1. As Board members will recall from the 29 June 2022 meeting. The IJB Chief Officer had been exploring the potential role for the Clackmannanshire and Stirling IJB in Community Wealth Building by meeting with people who have experience in this area including Scottish Government.
- 8.2. The IJB Chief Officer approached Association for Public Excellence (APSE) as they have significant experience in this area of work in England.
- 8.3. APSE were approached around Community Wealth Building to determine what support they could provide to the two IJBs in the Forth Valley area. This work will be undertaken in partnership with Falkirk IJB.
- 8.4. The two IJBs wish to position themselves and identify their roles in the emerging Community Wealth Building agenda across Scotland and particularly in the Clackmannanshire, Stirling and Falkirk (NHS Forth Valley) area, to complement and contribute to combined efforts within this agenda
- 8.5. The IJBs are particularly looking to understand:
 - What is already happening around Community Wealth Building in Clackmannanshire, Stirling and Falkirk.
 - Which aspects of the Community Wealth Building agenda the IJBs could and should have a role in, within Clackmannanshire, Stirling and Falkirk.
 - Recommendations as to how the IJBs could deliver upon Community Wealth Building outcomes in the future.
 - Practical advice upon realising those Community Wealth Building outcomes in cooperation with other local stakeholders across Clackmannanshire, Stirling and Falkirk.
- 8.6. APSE will split the methodology for this piece of work into two parts and stages of activity in order to enable the above objectives to be met.

9. Joint Account Management

- 9.1. The Chief Officer received correspondence from the Improvement Service regarding the Joint Account Management (JAM) after holding exploratory meetings with them.
- 9.2. An initial meeting was held on 10 May 2022 to discuss priority outputs, these were:
 - Funding Challenges
 - Data Analysis – Resources Analytics and Intelligence
 - Performance Management
 - Corporate Resources
 - Workforce Challenges

- Strategic Planning Support

9.3. The Chief Officer welcomed the collaborative approach, and a few areas were highlighted:

- Whole system performance – data and performance reporting
- Support Services – Corporate services resources and capacity challenges with competing demands
- Self-assessments
- IJB Member ‘Introduction to Integration’ Programme
- Falls Prevention – Support with data and general intelligence sharing around strategies and practice
- Community Wealth Building – Range of initiatives including; Procurement and Commissioning with opportunities around local supplier contracts awards; Local Community Consortiums; Workers Co-operatives and Learning from other parts of the UK
- Data and intelligence on Population Needs Assessment – Future Prevention and Intervention Strategies and Practices
- Best Value – Future Best Value Assessment Framework being piloted, and Clackmannanshire & Stirling HCSP is involved. Although this was discussed at the meeting the pilot has ceased and Audit Scotland will be developing other arrangements as we approach the National Care Service

9.4. Two monthly oversight meetings of the Joint Account Management arrangements will be put in place and Head of Strategic Planning and Health Improvement will co-ordinate this. An oversight group will also be formed by Chief Officer and Chief Finance Officer.

9.5. Further updates will be given to the Board.

10. Equality and Human Rights Commission

10.1. The Equality and Human Rights Commission (EHRC) issued a letter to the Chief Officer dated 18 July 2022 regarding compliance with Public Sector Equality Duty (PSED) and advancing equality through improved compliance with the Public Sector Equality Duty (PSED), and the steps Clackmannanshire and Stirling IJB needs to take to meet its PSED obligations.

10.2. They requested a lead contact for the IJB regarding equalities and after discussion the HCSP Senior Planning Manager has been nominated to EHRC. This was communicated by letter on 29 July 2022.

10.3. Feedback will be provided at a future board meeting.

11. Monkeypox

11.1. Monkeypox is a viral infection usually found in West and Central Africa. The West African strain that has been recently detected in the UK is generally a mild

self-limiting illness, spread by very close contact with someone already infected and with symptoms of monkeypox. Most people recover within a few weeks.

- 11.2. From 21 June 2022, the number of laboratory-confirmed cases of monkeypox will be published on Tuesdays and Fridays³.
- 11.3. On 12 September 2022 published figures showed there have been 92 laboratory-confirmed cases of monkeypox reported in Scotland since 23 May 2022.
- 11.4. Anyone can get monkeypox, however, currently most cases in Scotland are in men who are gay, bisexual or have sex with men, and are primarily associated with recent travel to London or Europe.
- 11.5. [New guidance to support healthcare professionals](#) to respond to the outbreak of monkeypox has been agreed by the UK's 4 public health agencies - UK Health Security Agency (UKHSA), Public Health Scotland (PHS), Public Health Wales (PHW) and Public Health Agency Northern Ireland (PHA).
- 11.6. The guidance sets out new measures for healthcare professionals and the public for managing the disease and preventing further transmission now that community transmission is occurring here in the UK and other countries.
- 11.7. People who have possible, probable or confirmed monkeypox can now isolate at home, if they remain well enough, whilst following measures advised in the new guidance to reduce further spread and while being monitored by local health protection teams.
- 11.8. In addition, UKHSA has purchased over 20,000 doses of a safe smallpox vaccine called Imvanex (supplied by Bavarian Nordic) and this is being offered to identify close contacts of those diagnosed with monkeypox to reduce the risk of symptomatic infection and severe illness.
- 11.9. All communications on this outbreak are being handled nationally by Public Health Scotland

12. [Data Protection Officer](#)

- 12.1. The Data Protection Officer (DPO) role is part of the support services supplied by NHS Forth Valley. The Head of Service who provided this role and support has now retired and has been replaced.
- 12.2. The new Head of Information Governance, NHS Forth Valley, will take on the DPO role if approved by the IJB. This nomination is covered in the appointments paper.

13. [Standards Officer](#)

³ [Overview - Monkeypox - Our areas of work - Public Health Scotland](#)

- 13.1. While it is a member's personal responsibility to ensure they comply with the provisions in the Code, Standards Officers are expected to contribute to the promotion and maintenance of high standards of conduct by promoting awareness of the Code. Standards Officers can also provide advice and support to members on the interpretation and application of the Code.
- 13.2. The Standards Officer is responsible for ensuring that appropriate training is given to members on the ethical standards framework, the Code of Conduct for their public body's members, and the guidance issued by the Standards Commission. This includes ensuring training is provided on induction and also on a regular basis thereafter.
- 13.3. The Standard's Officer is reviewing the provision of training to members of the Board and will report back to the Board with dates and times for such training, on the Code of Conduct.
- 13.4. As Clackmannanshire Council has now resumed responsibility to support the IJB it is proposed that Senior Manager of Legal & Governance and Monitoring Officer for Clackmannanshire Council be appointed as Standard's Officer for the Board. This nomination is covered in the appointments paper.

14. Development Work

- 14.1. IJB members have previously been updated on meet the Chair and Chief Officer sessions taking place across the Partnership.
- 14.2. As part of our continued engagement process, over the months of September and October 2022, there are two planned sessions to meet the Chair and Chief Officer. These are taking place with the District Nursing Team and Allied Health Professional (AHP) Teams.
- 14.3. The Chair and Chief Officer visited a range of services across Clackmannanshire on 19 August 2022. This was facilitated by Clackmannanshire Third Sector Interface (CTSI) CEO Anthea Coulter. The visits included Dollar development trust, Wee County Mens Shed, Hawkhill Community Centre and Carers Centre, The Gate, Forth Valley Dementia Centre, Reach out with Arts in Mind and Change Grow Live.
- 14.4. The themes from the visits included cost of living crisis, access to food with dignity and transport.
- 14.5. Development sessions are being planned for the IJB and will include unscheduled care.
- 14.6. A 'Getting to know you' session took place for IJB members and the wider HSCP team on 12 September 2022 and a visit is being organised for later in the year to another IJB area so they can share their learning with Clackmannanshire and Stirling IJB members.

15. Locality Planning

- 15.1. The Locality Planning Group meetings are established, and the next meetings are due to take place end of September this year. Each meeting has an average of 50 representatives from across the public and third sector including: GP Locality Leads, Scottish Ambulance Service, Housing, Social Work, Carers, Community Groups, Charities and more. At the next meeting they will seek to conduct a process of engagement with their respective localities with the aim of creating a 5-year action plan. The approach will be strengths based and collaborative.
- 15.2. The format for each of the meetings is to: network, discuss locality strengths, areas of development and opportunities, create action plans, propose draft terms of reference and elect a chair for each group. The Chairs elected can now be confirmed as Alan Clevett for Stirling Urban and Donald Fraser for Rural Stirling. The Clackmannanshire Chair has stepped down and will be confirmed in due course.
- 15.3. In addition to the Locality Planning Groups, there will also be a Locality Multi-Disciplinary Working Group to progress redesign – this will be an operational group, comprising of GP Locality Leads, HSCP Locality Managers, Professional Leads, Service Improvement Manager and Head of Community Care who will meet in interim period between the Locality Planning Group meetings to oversee the delivery of service redesign in each locality area. Updates will be provided in due course.

16. Winter Planning

- 16.1. As above, winter planning for 2022 / 2023 has begun and ideas are being considered for this winter in anticipation of winter pressures funding being disseminated. A variety of ideas are being considered locally and this will then join up with Pan-Forth Valley plans
- 16.2. NHS Forth Valley receive winter monies from Scottish Government regarding implementing projects to work on winter demands. Officers are working on these proposals just now and these will be reviewed by officers for approval to be submitted to Scottish Government.
- 16.3. An updated will be provided at a future meeting.

17. Future Meetings Locations

- 17.1. As a precaution and to limit the risk of spread of the virus during the pandemic, the Clackmannanshire and Stirling IJB and its committees have been meeting virtually since early 2020 using Microsoft teams.
- 17.2. Going forward officers are working in partnership with the third sector to consider venues to host the IJB meetings and a further update will be provided to Board members.

18. National Care Service

18.1. Director General Health and Social Care, Scottish Government, are hosting a forum for the National Care Service on 3 October 1030am to 3pm in Perth.

18.2. It will be an opportunity to discuss and share your views about:

- what the NCS is
- why it matters so much
- what people need from the NCS

The National Care Service Forum is open to everyone - including:

- people who access community health and social care services
- the social care workforce
- carers and unpaid carers
- professionals working across the public, private and third sector with specific policy interests in the NCS

[Find out more about the NCS Forum and register online.](#)

19. Conclusions

19.1. This report provides the Integration Joint Board with updates on key developments.

19.2. 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.

19.3. Wellbeing resources continue to be available to staff from each constituent organisation from. In addition, supplementary support has also been made available nationally which colleagues are regularly signposted to and encouraged to participate in.

19.4. There is a National wellbeing hub established which can be found [here](#)⁴.

20. Appendices

None to note

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒

⁴ [Home - National Wellbeing Hub for those working in Health and Social Care](#)

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:	
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 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>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

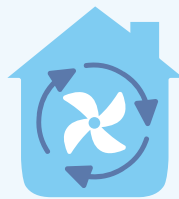
Face Mask Use within Social Care Settings

Staff and visitors within social care settings **do not need to routinely wear a face mask or face covering at all times.**

Instead, staff and visitors **should** put on a face mask in the following situations:



1 If they choose to wear one



2 Following **professional judgement** e.g. where there is poor ventilation / crowding / risk of splash

3 If health protection teams advise on extending the use of face masks in an **outbreak** or **suspected outbreak**



4 If the **individual receiving care and support** wants staff to wear a mask, this should be supported



5 When on **public transport** or in **indoor public places** in line with COVID sense guidance: www.gov.scot/coronavirus-covid-19

The face mask should be worn correctly **covering your nose and mouth** then **disposed of appropriately**: www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/#a1085



Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 6.1

IJB Appointments

For Approval

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 proposed membership for approval of committees and required posts.
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Recommendations:	<p>The Integration Joint Board is asked to approve the following recommendations:</p> <ol style="list-style-type: none"> 1) Cathie Cowan, NHS Forth Valley Chief Executive to be appointed as a member of Audit and Risk Committee (section 1) 2) Review of the terms of reference for the IJB Finance and Performance and Audit and Risk committees 3) Sarah Hughes Jones NHS Forth Valley to be appointed as Data Protection Officer (DPO) (section 2) 4) Lee Robertson, Clackmannanshire Council to be appointed as Standards Officer (section 2)
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1. IJB Committee Membership

- 1.1. The IJB has two committees, these are Audit and Risk and Finance and Performance.
- 1.2. Membership of the committees was noted by the IJB at the 29 June 2022 meeting; however, the Health Board was yet to confirm who they are nominating for the Finance and Performance committee.
- 1.3. The Health Board have nominated Cathie Cowan, NHS Forth Valley Chief Executive to be a member of the Audit and Risk Committee, the IJB is asked to approve this nomination.
- 1.4. The Finance and Performance Committee was due to meet on 9 September 2022. After taking governance advice it was decided the IJB cannot competently hold a formal committee meeting at this point. The NHS Chief Executive is continuing work to seek resolution on Committee membership.
- 1.5. There were however important issues to brief members on and the time was used to hold a briefing session on two key issues.

- 1.5.1. Health and Social Care Partnership Winter Preparedness - Annemargaret Black, Chief Officer led on this; and
- 1.5.2. Future financial outlook for Health & Social Care from Scottish Government, Resource Spending Review - Ewan Murray, Chief Finance Officer led on this.

1.6. In relation to this, the terms of reference for both committees; these need to be reviewed and approved by the IJB. The IJB are asked to approve this recommendation to review the terms of reference and for them to be approved at the following IJB.

2. Data Protection Officer

- 2.1. The Data Protection Officer (DPO) role is part of the support services supplied by NHS Forth Valley. The Head of Service who provided this role and support has now retired and has been replaced.
- 2.2. The Board are asked to approve the new Head of Information Governance will take on the DPO role.

3. Standards Officer

- 3.1. While it is a member's personal responsibility to ensure they comply with the provisions in the Code, Standards Officers are expected to contribute to the promotion and maintenance of high standards of conduct by promoting awareness of the Code. Standards Officers can also provide advice and support to members on the interpretation and application of the Code.
- 3.2. The Standards Officer is responsible for ensuring that appropriate training is given to members on the ethical standards framework, the Code of Conduct for their public body's members, and the guidance issued by the Standards Commission. This includes ensuring training is provided on induction and also on a regular basis thereafter.
- 3.3. The Standard's Office is reviewing the provision of training to members of the Board and will revert back to the Board with dates and times for such training on the Code of Conduct
- 3.4. As Clackmannanshire Council has now resumed responsibility to support the IJB it is proposed that Lee Robertson, Senior Manager of Legal & Governance and Monitoring Officer for Clackmannanshire Council is appointed as Standard's Officer for the Board. The IJB are asked to approve this nomination.

4. Conclusions

- 4.1. This report provides the Integration Joint Board with updates on key matters.

5. Appendices

None

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:	
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

21 September 2022

Agenda Item 7.1

Financial Report

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

Purpose of Report:	To present the IJB with an overview of the partnership financial position and key financial issues.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the 2022/23 projection based on Financial Performance for the first 4 months of the financial year 2) Approve the revision of the Set Aside Budget for Large Hospital Services to incorporate senior medical staffing budget subject to a due diligence review to confirm the adequacy of the transferred budgets 3) Note the Significant Financial Issues and Pressures. 4) Note the updates in respect of Covid Reserves, Cost Projections and Considerations 5) Note that Scottish Government will reclaim surplus Covid reserves from the IJB and this will be based on Quarter 2 financial returns. 6) Note that an initial review of IJB reserves has been undertaken 7) Approve the re-purposing of an initial £0.237m of earmarked reserves not required for the earmarked purpose for additional capacity required to support preparedness for establishment of a National Care Service(NCS) 8) Delegate authority to the Chief Officer and Chief Finance Officer to re-purpose further earmarked reserves with no current expenditure plans up to a maximum of £0.100m, should expenditure plans not be brought forward by the end of quarter 2. Such re-purposed reserves would also be earmarked to support preparedness for establishment of a NCS.
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1. Background

- 1.1. The Integration Joint Board approved its 2022/23 revenue budget on 23 March 2022 along with an updated Scheme of Delegation.
- 1.2. The revenue budget included a number of business cases for investment and a required savings and efficiencies programme totalling £2.651m in order to set a balanced budget.
- 1.3. As reported to the IJB in June 2022 the IJBs reserves at 31 March 2022 were significantly but temporarily inflated by balances of further Covid funding provided by Scottish Government in February 2022 and carried forward balances from the Scottish Government from the £300m 21/22 Winter Health and Social Care funding package. The treatment of these balances was as directed by Scottish Government.

- 1.4. Scottish Government has requested an update on Covid related expenditure projections at the end of Quarter 1 and on a monthly basis thereafter.
- 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 continues to be significant. There is also significant uncertainty in relation to demand and costs therefore the projections contained within this report may be subject to significant degrees of volatility as the financial year progresses. High general inflation, uncertainty in relation to public sector pay awards and general economic conditions are contributing to the level of uncertainty and financial risk.
- 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. 2022/23 Projected Out-turn

- 2.1. A set of financial projections have been prepared based on financial performance for the first 4 months of the financial year to 31 July 2022.
- 2.2. This indicates a projected overspend of £1.623m on the Set Aside Budget for Hospital Services and an overspend on the Integrated Budget of £1.259m as summarised in the table below.



Clackmannanshire & Stirling Health & Social Care Partnership
 Projections Overview
 Financial Year 2022-23
 M4

	Annual Budget £m	Annual Forecast £m	Forecast Variance £m
Integrated Budget			
Operational & Universal Health Services	138.745	139.328	(0.582)
Adult Social Care Total	74.440	75.116	(0.676)
Integrated Budget Projected Outturn	213.185	214.444	(1.259)
Set Aside Budget for Large Hospital Services	29.523	31.146	(1.623)
Strategic Plan Budget Projected Outturn	242.708	245.590	(2.882)

- 2.3. The financial pressures in relation to the set aside budget are currently met in full by NHS Forth Valley though this position will require discussion and further consideration in relation to the review of the Integration Scheme.

- 2.4. The above projections exclude the impact of utilising an element of further Covid funding to meet exceptional demand and cost increases as in 2021/22. Based on current projections this will reduce the projected overspend on the Integrated Budget to £0.196m.

3. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 3.1. The set aside budget is reporting an £1.306m overspend for the first four months of the financial year and is currently projected to overspend by £1.623m for the year. Many of the set aside services are under significant pressure from demand levels and increasing acuity of care. This overspend includes senior medical staffing costs which have been included since 1 April 2022 in the IJB set aside budget in line with national guidance on Financial Planning for Large Hospital Services. Whilst the IJB have been notified of this change within the 2022/23 Revenue Budget paper given the magnitude of the associated budget (£8.625m Forth Valley – Clackmannanshire/Stirling share £3.695m) to ensure proper governance the IJB are
- asked to formally approve this change, subject to a due diligence review
 - asked to request the Chief Officer and Chief Finance Officer to undertake a due diligence review to confirm the adequacy of the budget transfer and report any material issues to the IJB Finance and Performance Committee.
- 3.2. In the first four months of the financial year the financial pressures on the set aside budget were across Accident & Emergency Services, General, Geriatric, Rehab and Respiratory Medicine, Learning Disability Inpatient Services and Mental Health Inpatient Services.
- 3.3. An estimate of costs within the set aside budget relating to the ongoing impacts of Covid has been prepared by the Finance Team within NHS Forth Valley. On a pan Forth Valley basis forecast costs total £5.115m with a population based share relating to Clackmannanshire and Stirling IJB equating to an estimated £2.404m.
- 3.4. An analysis of these costs across 3 main headings (Additional Bed Capacity (including change of use)/Additional Staff Costs (Contracted staff)/Additional Staff Costs (Non-contracted staff)) is appended to this report as Appendix II.
- 3.5. The further Covid funding provided by Scottish Government in February 2022 was intended to cover such costs in relation to delegated IJB functions including the Set Aside budget. A proposal is being prepared for the IJBs consideration on the relevant set aside costs including relevant non-financial information. This proposal will be presented to the IJB for approval in due course.

Integrated Budget

- 3.6. 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 is also driving some areas of financial pressure.

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:

- Challenges in achieving full 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).
- 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

3.7. 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

- 3.8. Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £1.298m for the financial year. This is being partially 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.
- 3.9. Significant work continues to be progressed in improving the quality and cost effectiveness of Prescribing and reducing variation and waste and this is anticipated to deliver some additional benefits later in the financial year and for 2022/23 on a full year basis. The Prescribing projections are based on best available current information noting that data on actual spend is received 2 months in arrears and reflects 21/22 volume trends of around 4% per annum and anticipated impact of national tariff changes with Prescribing savings anticipated.

4. Key Assumptions

- 4.1. The projections above are based on the following key assumptions:
- Costs associated with Covid are broadly in line with current estimates
 - In year slippage in savings delivery is broadly matched by slippage in investments
 - 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.

5. Covid Reserves, Cost Projections and Considerations

- 5.1. Scottish Government has requested a Quarter 1, then monthly updates on estimated Covid costs during 2022/23.
- 5.2. 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.
- 5.3. The Quarter 1 cost estimate for 2022/23 Covid costs in relation to Operational and Universal services for Clackmannanshire and Stirling totalled £4.813m. The estimated quantum of costs at Month 4 was unchanged however further narrative was provided to Scottish Government in relation to queries on our Q1 submission.
- 5.4. The estimated impact of Covid on demand levels and associated costs was estimated at budget setting at £2.3m though current forecasts, based on current and projected activity levels, suggest this may be on the high side. It is currently assumed that such costs will be managed in the current year evenly between the service pressures reserve established from the balance of 21/22 Winter Pressures funding and further Covid funding to meet the forecast pressures particularly in Care at Home. The Covid cost estimates include £1.150m of these additional costs deemed to be driven by ongoing impacts of Covid and will be further reviewed at Quarter 2 based on recorded commitments and associated financial projections at that time.
- 5.5. Assuming the pending proposal on Covid related set aside costs is approved by the IJB total Covid related costs for 2022/23 is estimated to be under £7.5m which is significantly less than the further Covid funding provided by Scottish Government held within earmarked IJB reserves.
- 5.6. However a significant in-year financial gap in the Health, Sport and Social Care Portfolio budget is reported, in part as a result of Covid related costs in relation to Health services outwith the delegated functions of IJBs. Scottish Government wrote to IJB Chief Officers, IJB Chief Finance Officers, NHS Directors of Finance and Local Government Directors of Finance / Chief Finance Officers on 12 September 2022 setting out a position where Scottish Government will reclaim surplus Covid reserves from IJB to be redistributed across the sector to meet current Covid priorities. Further to this letter it is understood such reclaim of surplus reserves will be based on Quarter 2 returns to Scottish Government. Therefore a full review of Covid cost projections will be undertaken at Quarter 2 to ensure cost estimates are as accurate as possible based on best information available at that point in time. At the time of writing it is anticipated that this may require an explicit decision by the IJB and this would be incorporated within the financial report to the November meeting.

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

Operational Grip and Control Framework

- 6.1. 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.
- 6.2. 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.
- 6.3. The arrangements continue to evolve, and the reporting framework has recently been reviewed to focus on key operational issues.

Savings Delivery & Approved Investments

- 6.4. At this relatively early point in the financial year it is clear that the ongoing pressures across the whole Health and Social Care System are having an impact on the delivery of savings and efficiency programmes and early indications are that in the range of 50%-70% of savings programmes in relation to the requirement of £2.023m across the Integrated Budget are deliverable. Taking a mid-point of that range as a best estimate would result in savings delivery of £1.214m (Range £1.011m to £1.416m).
- 6.5. A further work is ongoing in reviewing savings and efficiency programmes and a detailed mid-year review is planned.
- 6.6. The IJB also agreed business cases for investment totalling £2.354m and whilst these business cases are being implemented there is also a degree of slippage in year which is assumed to offset under-delivery of savings and efficiency programmes on a non-recurrent basis.

7. Review of Reserves

- 7.1. The IJB approved an updated reserves policy at part of its 2022/23 Revenue Budget considerations with the key elements being:
 - Minimum contingency reserves of 0.75% of budgeted expenditure with an aim to hold a contingency reserve of 1%
 - Target reserves of 2.5% of budgeted expenditure.
- 7.2. The initial reserves balance for 2022/23 as reported to the June IJB meeting was £28.457m. The report highlighted that reserves levels were anticipated to fall towards target during the course of 2022/23 and that an initial review of reserves and assessment of projected reserves at 31 March 2023 would be conducted and reported to the September IJB meeting.
- 7.3. This initial review has now been conducted and the detailed projections are appended to this report as Appendix 1.
- 7.4. The key assumptions used for these projections are:

- Covid and Service Pressures reserves will be fully expended in year (subject to outcomes of ongoing discussions with Scottish Government).
- Earmarked Reserves relating to Scottish Government policy commitments including Primary Care Implementation Plan and Mental Health Recovery and Renewal will require to be expended before additional funding will be allocated by Scottish Government.
- A balanced position on the Integrated Budget can be achieved in year without requiring utilisation of contingency reserves or risk sharing, taking into account the issues detailed within this report.

7.5. Whilst all reserves will require to be monitored and reviewed and most have expenditure plans the £0.237m Scottish Living Wage earmarked reserve reflects a prior year benefit from a Scottish Government allocation being in excess of costs incurred based on the allocation formula used. It is therefore not required for its earmarked purpose and is therefore proposed to be repurposed to support the additional capacity required for preparedness for establishment of a National Care Service. The Chief Officer will bring forward proposals for this in due course after further discussion with the Chair, Vice Chair and Senior Leadership Team.

7.6. There may be an opportunity to repurpose some other reserves to support the above also. Should no firm expenditure proposals come forward to the Senior Leadership Team for earmarked reserves with no current projected spend in this financial year it is proposed these reserves are repurposed to support the capacity detailed at section 7.5 of this report.

8. Financial Risk

- 8.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR).
- 8.2. 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 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 requiring to commission services from more expensive providers.	Red
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.	Red
There is a risk that pay awards are significantly in excess of planning assumptions and this is not matched with adequate funding.	Red
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 is a risk that financial assumptions in the IJBs Revenue Budget materially differ from actual. This includes the risk of final pay awards being in excess of assumptions without corresponding additional funding.	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
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

9. Conclusions

- 9.1. The projections detailed in this report reflect the projected financial impacts of a health and social care system under significant pressure and significant uncertainty in both supply and demand sides. Adequate capacity to assist the Health and Social Care system cope with additional demand over winter will be vital.
- 9.2. Whilst the projections on the Integrated Budget are projected as being manageable with the resources at the IJBs disposal in the current financial year the recurrent financial position looks very challenging particularly as Covid funding is exhausted. Given levels of uncertainty there is also significant risk of volatility in the financial projections.
- 9.3. The IJB also requires to work collegiately with Scottish Government and the constituent authorities to assist in securing financial balance and sustainability in the short term whilst ensuring appropriate and effective governance and protecting the interests of the IJB.
- 9.4. 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 and ongoing exceptional demands across the Health and Social Care system. It has also brought opportunities for change which it remains critical to capitalise upon.
- 9.5. 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.

10. Appendices

Appendix I – Review of Reserves

Appendix II – Set Aside Covid Cost Estimates 2022/23

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 I

Clackmannanshire & Stirling Integration Joint Board
Financial Year 2022/23
Reserves Balance Detail

Reserves	Reserve Detail	Brought Forward Balance £000	YTD Movement £000	Reserves Balance £000	Forecast Use in Year £000	Forecast Balance at Year End £000	Comments
General Reserves							
General Reserve	General	599	-	599		599	
General Reserve	General	1,598	-	1,598		1,598	
General Reserve	General	1,126	-	1,126		1,126	
General Reserves Total		3,323	-	3,323	-	3,323	
Earmarked Reserves							
Transformation Funding (ICF/ Delayed Discharge)	Earmarked	1,414	-	1,414		1,414	
Leadership Fund	Earmarked	500	-	500		500	Subject to commitments to be approved via SLT
Primary Care & Mental Health Transformation Funds	Earmarked	23	-	23	(23)	-	
Mental Health Strategy (Action 15)	Earmarked	66	-	66	(66)	-	
Mental Health Strategy (Action 15) Board Funding	Earmarked	24	(90)	(66)	(24)	-	
Primary Care Premises	Earmarked	271	(54)	217	(271)	-	
GP Out of Hours (OOH) Fund	Earmarked	255	-	255	(255)	-	
Alcohol & Drugs Partnership	Earmarked	30	-	30	(30)	-	
Drug Related Deaths Funding	Earmarked	251	-	251	(251)	-	
GP subcommittees for GP contract	Earmarked	46	-	46		46	Potential Commitments still being reviewed
Mental Health Innovation Fund	Earmarked	138	-	138		138	Potential Commitments still being reviewed
Scottish Living Wage	Earmarked	237	-	237		237	Previous year over-allocation. Propose to re-purpose.
Community Living Fund	Earmarked	512	-	512	(6)	506	Remainder to be used in 23/24
District Nursing Posts	Earmarked	57	(57)	0	(57)	-	
Forth Medical Group	Earmarked	94	-	94	(94)	-	
Perinatal And Infant Mental Health	Earmarked	50	-	50	(50)	-	
Alcohol & Drugs - National Drugs Mission	Earmarked	356	-	356	(356)	-	
Covid19 Further Funding	COVID	12,321	(57)	12,264	(12,321)	-	Subject to proposals from NHS FV on set aside and ongoing discussions with SG
Mh R&R Facilities Projects	Earmarked	385	-	385	(385)	-	Subject to project monitoring
Mh R&R Fund - Phase 2 Dementia Post Diagnostic Services	Earmarked	90	-	90	(90)	-	
Mh R&R Fund - Primary Care Services	Earmarked	44	-	44	(44)	-	
Winter 300m - Care @ Home Integrated Care Fund	Earmarked	512	-	512	(512)	-	Consolidated into Service Pressures Reserve
Winter 300m - Wellbeing Primary & Social Care	Earmarked	23	-	23	(23)	-	
Workforce Wellbeing - Primary Care And Social Care	Earmarked	51	-	51	(51)	-	
Primary Care Improvement Fund	Earmarked	1,224	(1,224)	0	(1,224)	-	
Gp Practice Exclusion Incident Audit	Earmarked	11	-	11	(11)	-	
Electric Speed Adjusting Hand Pieces	Earmarked	158	(9)	148	(158)	-	
Ventilation Improvement Allowance	Earmarked	94	(13)	81	(94)	-	
Winter 300m Remobilisation Of Nhs Dental Services	Earmarked	108	-	108	(108)	-	
Emergency Covid Funding For Eating Disorders	Earmarked	88	-	88	(88)	-	
Mh R&R Fund - Psych Therapies	Earmarked	227	(227)	(0)	(227)	-	
Mh Support For Hospitalised With Covid19	Earmarked	22	(22)	(0)	(22)	-	
Primary Care Digital Improvement	Earmarked	54	-	54	(54)	-	
Expansion Of Buvidal - National Drugs Mission	Earmarked	109	-	109	(109)	-	
Winter 300m - National Recruitment Campaign For B2-4	Earmarked	384	-	384	(384)	-	Consolidated into Service Pressures Reserve
Winter 300m - Gp Practices Sustainability Payment	Earmarked	3	-	3	(3)	-	
Autism Strategy	Earmarked	23	-	23		23	
Drug & Alcohol Recovery Support	Earmarked	578	-	578	(289)	289	Remainder to be used in 23/24
See Hear Funding	Earmarked	62	-	62		62	
Dementia	Earmarked	27	-	27		27	
Appropriate Adult	Earmarked	53	-	53		53	
Self Directed Support	Earmarked	32	-	32		32	
Old Age Isolation	Earmarked	27	-	27		27	
Covid Earmarked Reserve	COVID	888	-	888	(888)	-	
Winter 300m Care @ Home & Interim Care	Earmarked	2,128	-	2,128	(2,128)	-	Consolidated into Service Pressures Reserve
MHO Training Grant	Earmarked	34	-	34	(34)	-	
Drug Rehab - Adults	Earmarked	62	-	62		62	
SDS Core	Earmarked	40	-	40	(40)	-	
Mental Health Recovery	Earmarked	49	-	49	(49)	-	
Telecare Fire Safety	Earmarked	17	-	17	(17)	-	
Telecare Analogue to Digital	Earmarked	2	-	2	(2)	-	
Housing - PSHG	Earmarked	84	-	84	(84)	-	
Aids for Daily Living	Earmarked	117	-	117	(59)	59	Remainder to spent in 23/24, to reduce backlog over time
Mental Health Recovery & Renewal	Earmarked	25	-	25	(25)	-	
Winter 300m - Care & Home & Interim Care	Earmarked	656	-	656	(656)	-	Consolidated into Service Pressures Reserve
Earmarked Reserves Total		25,134	(1,752)	23,382	(21,659)	3,475	
Total Reserves		28,457	(1,752)	26,705	(21,659)	6,798	

Appendix II

SET ASIDE			
Covid workstream	Expenditure Category	Forecast (FV) £	Clacks/ Stirling IJB £
Workforce and Capacity	Additional Bed Capacity/Change in Usage	£3,106,016	£1,459,828
Workforce and Capacity	Additional Staff Costs (Contracted staff)	£298,203	£140,156
Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	£1,711,086	£804,211
Total		£5,115,306	£2,404,194

Pay and non-pay costs of 58 additional capacity beds (equivalent of 2 wards = 59 WTE). SCV Thistle suite 10 spec rehab beds plus additional beds in A11, A12, A21, A22, A31, A32, B21, B22, B31, B32.
Overtime, additional shifts & weekend working to facilitate ongoing covid-related working practices. Note this includes £56k relating to OOHs.
Additional staff in ED/AAU due to ongoing covid related pressures, including cover for covid related staff absence and staff to cover extra beds in each ward and use of treatment room areas (c25 WTE).

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 8.1

Draft Integrated Strategic Workforce Plan 2022- 2025

For Assurance

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Kelly Higgins, Senior Organisational Development Advisor
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:	The purpose of the report is to confirm the Clackmannanshire & Stirling Health and Social Care Partnership has submitted the draft Integrated Strategic Workforce plan 2022 -2025 to Scottish Government.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) To note the submission date for the first draft to Scottish Government of this Integrated Workforce Plan was met for 31st July 2022. 2) Agree the approach to continue to seek feedback from stakeholders and partners on the draft Plan before final submission in October 2022. 3) Seek for officers to provide a final version following October 2022 submission deadline back to Scottish Government.
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1. Background

- 1.1 Clackmannanshire & Stirling Health and Social Care Partnership was required to submit a draft of Integrated Workforce Plan 2022 – 2025 to Scottish Government by 31st July 2022 for review and comment.
- 1.2 Following July submission, Scottish Government colleagues will undertake an analysis of the submission, taking account of the key areas outlined within the Guidance provided, as well as seeking for there to be alignment with NHS Forth Valley Workforce Plan which is also due for submission by end of July 2022.
- 1.3 A process of feedback will then take place from Scottish Government to the HSCP and following any recommendations and ensuring amendments are made, the finalised Plan will be published on the Clackmannanshire & Stirling HSCP website by 31st October 2022.
- 1.4 The Clackmannanshire & Stirling HSCP draft Integrated Workforce Plan is aligned to the National Workforce Strategy and NHS Recovery Plan, ensuring the strategic alignment between each of the employing organisations' workforce planning as well as financial and service planning.

- 1.5 Clackmannanshire & Stirling Health and Social Care Partnership is required to provide as part of their workforce plan:
- Information on our current workforce by undertaking a gap analysis – this is to include not only Councils and NHS employed staff but also third and independent sector employees commissioned by the HSCP to provide care and support.
 - The HSCP's assessment of future and current workforce requirements which will be required to fill any gaps in establishment across the system.
 - An agreed HSCP Action Plan which will address the identified gaps based on the 5 pillars set out in the National Workforce Strategy which are Plan, Train, Attract, Employ and Nurture.

2. HSCP Plan for Delivery

- 2.1 The draft Integrated Workforce Plan was developed using methodology appropriate to the HSCP's organisational needs, with the HSCP using a combination of the Skills for Care Toolkit and Improvement Service for Scotland resources which offer a wide range of workforce planning tools, for example workforce profiling.
- 2.2 A Workforce Planning Group was established to oversee the development of the Integrated Workforce Plan ready for submission. The Group has responsibility for gathering the current recruitment, HR and workforce data and information from across Clackmannanshire Council, Stirling Council and NHS Forth Valley. This is a complex set of information for each organisation which was then required to be presented by the HSCP in the same format to ensure consistent presentation of workforce information within the final Integrated Workforce Plan. This was a challenging position for all parties given the short timescales for initial submission of the draft Plan.
- 2.3 During the development of the draft Integrated Workforce Plan, officers sought feedback from a wide range of stakeholders, including:
- HSCP Locality Managers
 - HSCP, both Councils and NHS Forth Valley Finance Leads
 - Trades Unions and staff side representatives
 - NHS Forth Valley /both Councils /HSCP Workforce Planning Leads
 - Chief Social Work Officers from Clackmannanshire and Stirling in their professional roles
 - NHS Clinical and Professional Leads including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads
 - HR Leads from all three constituent organisations
 - Third and Independent Sector Representatives
 - Primary Care Contractor Representatives
 - Unpaid Carers
- 2.4 The draft Integrated Workforce Plan details local actions required to achieve necessary changes to the workforce including but not exclusively:

- Domestic recruitment where there are vacancies and gaps within the workforce
 - International recruitment where domestic recruitment is unavailable and there continue to be vacancies and gaps within the workforce
 - Service re-design for example in line with the recommendations from Review of Social Work undertaken by David Welsh in 2020.
 - Role redesign in partnership with staff, trade unions and staff side.
 - Staff Training and Development as outlined within for example the SDS Implementation Plan.
- 2.5 The draft Integrated Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service recovery and growth priorities, outlining:
- Required staff numbers (Full Time Equivalent /Whole Time Equivalent)
 - Job Families and Professional Roles
- 2.6 There is a commitment to continue to analysis the current workforce profile including the consideration of the impact of age profiles and retiral projections across the whole workforce as well as leavers and turnover projections including analysis of exit interviews.
- 2.7 There are actions supporting the physical and mental wellbeing of our staff, particularly relating to the impact of COVID across all staff groups as anecdotal evidence and current research suggests a significant and ongoing impact on all staff groups. This ensures the draft Integrated Workforce Plan reflects key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.
- 2.8 As part of the workforce analysis, there has also been a review of workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.

3. Engagement

- 3.1 There has been an ongoing commitment from the HSCP to ensure that all staff have the opportunity to be part of the developing Integrated Strategic Workforce Planning process and that they have been able to influence the development of the final Plan. This will continue to be the case until final submission in October, with partners being encouraged to provide feedback. This wider engagement has included partners from across the wider system including the membership of the Strategic Planning Group, trade unions & staff side within the Joint Staff Forum and Third Sector Interfaces in both Clackmannanshire and Stirling.

4. Conclusions

- 4.1 The Clackmannanshire & Stirling Health and Social Care Partnership draft Integrated Workforce Plan first draft was submitted to Scottish Government by 31st July 22. There continues to be a challenge for the HSCP and three employers to gather and collate the detailed information required from each employing organisation within the timescales. There continues to be a requirement for this work to be prioritised by each employing agency to ensure a robust Integrated Workforce Plan is developed and subsequently implemented across three employers.

5. Appendices

None

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:	
Other Resources:	
Legal:	
Risk & mitigation:	
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	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>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 not require a Fairer Duty assessment.</p>
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Clackmannanshire & Stirling

Health & Social Care
Partnership

Integrated Workforce Plan 2022-2025

*“To enable the people in Clackmannanshire and Stirling Partnership area
to live full and positive lives within supported communities.”*

Foreword

As part of the development of this Integrated Workforce Plan, and wider engagement, the HSCP continues to engage with the workforce, and the public, to understand what people most value, and what a safe, sustainable, high quality, integrated health and social care support system will look like in the future. This means being explicit and clear with both the public and staff about the re-designs being introduced and why, and through the Strategic Planning Group, Locality Planning, Carers Planning Group and partners within our Commissioning Consortium will involve them in the continued monitoring of the impact of these changes. This Plan lays out our approach, our current understanding of our context and our action planning process to deliver integrated workforce planning and a workforce of the future.

Well-being to support staff resilience, across all sectors, through the emergency response to COVID, the recovery phase and post pandemic is a key pillar of workforce activity for the HSCP. Anecdotal evidence and initial research findings would suggest a large increase in mental health and well-being issues and symptoms of stress and exhaustion of staff, carers, providers and communities. From an HSCP perspective, the delegation of community mental health supports and associated support functions creates the conditions and the opportunity for a joint and co-ordinated community response to the expected increase in demands.

By creating opportunities with primary care for more effective joint working, it is hoped that the HSCP is better able to support those with clinical and care needs within our communities as well as aligning to the new models of integrated care are being developed. As described throughout this Plan, a programme of re-design is in place which is delivering integrated working and partnership approaches with services offering clinical and care support to prevent unnecessary hospital admissions, offer individuals choice and control in the care and support as well as a focus on prevention. We need to ensure that we support our staff, providers, carers and partners through offering training & development, effective management and collaborative compassionate leadership.

This Workforce Plan is part of a suite of documents including the current Strategic Plan 2019 – 2023, our newly developing Strategic Commissioning Plan, Annual Performance Report and Medium Term Financial Plan all of which are in place for the Integration Joint Board and wider strategic partners are able to support the delivery of our vision and monitor progress against the actions within this Plan.

There are significant policy and legislative changes, financial pressures, recruitment challenges and the ongoing impact of COVID which will influence the overall delivery of this Plan. One of the most significant changes to health and social care services is the Scottish Government publication of the National Care Service Bill which lays out the high level framework for the development of a new National Care Service. As an HSCP, we have a programme of engagement with our Integration Joint Board, our Strategic Planning Group, local providers, staff and supported people on the Bill, as the new national service has the potential to bring far reaching and ambitious change, which should be reflected in local and national workforce plans.

This Plan demonstrates our ongoing commitment to the delivery of a programme of transformation and change to meet the needs of our population, by ensuring that we focus on the well-being of our staff, carers and providers who continue to be affected by the pandemic and cost of living changes whilst continuing to provide high quality care and support to our citizens.

Annemargaret Black, Chief Officer Clackmannanshire and Stirling Health and Social Care Partnership.

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National Context

Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) operates within the national context. Our Integrated Workforce Plan sits as part of the suite of planning documents which inform our new Strategic Commissioning Plan and Medium Term Financial Plan. The Strategic Commissioning Plan identifies our priorities and what we need to deliver. The Integrated Workforce Plan sets out the staff we need and how to support them and our Interim Financial Plan sets out our budget and how we will resource what we do.

What we do locally, contributes and is influenced by the policies and legislation set out by the Scottish Government and the national framework.



NHS Recovery Plan & HSCP Recovery Plan

NHS Boards and HSCPs created Three Year Plans which reflect workforce implications associated with the priority areas outlined in the Recovery Plan i.e. Social, Primary & Community Care, Planned Care (including Outpatients and Diagnostics), Cancer Care, Unscheduled Care and Mental Health services.

The newly developing National Care Service for Scotland

Three Year Workforce Plans (particularly for HSCPs) should consider workforce implications of ongoing social care demand in advance of the development of a National Care Service. Based on organisations' existing service provision responsibilities, they should describe their projected workforce needs across social care and social work services in the short and medium-term s.

Health and care (Staffing) (Scotland) Act

Progress is continuing on measures within the Health and Care (Staffing) (Scotland) Act, with the Scottish Government (SG) continuing to fund the Healthcare Staffing Programme (HSP) through Healthcare Improvement Scotland (HIS), and the Safe Staffing Programme (SSP) through the Care Inspectorate. HIS and Chief Nursing Officer Directorate (CNOD) have also developed a number of real-time staffing resources (for use during Covid-19), which will inform further developments.

Healthcare Improvement Scotland has developed a Self-Assessment Template to support NHS Boards in preparations for implementing the Act and its reporting requirements once in force. Feedback from testing indicates that this is a useful tool, both for external reporting to Scottish Government and internal reporting within local Health Boards.

Scottish Social Services Council have a commitment to workforce planning and development which is essential to make sure social services deliver high quality outcomes for the people who use them and having a skilled, confident and flexible workforce is a key part of delivering improved outcomes and performance in services. They have a key role to register social workers, social work students and most job roles in the social service sector as well as providing Codes of Practice for Social Service Workers and Employers (the Codes) which set out the behaviours and values expected of social service workers and their employers.

Local Context - Our Priorities

We are preparing our Strategic Workforce Plan and a time of many transitions. From response to the COVID-19 pandemic, the end of the Strategic Commissioning Plan 2019-2022 and producing a new Strategic Commissioning Plan that will span the next ten years as well as nationally with Brexit and the National Care Service.

Our Priorities are identified by the data we collect, and understood by the experience of our workforce. It is likely that the themes within the current priorities will continue to be prioritised within the future Strategic Commissioning Plan as they continue to reflect local and national priorities. Although, they may be organised slightly differently.



Transformation

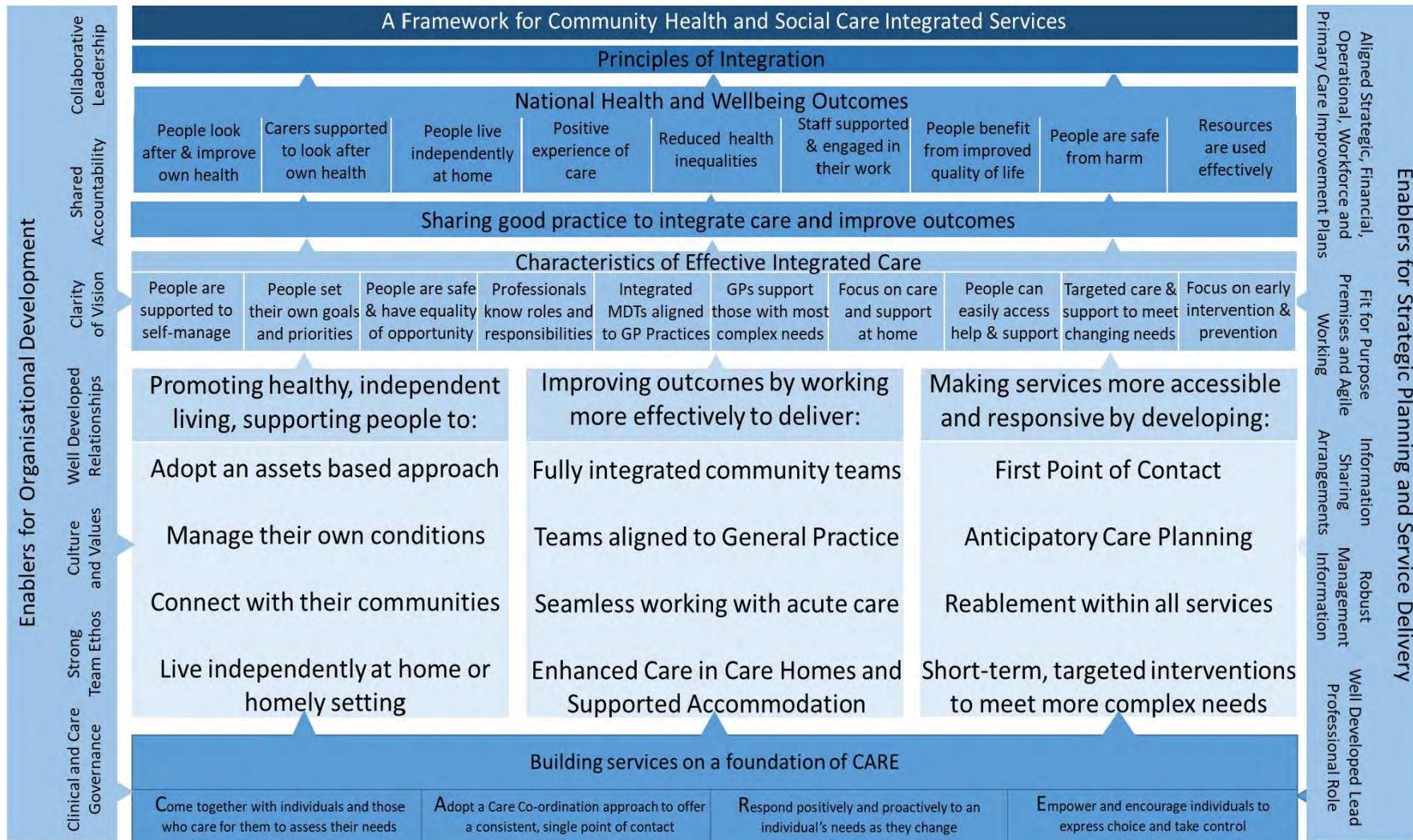
Framework for Community Health and Social Care Integrated Services

As an HSCP, we have developed an ambitious programme of transformation and change which supports our staff and services to meet the demands of our changing population. There is a significant amount of work to be undertaken across all service areas, working with our strategic partners across community health and social care, within Clackmannanshire Council, Stirling Council, NHS Forth Valley as well as third and independent sectors.

We volunteered to be early adopters of the Scottish Government Framework for Community Health and Social Care Integrated Services, due to the complexity of our context and the volume of activity required to be delivered. Our focus is on redesigning the model of care and support locally, and we used the Framework to map our programme of transformation, to manage the implementation of significant change and create a programme of work which we could share with staff, partners, staff side and trade unions.

The Framework ensures the connectivity of interconnected work streams and programmes of change. For example, as laid out below, the review of adult social work requires the implementation of an asset based assessment within an ethos of choice & control linked to Self-Directed Support. This aligns to the HSCP wide Allied Health Practitioners Pathway Redesign which also includes alignment with the assessment and review process.

All of these areas of work rely on establishing an effective early intervention model - linking people with third sector, lived and living experience forums and community supports. Each of these work streams aims to improve performance, ensure better outcomes for people and relies on broad staff engagement and consultation, in partnership with staff side and trade unions.



COVID 19 response and remobilisation

In light of the ongoing response to the COVID-19 pandemic, and as lockdown has eased, care and support services across the HSCP have been re-mobilised to meet the ongoing needs of those living within localities. The HSCP continues to seek to better understand the long term impact of COVID and keep under constant review the service changes applied, collecting feedback from relevant staff, stakeholders and supported people to inform ongoing recovery and planning for the future.

The HSCP Re-mobilisation Plan created a bridge between the continued response to the pandemic and the aligned work streams of the transformation agenda and the strategic planning which will support the delivery of the activities and planned programmes of change for the next three years. The HSCP Operational Recovery Plan continues to be refreshed as national and local guidance is updated, thus ensuring that the HSCP is able to apply the learning and understanding gained during the height of the pandemic to the recovery and the programme of renewal ahead. The Winter Planning priorities are being developed for coming year and have also been aligned into the Recovery Plan for consistency and oversight of the totality of the joint response.

The re-mobilisation of services within this context of workforce planning continues to be done in a way that is considerate to the fact that COVID will continue to represent a very real public health challenge to the country and its population. The HSCP must therefore be able to react quickly and decisively to additional outbreaks of the virus that may require further standing up and down of services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments. The re-mobilisation and re-design of HSCP services continues to be managed to cope with any predicted or unexpected surge in demand for services from other sources for example winter pressures and annual flu outbreaks that may also arise. The HSCP's commitment to continuing to re-design and re-mobilise services at the same time introducing and retaining new approaches must be achieved with at least the same high levels of transparency and accountability with the whole sector's workforce.

The success or failure of our recovery of services and re-design changes relies on ensuring that our affected workforce understands, and are part of the decisions being taken, as this will affect how they deliver care and support and work with other partners and organisations. This Plan demonstrates the progress the HSCP has been able to make across the wider strategic landscape, the increasing maturity of the local strategic relationships and the developing strength of Integration Joint Board in this space.

Recovery Plan for Carers

Over the past year, the HSCP has reinvigorated the multi-agency Carers Planning Group, as carers are key partners in the delivery of care and support across our communities. An agreed programme of joint working to deliver improved carers support and a more consistent response to carers' needs across Clackmannanshire and Stirling has been developed and is being delivered by the HSCP and partners collectively. For example, by listening to the needs of carers, the HSCP has developed a Short Break Co-ordinator post for an agile and rapid response to carers in crisis as well as to ensure agreed planned respite for carers and those they care for. This will be funded through the carer's resources within Scottish Government settlement aligned to the Carers Act (Scotland) 2014 and above lays out the programme of work underway to support carers.

The investment in supporting carers is laid out within our agreed Carers Investment Plan which was agreed by the Integration Joint Board which will create additional carer support capacity as well as more robust performance, reporting and financial arrangements. In response to the impact of COVID on carers and feedback from our carers' organisations we are developing a carer focused Recovery Plan for unpaid carers who require support now and with the service pressures we have, there is a real risk that if arrangements break down unpaid carers may be unable to support their loved ones. This work is being progressed in partnership with the two Carers centres and two Third Sector Interfaces, this HSCP seeks to ensure we are delivering better outcomes for carers.



SECONDARY DRIVERS	
Identification of unpaid carers	Carers increasingly encouraged / signposted to enjoy life beyond their caring role
Opportunity for an Adult Carer Support Plan (ACSP)	Awareness of the health risks that a stressful caring role can lead to
Awareness of basic needs of carers and ability to identify them	Carers supported to the extent that they live a fulfilling life outside the caring role
Carers involved in key decision-making processes	Carers have an identity beyond their caring role
Carers contribute to their own personal support plans	ACSPs reflect the importance of carers having a meaningful life that does not involve caring
Carers are an integral part of care strategy and service delivery	Carer awareness of the health risks brought on by their caring role and how best to manage these risks
Awareness of support available to carers	Considerations of a carer is an entrenched aspect of HSDP's social care culture. I.e. Carers are considered equal partners in caring
Cares & isolation in their caring role	Local communities awareness (including schools, GPs, community clubs/groups etc.) of carers, and ways in which they can be supported
Carer support embedded within social care culture. Support plans, young carer statements, community support etc. are available	Information services are available to carers and non-carers on the challenges of caring and what communities can do help
Transitional periods in carers lives are managed and carers feel supported	
A broad range of short breaks are available and are easily accessible	
Carer awareness is continuously promoted through various channels	
Carers able and encouraged to explore possible community support mechanisms	

- HOW CAN WE MAKE THIS HAPPEN?**
- Increase awareness of unpaid carers with a range of stakeholder groups
 - Provide training to staff
 - Offer outcomes focussed ACSPs to assess carers needs
 - For those who meet eligibility criteria provide support based on those ACSPs
 - Provide a range of support not just traditional 'overnight away' ('social prescribing')
 - Reiterate the flexible approach to Self Directed Support
 - Look at how outcomes are reviewed and met – not just support

What is Workforce Planning?

Integrated workforce planning makes sure we have the right people with the right knowledge, skills, values and experience providing the clinical care and social work/care support people need. Due to the changing nature of our population and environment, we need to regularly assess demands on services and resources and how we are placed to deal with these.

We also value our workforce, and this Workforce Plan looks at the experience and needs of our workforce. The National Workforce Strategy sets out five pillars to workforce planning; Plan, Nurture, Train, Attract and Employ.

Plan looks at the workforce in numbers, service demand and need, and what is happening in terms of legislation, policy and environmental pressures.

Nurture focuses on the health and wellbeing of all workers. We focus on wellbeing of our people.

Train supports workers through education and training to equip them with the skills required to deliver the best quality of care.

Attract is about making health and social care in Clackmannanshire and Stirling attractive to the best people out there and looking at our recruitment process.

Employ looks at how we can be employers of choice and what we can do to make staff feel valued and rewarded.

The key themes of this Integrated Workforce Plan is compassionate leadership, a flexible and supported workforce and collaborative working with all partners. A confident and self-assured workforce and we aim to be an inclusive and supportive employer.

Methodology

To prepare this Workforce Plan, we have followed the guidance provided by the Scottish Government National Workforce Strategy in 2021 – 2022.

We have also incorporated elements of the Skills for Care Workforce Planning toolkit and the Improvement Service Workforce Profiling tool.

We have carried out a number of workshops with stakeholders where presentations on the Workforce Plan process and including data on the current workforce, demographics, absence, and leaving were looked at.

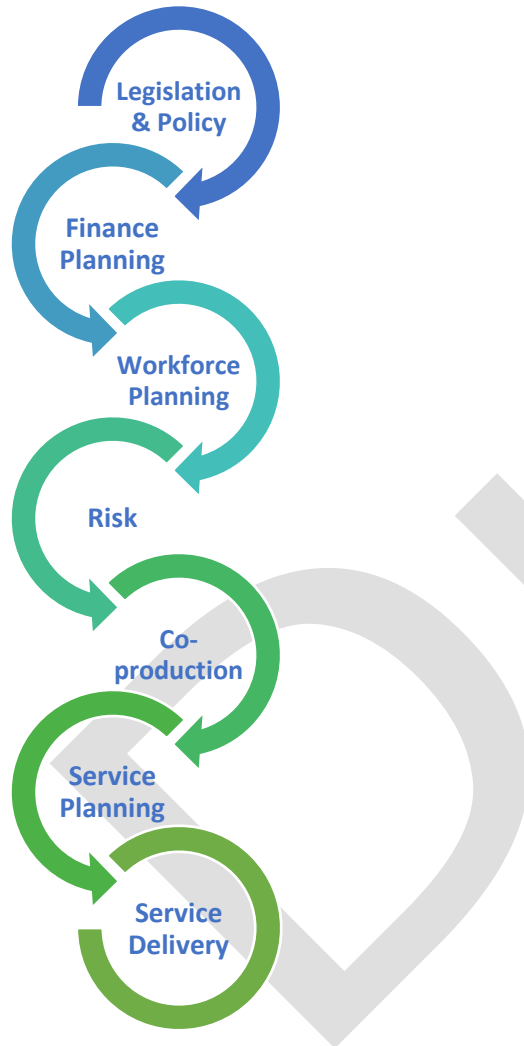
Invitation and participation was wide reaching. From the three employing organisations HR leads were involved in the planning and data collection, Trade Unions, staff side, local service planning leads, financial planning leads, social work and social care leads, professional and clinical lead officers were involved. Service users, unpaid carers, providers and representatives from third sector and independent sector also participated in the local HSCP workforce Workshops. Further to this, we attended the Health and Social Care Forum, spoke to unpaid carers and attended the Care and Support Managers meeting for all providers of social care.

The qualitative data gathered from the workshops has been collated and analysed to produce the actions for the Workforce Plan and Service planning over the next three years.

Participants and stakeholders will be provided with feedback on the workshops and the Workforce Plan and will continue to be involved in future workforce and service planning activity going forward.

Elements of delivering our services

Workforce planning is an element of a whole system approach to providing and delivering health and social care.



Legislation and Policy

We work within a complex framework of legislation, regulation and policies from the Scottish Government. We have to make sure we are following the legislation, delivering Best Value and improving outcomes for the people we care for.

Finance Planning

Our financial outlook in the medium terms outlines priority investment, service levels. Financial planning will consider changes and transformation and impact to the workforce that is required.

Workforce Planning

Understanding the workforce, roles and responsibilities, skills and interests helps us plan our service delivery. We consider what support our people need in their work and personal lives. We want to support our workforce and make them feel valued, planning our services helps achieve this.

Risk

The Strategic Risk Register is reviewed and assessed regularly by Senior Leadership Team and Audit and Risk Committee. The HSCP aligns risk arrangements across the three constituent organisations to pressures faced by operational service and mitigating actions.

Co-production

Co-production is a way of working where service providers and users work together to reach a collective outcome. It is an understanding that those who are affected by a service are best placed to help design it.

Service Planning

Service planning looks at need and demand, what resources we have to meet that need. It considers legislation and policy and resources; finance, people and equipment. We co-design services with people with lived experience, people and families using services and with our partners.

Service Delivery

Service delivery is the result, we aim to provide the best services we can, and review and monitor service performance regularly.

Financial Planning

The financial outlook for the IJB is reflected in our Medium Term Financial Plan (MTFP) which is currently being reviewed and refreshed post publication of the Scottish Government Resource Spending Review (RSR) on 31 May 2022.

The RSR sets out the high-level parameters for resource spend within future Scottish Budgets up to 2026-27 and was articulated as a reset for public finances.

Whilst the Health and Social Care Portfolio is relatively protected it is critical, in order to be realistic, that the HSCP workforce planning is aligned to the high level principles set out in the RSR with respect to public sector pay policy and the size of the public sector pay bill.

The key elements of this are:

- From 2023-24, a broad aim for the devolved public sector to maintain the total cost of the overall annual pay bill compared to 2022-23 levels.
- A broad aim to return the total size of the devolved public sector workforce to around pre-COVID-19 levels by 2026-27
- There will also be wider implications for the workforce of the Scottish Governments recent Bill to establish a National Care Service and the associated financial memorandum.

Further detailed modelling is required to more fully understand the likely further implications of the aims set out in the RSR and this will be undertaken in the coming period to inform an updated Medium Term Financial Plan and further iterations of this document.

Risk

The following key risks have been identified by the HSCP and the workshop:

Plan

- Ageing population and workforce. There is an increasing number of people who need care people with co-morbidity and complex needs.
- Our workforce is also ageing with 47% aged 50+. We need to support our workforce with their own health and personal life.
- Burden of disease information and analysis points to future pressures.
- National shortages of specific professions within the workforce including mental health nursing, psychiatry, Allied Health Professionals particularly Occupational Therapists and Social Workers as well as practitioners and clinicians within primary care, including GPs.
- Services require detailed succession planning, due the specialist nature of the roles.
- We need support our workforce with the right technology and access to tools needed for the task within a complex system.

Nurture

- The Cost Living Crisis is impacting staff. The cost of fuel to get to work and expenses while at work are putting pressure on the workforce and on the independent sector.
- Continued concern about exposure to Covid is impacting service delivery.

Train

- Missed opportunities without collaborative and inclusive approach to training.

Attract

- Challenges in recruitment of care at home and care home staff across the statutory and independent sector.

Employ

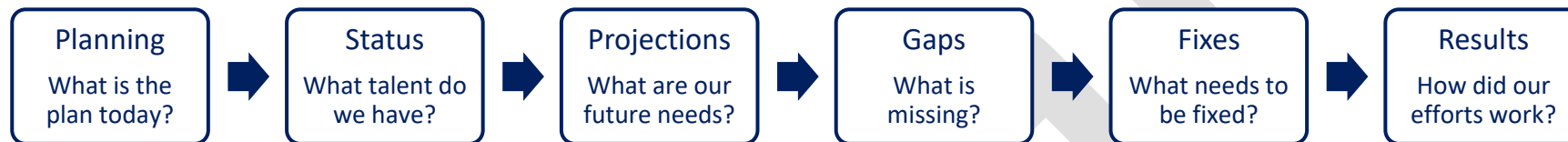
- Attracting people into the sector and retention.

Workforce Planning Process

In preparation for our new Strategic Commissioning Plan, we are delivering on our programme of transformation and redesign and are currently developing service plans that will assess service demand and staffing levels and profile.

We are embedding our approach to Workforce Planning into our Service Plans in a more detailed and in-depth way. We have used the Skills for Care 'Practical approaches to workforce planning' toolkit to form a questionnaire and will assess key data and drivers, staff numbers and profile, gaps in knowledge and skills, identify costs, risks and actions.

Service Planning will follow the steps below:



Gap analysis

HSCP aims to deliver high quality and safe services for our citizens. However this is currently being done within a context of significant and ongoing pressures; continuing to deliver in the context of COVID infection rates; an ageing population with significant ill health and issues of co-morbidity; increasing public expectations for flexible and person centred services; and a decreasing budgetary envelope.

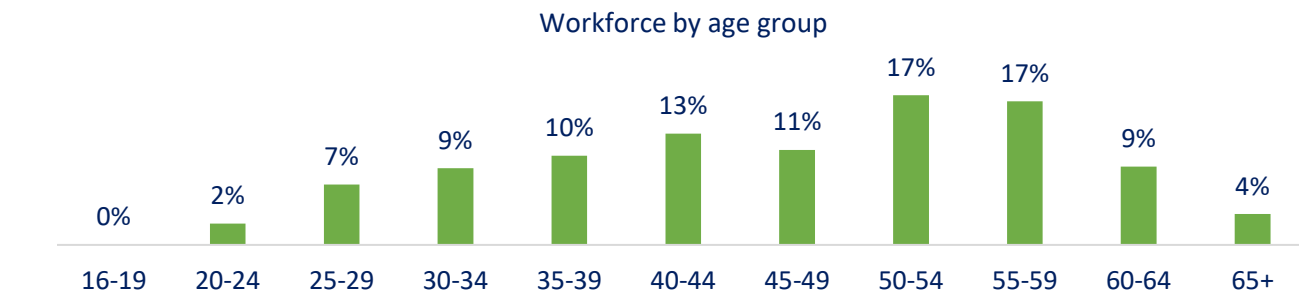
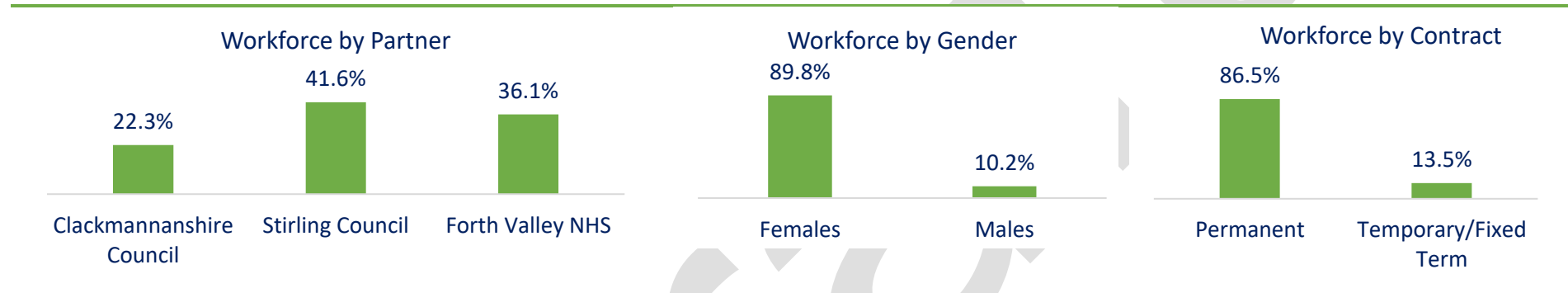
Clackmannanshire and Stirling HSCP is unique in that it has two local authorities within the HSCP, it has further complexity in that some of the key functions, as outlined in the Public Bodies (Joint Working) Scotland Act have not yet completed delegation. As such, integrated workforce planning is at an early stage within those services still not wholly delegated. As such, there are areas of workforce planning where, we have limited ability to plan and identify gaps in a comprehensive way, so it is tactical to carry out service and workforce planning incrementally, focusing on our priority areas and on our already delegated services.

In addition to this, our integrated workforce planning will also need to take account of the planning needs of the new National Care Service Bill and its development over the coming months.

Workforce Plan data

As a HSCP we are aware that our workforce expands beyond Clackmannanshire Council, Stirling Council and Forth Valley NHS but includes third and independent sector as well as the support of unpaid carers across our communities.

This section focuses on the three employing organisations.

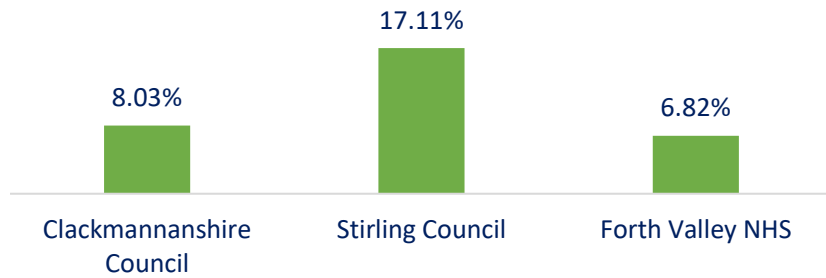


- 1,163 employed by the HSCP
- 90% of the workforce are female
- 86.5% have permanent contracts
- 47% are aged 50+

Data for each service will be contained in Service Plan and will identify gaps and demand on services.

Sickness absence

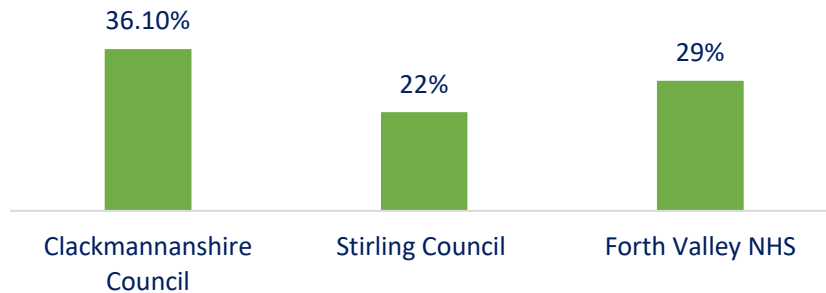
Absence Rate 2021-2022



Each of the employing organisations record absence in different ways, grouping reasons differently and terminology. Forth Valley NHS have reported the lowest absence rate, which is similar to Clackmannanshire Council. Stirling Council has reported the highest rate. However, due to the differences in reporting and collation, these figures are not yet comparable.

We will be working with employing organisations to improve these figures over the coming months and to understand absence better. We will also be working to harmonise data collection and reporting.

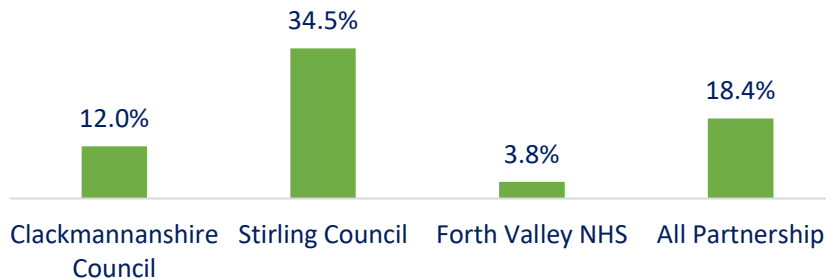
Anxiety/stress/depression/other psychiatric illnesses



Mental health conditions such as stress (work related and non-work related), anxiety, depression and other psychiatric illness was the most common reason for absence for all three organisations. These figures are not comparable due to the differences in coding, but give an understanding that mental health should be a priority for workforce planning.

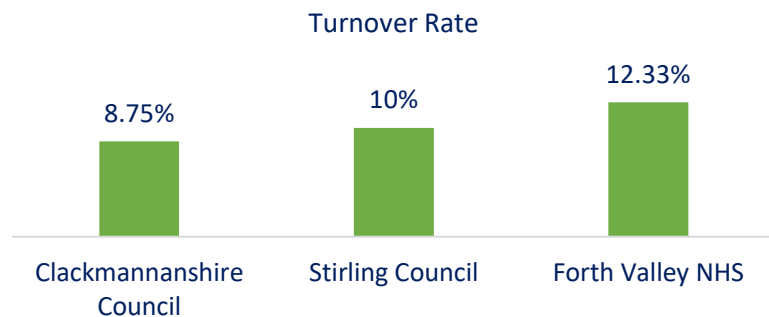
Other common reasons were gastrointestinal, back problems, musculoskeletal and minor illness such as colds, coughs, flu and headaches.

Long Term Sick



Over 18% of the HSCP workforce were on long term absence. As part of workforce planning with services, we will look at long term sickness and the reasons why. Due to the sensitivity of data, this cannot be reported here, but support is given to help those back to work when they are fit.

Leavers & Turnover



Turnover measures the number of people leaving an organisation. Clackmannanshire had the lowest turnover. The reasons people leave their jobs can be more money and better benefits, career progression, better work/life balance etc. A high turnover can be expensive as it costs to replace employees and we lose expertise and knowledge.

Better use of Exit Interviews will provide us with greater insight to the reasons people leave.



Each of the organisations record reasons for leaving in different ways, grouping reasons differently and terminology. Here is an overview of the most common reasons for absence.

Resignation includes moving to a new employment either with the same organisation or a different organisation. Retirement includes those reaching retirement age and career completion.

Medical reasons and family reasons includes those leaving due to ill health, medically retired, and retirement due to ill health as well as those who have left due to family reasons and commitments. Other reasons include mutual termination, redundancy, studying and end of fixed term contracts.

Workshops agreed that better exit interviews would help the HSCP and other organisations understand why people leave and look at ways to retain staff.

Staff Wellbeing – imatter

Below are a number of key indicators from the imatter survey carried out in 2021 and 2022. 53% of HSCP staff participated in 2022 and there was improvement in the indicators selected below. All indicators scored green (strive and celebrate), with the exception of three yellow (to be monitored and improved).

Indicator	Score 2021	Score 2022
Appropriately trained and developed	74	78
Treated fairly and consistently with dignity in and environment where diversity is valued.	77	81
My work gives me a sense of achievement	81	83
I feel my organisation cares about my health and wellbeing	73	74
I would be happy for a friend or relative to access services within my organisation	75	78

Workforce Challenges

Recruitment and vacancies

Recruitment is an issue nationally and locally. There is a number of roles that are identified as particularly difficult to recruit to, these are AHPs, Mental Health nurses and officer, registered social workers, GP's District Nurses, Learning Disability Nursing, home carers, personal carers. All of which are critical to the delivery of our services. Gaps in our recruitment place additional stress on our workforce and the outcomes for our communities.

Terms and Conditions

There are different terms and conditions across the three employers of HSCP staff. Differences in pay structures, job descriptions and terms and conditions such as annual leave and hours contribute to the difficulty of recruitment and retention. We have additional complexity in that we work across three organisations, two local authorities and one health board. This means that there are three distinct sets of policies and procedures to follow during the recruitment process. These difficulties are also faced by the third sector and independent sectors in that the differences in terms and conditions creates a lot of movement from staff from one organisation to another, from one sector to another as people are following better terms and conditions.

We are looking at reviewing the data collected, the opportunities we create and training and development pathways as we view the HSCP workforce as one and want to retain our workforce within Clackmannanshire and Stirling. Within our action plan, we have identified key actions such as campaigns to attract people to the HCSP, career pathways and opportunities and working with local partners such as universities, Forth Valley College to develop relationships and support for people entering their profession.

Succession Planning

A key part of our service and workforce planning will focus on succession planning for our services. Our ageing workforce and specialism of roles means we need to invest in development and leadership opportunities for staff career development. Identifying talent and pathways for progression will reduce risk to service delivery and increase retention when staff have clear career progression goals and investment.

Unpaid Carers

There are approximately 21,250 unpaid carers in Clackmannanshire and Stirling area. 12,958 people identify as unpaid carers and it is estimated that there are 8,000 unknown unpaid carers. The graphs show that 55% of carers are employed and providing care.



There are more unpaid carers providing care support than staff and the impact of COVID has been more significant for carers due to the limitations of respite care and restrictions linked to movement and access to ongoing care and support. Anecdotal evidence suggests carers have been significantly affected over the past two and half years which has affected their ability to care and their well-being. Locally a Carers Recovery Plan is being developed to address these pressures in the short term.

Independent Sector, Third Sector & Volunteers

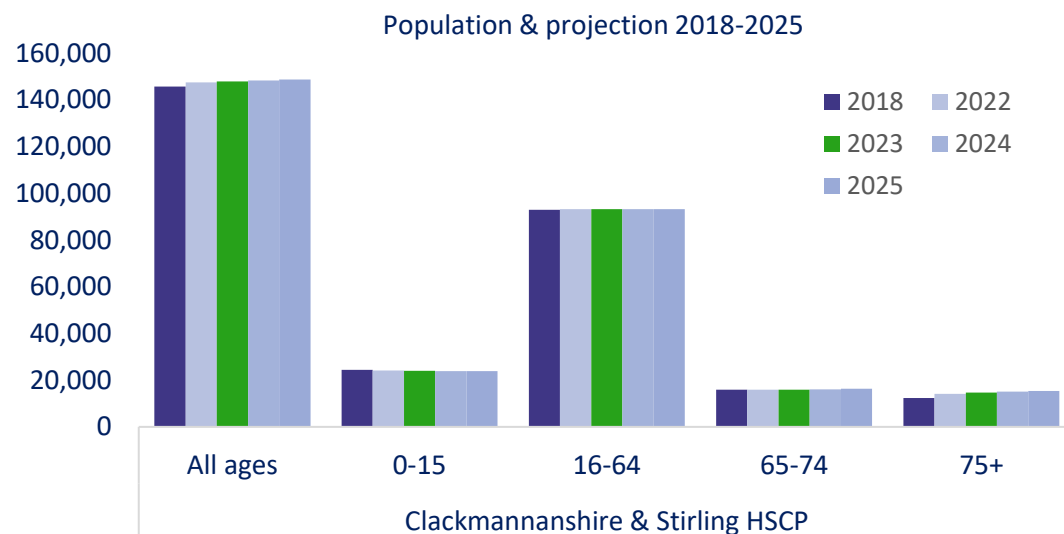
Adult Social Care Workforce in Scotland

Scottish Government set out key findings around the adult social care workforce in Scotland. It found that

- The number of people employed in adult social care increased by 5.7% from 2011 to 2020, driven by housing support/care at home sub-sector.
- 80% of adult support care staff were female and 44% were aged 45 and over.
- On average staff worked for 31 hours per week and were employed on permanent contracts.
- There was a high vacancy rate (43%) in comparison to all sectors in 2020 (11%), care at home, housing support, and care homes for older people reported that vacancies were hard to fill. The sector also has qualifications gap with 52% holding qualifications appropriate to their role.
- Private sector employs 44% of the workforce.

Findings from our HSCP engagement sessions found that there was a mismatch between demand for services and staffing levels and there was a shortage of frontline staff. They also voiced concern over the cost of living crisis and that the cost of fuel had a significant impact as did income insecurity due hours of work rather than shifts worked. Staff are volunteering to work extra hours due to staff shortages and some are experiencing stress.

Population of Clackmannanshire & Stirling



The population of Clackmannanshire and Stirling is expected to grow from 145,730 in 2018 to 148,773 in 2025.

The age groups 0-15 is expected to fall, from 24,494 to 23,846.

For people aged 16-64 there is a slight increase in population from 93,007 to 93,199 an increase of 0.2%. The number of people aged 65-74 is expected to grow from 15,924 to 16,348 and increase of 2.66%.

The number of people aged 75+ is expected to grow from 12,305 to 15,380. This is an increase of 24.9%.

Scottish Index of Multiple Deprivation (SIMD) 2020

SIMD Quintile	Clackmannanshire		Stirling	
	Population	%	Population	%
1	14,510	28.2%	11,374	12.1%
2	14,073	23.4%	12,743	13.5%
3	8,666	16.8%	14,860	15.8%
4	8,000	15.5%	27,645	29.3%
5	8,291	16.1%	27,588	29.3%
Total	51,540	100%	94,210	100%

The SIMD is a tool for identifying areas of multiple deprivation in Scotland. Deprived does not mean just low income, but also that people have fewer health and education outcomes, opportunities and access to services. Quintile 1 is considered the most deprived and Quintile 5 the least deprived.

Where there is low income and fewer health outcomes, health can also be poorer.

This information helps us understand the needs of the population and is in more detail in our Strategic Needs Assessment ([link](#)).

Life Expectancy & Healthy Life Expectancy

Females	Life Expectancy	Healthy Life Expectancy	Difference
Clackmannanshire	80.6	62.66	17.94
Stirling	81.9	64.71	17.19
Scotland	81	61.79	19.21
Males	Life Expectancy	Healthy Life Expectancy	Difference
Clackmannanshire	76.2	62.47	13.73
Stirling	77.6	63.38	14.22
Scotland	76.8	60.93	15.87

Sources: Life Expectancy 2018-20, ScotPHO; Healthy Life expectancy 2018-20, Scottish Government

Life expectancy helps identify health inequalities, and there is variation across the HSCP.

On average, across the HSCP life expectancy is similar to Scotland, and healthy life expectancy is better than Scotland for each area. However, there is variation between the areas in Clackmannanshire and Stirling. Details of this can be found in our Strategic Needs Assessment.

Healthy life expectancy is about 60, so this means that more people are living with conditions from 60 and may therefore need health and social care to support them to live full and independent lives.

Inequalities and COVID-19 Pandemic

In September 2020, the Scottish Government published “Coronavirus (COVID-19): impact on equality research” anticipated groups that would be disproportionately impacted by COVID-19 and Brexit.

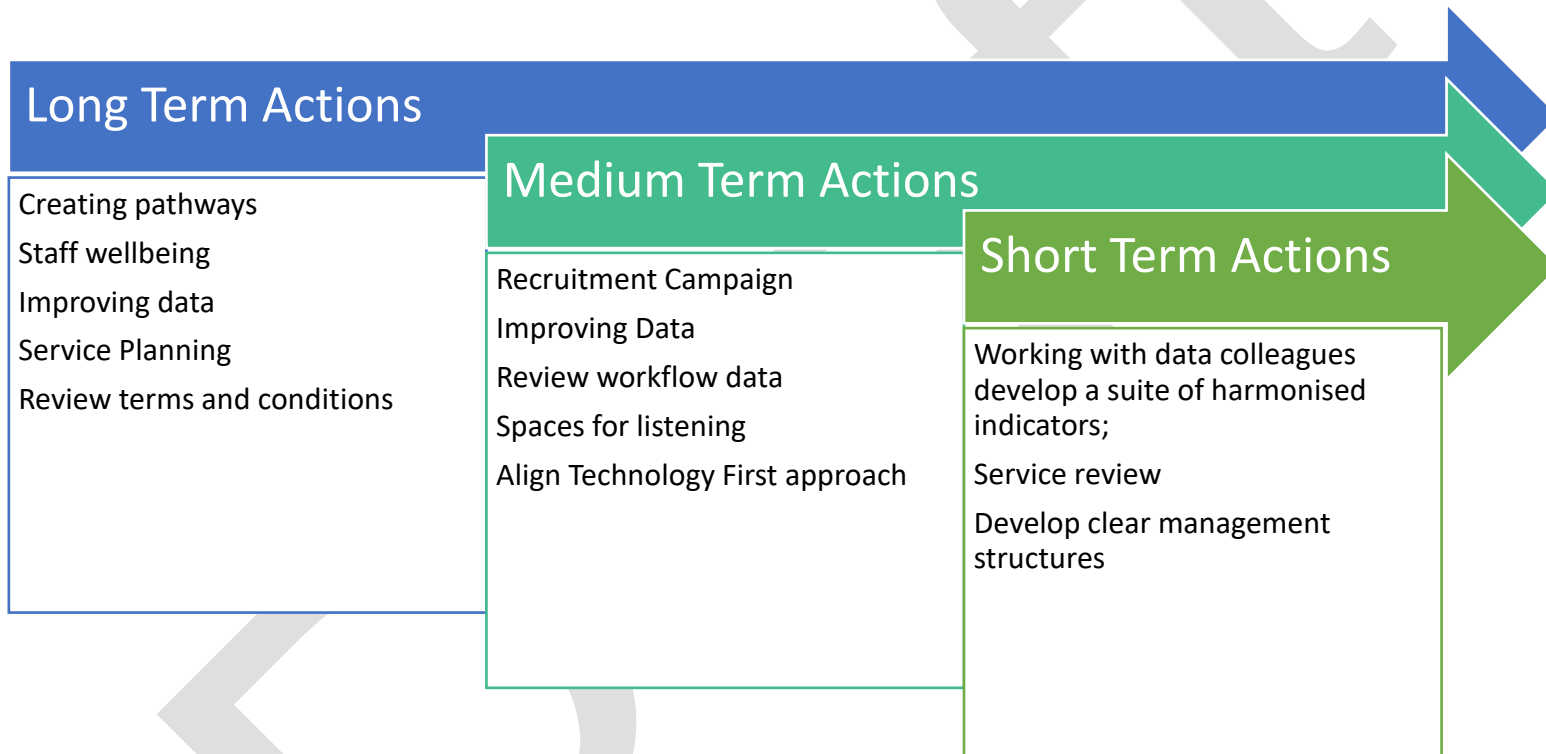
Group	Anticipated key impacts
Socio-economically disadvantaged people	Health inequalities and attainment gap could widen; high economic inequalities may persist or widen
Children and younger people	High impact on current and future mental health; negative impact on learning; economic scarring for young people
Older People	High deaths; increased risks of loneliness
Disabled People	Significant disruptions to health and care; more likely to experience loneliness; attainment gap may have heightened; gaps in employment participation may widen and reduce incomes; may be negatively impacted by loss of EU protections
Race	Gaps in employment participation and progression may widen increasing poverty; increased risk of serious illness or death from COVID; increases in hate crime; reduced educational attainment for certain groups
Women	Increased negative mental health impacts, domestic abuse and commercial sexual exploitation; long term impact on gender equality in the labour market; lone parents disproportionately impacted
Men	More likely to have had serious illness from COVID; loss in employment

Scottish Burden of Disease

The Scottish Burden of Disease team have also carried out work to estimate the overall, and inequalities in the direct impact of COVID-19 on population health through looking at the years lost to premature mortality (YLL), years lost to ill-health (YLD) and the sum of these (DALYs). This work has shown that COVID-19 was the leading cause of disease burden in 2020, second only to heart disease, and that it was not shared equally among areas experiencing different levels of deprivation. Furthermore, there were marked inequalities in COVID-19 years of life lost (YLL) by deprivation in 2020 which were further exacerbated in 2021.

Workforce Action Plan

The following actions plan details the key findings of the engagement workshops carried out in preparation of the Workforce Plan. Within these discussions, ideas and challenges and gaps were discussed and these will feature within this overarching plan and within Service Plans. Here are the actions we will focus on within the five pillars of workforce set out in the National Workforce Strategy, to support local service growth and transformation.



Plan

Service review and Planning

Discussion around the Plan Pillar looked at staffing levels, demand, single points of failure and risks. The workshops focussed on the gap between levels of staff and demand. The feeling that “everyone is struggling” resonated for a lot of people across staff working in the NHS, councils, third sector, providers and unpaid carers. There was feeling that staff are working reactively with little time for early intervention, planning, horizon scanning or innovation.

We also looked at Staff Profile with awareness of who the workforce are, their needs and how we can support them is important. Our ageing workforce have a wealth of experience and knowledge that cannot be easily replaced, and therefore needs to be nurtured. As people age, their health can deteriorate and their personal lives can become more complicated with caring duties and family, so our aim to work towards providing people with the support needed to fulfil their roles at home and work.

We also aim increase diversity in our workforce for people of colour, disability and for people with lived experience – this is focused within Employ. Improving data to understand our workforce was identified as a priority. We need evidence to identify where there is a conflict between demand and capacity. There also needs to be greater consistency to accessing sharing data and harmonised data and processes to promote effective planning.

Priority	Actions	Measured by	Timescales
Service Planning	Service review and planning		Ongoing
	HR leads to define a framework of HR data which can be harmonised	Suite of Core harmonised indicators	Ongoing
Demand	Service Plans will look at workload and review resources to deliver a modernised of model of care and support locally	Model of care being delivered to meet local needs	Ongoing
	Intensive programme of recruitment across all communities to meet the gaps in workforce across HSCP, partners and providers	Increased numbers of staff recruited across all organisations	Ongoing
	Review and analysis of workflow data and geographical / Locality pressures on services	Focused activity to meet Locality pressures	Ongoing
	Review of Setting the Bar		Autumn 2022
Staff profile	Succession Planning within Service Plans to reflect ageing workforce and local pressures within provider organisations		Ongoing
	Menopause Support		Ongoing

Nurture

Following the Pandemic, nurturing was a highly emotive pillar. The **compassion** of our workforce is highly valued “you can’t train someone to be compassionate”. Compassionate Leadership is a value strongly held by the HSCP and we need to think about the needs of the workforce, what pressure they are experiencing and what we can do to **support people**. With the protective measures in place during the pandemic and hybrid working, support from colleagues is needed more, so we will look at how to support people struggling (and those who might not ask for help). Ways of bringing people together safely and induction for new members of staff will be reviewed.

The **wellbeing** of employees is a priority. Anxiety, stress, depression and other psychiatric reasons is the biggest cause of absence. We will measure the wellbeing of workers and give them space to talk, rather than just signposting. Spaces for Listening is an example of this and we will look to widening this. We will ask people about their wellbeing and the wellbeing of the team as part of one to ones and appraisals. We will also look at exit interviews and identifying any themes that are identified that are impacted by wellbeing. Wellbeing Weeks and Healthy Working Lives were praised and we will look to open these up to all organisations and unpaid carers.

Cost of living crisis is a significant impact on people, people can’t afford to travel to work, travel costs are increasing higher than pay, and this has caused a lot of pressure on staff. People are worried about **COVID** and exposure. This is placing pressure on people who are leaving jobs or not volunteering due to the risk.

Priority	Actions	Measured by	Timescales
Compassion	Continue to develop conditions for compassionate leadership to thrive across the HSCP	Confident and compassionate leaders	Ongoing
	Create conditions for the delivery of person centred care across all disciplines within HSCP	Confident and self-assured workforce	Ongoing
	Ensure team meetings and one to one continue to be prioritised across service areas	Team meetings regularly held One to ones regularly held	Ongoing
	Ensure clear management and supervision structures are in place for all service areas delegated into HSCP	Clear management and governance structures in place	Ongoing
	Review one to one and supervision format, adding wellbeing questions.	Compassionate leaders and supported workforce	Ongoing
Wellbeing	Review Spaces for Listening		Autumn 2022
	Harmonising absence data		Ongoing
	Reviewing Exit Interview process and data		Autumn 2022
	Winter Wellbeing Week Programme		
Cost of Living Crisis	Follow national guidance and signpost people to right support		Ongoing

Covid	Follow national guidance and signpost people to right support		Ongoing
	Provide additional support to unpaid carers most impacted by COVID		

Draft

Train

Creating opportunities to further progress careers was seen as a way to engage, empower and retain the workforce. Pathways for training and progression were supported by participants from all stakeholders. During the pandemic there was opportunities to try different roles, this is something that could be offered for people to shadow/work experience to learn about different roles.

All stakeholders agreed there should be equitable access to training regardless of organisation. Training should be organised collectively and advertised, pooling resources and sharing opportunities. Opening training to unpaid carers would support and develop carers, this can also be applied to Personal Assistants etc. “Training for All” approach welcomed. Training analysis needed to identify gaps and need in the area (e.g. Volunteer management training) and then offering this to staff and volunteers. An audit of all the training available then we can share what is on and make it more effective and keep costs down.

Priority	Actions	Measured by	Timescales
Creating opportunities	Ensure right model of care and support in place for professionals and practitioners across the HSCP	Staff understand their roles and function within their teams and wider HSCP	Ongoing
	Working with partner organisations to develop pathways around supporting learning and development. Identifying opportunities		Ongoing
	Advertising courses through the HSCP Newsletter Pooling resources and opening training to unpaid carers, partners, providers and volunteers.	Measuring who attends training from each organisation	
	Open Winter Wellbeing sessions to unpaid carers and encourage providers to be more involved.	More unpaid carers attending sessions	
	Work with Localities to identify training needs across all services working within communities including primary care multi-disciplinary teams	Clear training programme developed as part of Locality planning	
	Working with strategic partners and employing organisations to ensure training is equitable across the HSCP – looking at COMMS, advertising, funding, allocation, collaborative procurement etc.	Clear integrated training programme available across HSCP staff group	
	Ensure training and development is monitored through PDP and CPD processes across three employing organisations	Clear integrated training programme available across HSCP staff group	
	Training sessions delivered on ASP in line with HSCP Adult Support and Protection Improvement Plan	Staff are confident and understand their responsibilities in responding to ASP issues	Ongoing
	Training sessions in partnership with the third sector focused on Self Directed Support	Staff are confident and understand their responsibilities linked to SDS	Ongoing
	Training sessions delivered in partnership with third sector on the needs of carers and the requirements of the Carers Act	Staff are confident and understand their responsibilities linked to Carers Act	To be delivered 2022 – 2023

Attract

Campaigns for recruitment were discussed as ways to attract people to work in the sector and in Clackmannanshire and Stirling. Creative ways of reaching people were discussed, films and case studies, showcasing not only the role, but the impact it has on people's lives. This has had a positive impact on recruitment before and for volunteer recruitment.

Creating **Opportunities** for people was discussed, working with partners within education sector developing pathways such as modern apprenticeships, study for qualifications while working with appropriate team were discussed with enthusiasm and developing closer relationships with students were seen as ways to attract people to health and social care and to Clackmannanshire and Stirling.

Terms and conditions were discussed by all groups. For people working within FVNHS, Clacks and Stirling Councils, pension, holidays, sick pay and wages were hugely beneficial in terms of recruiting. Aligning terms and conditions among third sector and independent sector was also discussed and these will be raised in further engagement and planning.

Priority	Actions	Measured by	Timescales
	HSCP staff are empowered and confident to be ambassadors for their service area	Confident and self-assured staff	
	Delivery of Communication Plan around recruitment, making use of social media and good web presence.	Visits to sites Number of applications Increased numbers of care at home staff	
	Working with partners (Third Sector & Independent) for continuous campaign for recruitment into social care	Increased numbers of staff recruited	
	Working with Stirling University and Forth Valley College to recruit students and newly qualified staff	Increased numbers of staff recruited Gaps in service areas addressed	
	Review of pathways and career opportunities with partners		
	Review opportunities for succession planning within service areas taking account of older workforce		
	Review and promotion of placement opportunities within local authorities Education services and with Stirling University & Forth Valley College		
	Work with local employment partnerships, local providers and third sector partners to offer opportunities for those further from labour market		
	Align Technology First approach to ensure staff and supported people are making the best use of technology		
	Review of terms and conditions		

Employ

Recruitment processes within Clackmannanshire Council, Stirling Council and Forth Valley NHS, differ in terms of policies and procedures and also offer terms and conditions. This complicates the recruitment process and can lead to delay. A review of the recruitment process is required.

There is also an appetite to attract and support people with **lived experience** into our workforce. Their experience and knowledge would be a significant benefit to the HSCP and the people in Clackmannanshire and Stirling. A review of the recruitment process, criteria for applications and development of recruitment pathways through training and accreditation would support this ambition.

More inclusive recruitment for marginalised groups.

Barriers to employment were discussed, these included, cost and availability of child care, public transport network and cost, cost of petrol, mental health and confidence and benefits.

Priority	Actions	Measured by	Timescales
	Clear management structures in place across HSCP delegated services		
	Streamline current processes for recruitment across three employing organisations to ensure quicker advertising of posts.		
	Create opportunities around current processes to encourage employment opportunities for those lived/living experience.		
	Aligning with national guidance around barriers to employment.		

Proposed Workforce planning template for Service Plans

1. What are your current service demands (including recovery requirements and projected Board/HSCP population health needs), and the workforce requirements associated with these?
2. What is your current staffing profile (including quantitative detail)?
3. What is the establishment gap between projected service demand and your current staffing profile?
4. What actions are you taking at a local level, in accordance with the 5 pillars of workforce set out in the Strategy, to support service growth and transformation, in line with your gap analysis (as set out at 3 above)?
5. Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:
 6. Short-term (12 months) workforce drivers focusing on recovery and remobilisation of local health and care services;
 7. Medium-term (12-36 months) workforce drivers focusing on sustaining growth and supporting longer term transformation;
 8. Outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three year plans;
 9. Profile the numbers of staff and new roles required to achieve the above.
10. Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
11. Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
12. Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 8.2

HSCP Transforming Care Board & Transforming Care Plan

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	David Niven, Adult Social Care Portfolio Lead
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:	This report seeks to update the Integration Joint Board on the HSCP Transforming Care Board including how a portfolio management approach is used to deliver the projects and programmes within the HSCP Transforming Care Plan.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) The Integration Joint Board is asked to note the progress made by the HSCP Transforming Care Board in establishing a robust and productive approach to transformation across the delegated functions of the HSCP, especially given that this has been achieved alongside the pandemic response. 2) The Integration Joint Board is asked to continue to support the purpose and remit of the HSCP Transforming Care Board, the approaches used during its operation, and the priorities detailed within the Transforming Care Plan. 3) The Integration Joint Board is asked to approve the presentation of annual assurance reporting on Transforming Care Board activity every September from this point forwards.
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1. Background

- 1.1. Health and social care integration, as laid out in the Public Bodies (Joint Working) Act 2014, sets out the framework for integrating adult health and social care. The framework aims to ensure the consistent provision of quality and sustainable care services for the increasing numbers of individuals across Scotland who need joined-up support and care.
- 1.2. The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) agreed in September 2020 to establish the Transforming Care Board with a portfolio management approach to delivering a robust transforming care agenda across the community health and social care services delegated to the HSCP.

- 1.3. A portfolio management approach is where the totality of significant change initiatives within an organisation are managed centrally, to ensure that scarce resource is allocated efficiently and that the projects and programmes, which sit within the portfolio, are managed effectively to deliver the expected benefits.
- 1.4. The first meeting of the Transforming Care Board took place on 12th November 2020 with a programme of work presented to the group members covering a number of the transforming care priorities. This document was named the Transforming Care Plan. The Transforming Care Plan has continued to evolve and be updated on a regular basis since 2020.

2. Context

- 2.1. The Transforming Care Board has a portfolio definition document which lays out how the board expects to operate in general terms. The portfolio definition document was approved by all of the constituent bodies in advance of the establishment of the Transforming Care Board in November 2020. The HSCP Transformation Portfolio Definition Document is shared to demonstrate to the IJB what has previously been agreed in terms of HSCP Transformation Portfolio Management and can be found as Appendix 1 to this report.
- 2.2. The Transforming Care Board governs a portfolio of programmes and projects which span the HSCP. The programmes and projects are summarised within the Transforming Care Plan. The current version of the Transforming Care Plan can be found as Appendix 2 to this report.
- 2.3. The Transforming Care Board conducts its business in alignment with its Terms of Reference. The Transforming Care Board has committed to reviewing its terms of reference every 18 months and a review was conducted in early 2022. At the May 2022 Transforming Care Board meeting a revised terms of reference was approved by the Transforming Care Board. The current version of the Terms of Reference can be found as Appendix 3 to this report.
- 2.4. The IJBs Annual Internal Audit Report was considered by the Audit and Risk Committee on 31 August 2022 and included a recommendation that 'The Board or appropriate committee should receive formal reports to provide assurance on the delivery of the remobilisation and transformation action plans'. The management response to this recommendation has informed recommendation 3 of this paper. This will require a small further revision in the Terms of Reference for the Transforming Care Board.
- 2.5. The Transforming Care Board governs the delivery of the Transforming Care Plan through quarterly meetings which focus on 'managing by exception' through the escalation of risks and issues identified via quarterly project and programme status reporting.
- 2.6. The Transforming Care Board also governs by inviting a number of current projects and programmes to make presentations at each quarterly meeting

where a wider sense of context, progress, lessons learned, and areas where help is needed can be identified and support provided.

- 2.7. Each project and programme within the Transforming Care Plan has a named Sponsor who holds overall accountability for the project or programme and a Senior Responsible Owner (SRO) who is responsible for the delivery of the project or programme and reports to, and is supported by, the Sponsor.
- 2.8. As the HSCP transformation agenda has progressed, projects and programmes are completed and new ones are identified and added to the plan. Recently added projects and programmes are shaded in pale green while completed projects are archived at the end of the Transforming Care Plan to maintain a record of progress and give perspective on the scale of the work undertaken and completed to date.
- 2.9. The Transformation Portfolio as documented in the Transforming Care Plan clearly represents a significant and complex amount of work that is currently underway which cannot be seen as isolated work streams but rather as a mutual collection of activities which dovetail into a multi-faceted programme of transformation.

3. Recommendations

- 3.1. The Integration Joint Board is asked to note the progress made by the HSCP Transforming Care Board in establishing a robust and productive approach to transformation across the delegated functions of the HSCP, especially given that this has been achieved alongside the pandemic response.
- 3.2. The Integration Joint Board is asked to continue to support the purpose and remit of the HSCP Transforming Care Board, the approaches used during its operation, and the priorities detailed within the Transforming Care Plan.
- 3.3. The Integration Joint Board is asked to approve the presentation of annual assurance reporting on Transforming Care Board activity every September from this point forwards.

4. Conclusions

- 4.1. The Transforming Care Portfolio Board is an exciting development for the HSCP and represents the culmination of significant change for the HSCP over the past few years.
- 4.2. Members are asked to support officers in delivering this dynamic approach and seek regular updates on progress.

5. Appendices

Appendix 1 – C&S HSCP Transformation Portfolio Definition Document
27Aug20 v2

Appendix 2 – v23 CS HSCP Transforming Care Plan – 3Aug22

Appendix 3 – v0.8 – Approved – Transforming Care Board ToR – 12May22

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:	This report does not have an effect on finance
Other Resources:	This report does not have an effect on other resources
Legal:	This report does not have an effect on legal
Risk & mitigation:	This report notes actions within the operation of the Transforming Care Portfolio Board that improve risk management of projects and programmes.
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 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 <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Health & Social Care Partnership

Health and Social Care Partnership Portfolio Definition Document

27th August 2020

1. The need for change

Clackmannanshire and Stirling Health & Social Care Partnership (HSCP) aims to deliver high quality and safe services for our citizens. However, this is currently being done within a context of significant and ongoing pressures; including an ageing population with significant ill health and issues of co-morbidity; increasing public expectations for flexible and person centred services; and a decreasing budgetary envelope.

As such, like HSCPs across Scotland, there is a need and a desire for the HSCP to review how support and care is delivered within the community and seek to transform services to meet public expectations within a context of fiscal responsibility. In addition, whilst care is needs led it is also resource bound, as such delivery of all services must be done in the context of Best Value; ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

In other words, we cannot afford to continue to do what has always been done, there is a need for us to innovate and transform.

Health and social care integration, as laid out in the Public Bodies (Joint Working) Act 2014, sets out the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the increasing numbers of people in Scotland who need joined-up support and care.

However, to achieve this within Clackmannanshire and Stirling there is a need to change 'how' services operate across all elements of the provision of community health and social care services and at the same time supporting effective interface with acute services and joint working with the wider community planning partnerships.

In common with many other public sector organisations a portfolio management approach has been identified as the structure and method via which to organise and implement change within the Clackmannanshire & Stirling HSCP. A portfolio management approach is where the totality of significant change initiatives within the organisation are managed centrally, to ensure that scarce resource is allocated efficiently and that the projects and programmes, which sit within the portfolio, are managed effectively to deliver the expected benefits.

2. What will the change look like?

The HSCP Strategic Plan is the statutory strategic document which sets out the arrangements for the carrying out of the integration functions for the Integration Joint Board and the subsequent delegated authority for operational and planning functions within the HSCP. The Strategic Plan describes how the HSCP intends to achieve, or contribute to achieving, the national health and wellbeing outcomes. <https://clacksandstirlinghscp.org/about-us/strategic-plan/>.

The HSCP vision is to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities. To achieve this vision there are local changes which are required to be made which are not mutually exclusive but are co-dependent.

The key strategic priorities for the HSCP, as laid out in the Strategic Plan are:

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

The key enabling activities for the HSCP, as laid out in the Strategic Plan are:

- Technology enabled care
- Workforce planning and development
- Housing and adaptations
- Infrastructure

The delivery of the HSCP Strategic Plan priorities alongside the delivery of the national health and wellbeing outcomes must be demonstrable through this transformation programme as well as through the HSCP's strategic planning and continuous improvement structures.

There has been a period of intense and focused activity in response to the COVID-19 pandemic, NHS Forth Valley was put into a national emergency response at the start of the pandemic, and the HSCP continues to deliver frontline community health and care services within that emergency context.

However, the collaborative process established pre-COVID with the HSCP Senior Leadership Team and Stirling based portfolio support staff, has been re-established, and further developed with Clackmannanshire and NHS Forth Valley transformation leads, with the aim of identifying the priority areas of significant change that need to be made to deliver on the priorities of the Strategic Plan. These are known as Transformations - distinct changes to the way an organisation conducts all or part of its business.

Some changes will be best made through gradual processes of evolution or iteration, and this is generally referred to as Continuous Improvement. Continuous Improvement is not the focus of this work. The focus of this work is the delivery of Transformational Change via a Portfolio Managed approach.

A portfolio managed approach is where transformations are expressed in terms of the benefits that we wish to achieve. Benefits can range across a variety of categories: from qualitative such as improved service user experience, to quantitative such as numbers of people receiving preventative/early interventions, or realisable cash savings.

Depending on the complexity of the benefits to be achieved a transformation will be developed as either a project or a programme.

- A Programme is a temporary flexible organisation structure created to coordinate, direct and oversee the implementation of a set of related projects and activities in order to deliver outcomes and benefits related to the organisation's strategic objectives. A programme is likely to have a life that spans several years.

- A Project is a temporary organisation that is created for the purpose of delivering one or more business outputs or benefits in accordance with an approved business case. A particular project may or may not be part of a programme and usually has a shorter duration than a programme.

Both Programmes and Projects have agreed methodologies for ensuring that they are delivered as planned and a significant element of this is the use of governance systems. Governance ensures that projects, programmes, and benefits have 'owners'. That progress is tracked closely, and that any issues encountered, changes required, or risks that materialise, are addressed within financial tolerances or escalated appropriately within the governance hierarchy for decision making. In some cases, it is the correct governance decision to close down a project or programme before it is finished because it is not delivering the benefits expected or because the benefits are no longer needed.

3. Transformational Changes will be articulated through Programme Briefs

Once projects and programmes have been identified and prioritised within a wider portfolio definition process in terms of the general benefits that they are likely to deliver, the next step is to develop Programme Briefs. This is the stage that the Clackmannanshire & Stirling HSCP Portfolio is now entering into. The generalised areas of benefit creation have been identified as named projects and programmes and the next steps are to identify owners, develop programme briefs, and project business cases.

The Programme Brief makes the case for the allocation of resource to the development and delivery of the programme as well as articulating the justification for the proposed projects and activities within the programme and how they will deliver, track, and measure the expected benefits.

The proposed first tranche of programme briefs and project business cases to be developed within this HSCP Portfolio will be detailed in section 8 Routes Forward below.

4. Governance

The Integration Joint Board has delegated responsibility for the oversight of Transformation to the Finance and Performance Committee. The Transforming Care Board is the Portfolio Level Board that will govern the identification, definition, delivery and closure of Transformational Programmes and Projects and will be the long term monitoring body for the realisation of benefits beyond the lifetime of the projects and programmes. This benefits monitoring includes presenting benefits within a dashboard of performance information and ensuring that benefits (especially financial benefits) are not being double counted. The Transforming Care Board reports into the Integration Joint Board via the Finance and Performance Committee.

A draft Terms of Reference has been produced for the Transforming Care Board and the first meeting of the Board is planned for Thursday 12th November 2020 at 2pm.

The Chair of the Transforming Care Board will be Annemargaret Black, Chief Officer of the HSCP and the Board membership includes the Chief Executives of each of the constituent bodies, The Chief Finance Officer of the HSCP, and the Chief Finance Officers of each the constituent bodies.

5. Funding and Resourcing

It is expected that some of the HSCP transformation projects and programmes will require investment at the outset to enable the generation and delivery of the expected benefits. Securing dedicated resources to enable transformation will require clear and robust evidence for change outlined within the programme briefs and project business cases.

The pump priming transformational investment required may come from a variety of sources including directly from constituent bodies or the Scottish Government. However, the benefits to be realised will be accrued directly by citizens, patients and services users across Clackmannanshire and Stirling and/or within constituent bodies.

It is recognised that the Transformation Programmes and Projects will be reporting to the constituent bodies as well as the Transforming Care Board because there are shared and mutually inclusive transformation priorities across the whole system. The HSCP Transformation Care Board requires to have all the necessary approvals from the Integration Joint Board and delegated resources in place to progress the transformation programme successfully.

A practical example of why a whole systems approach is required would be the continued need for a new social work recording system across Clackmannanshire and Stirling. The current Transformation Project around the replacement Social Care Recording System and the implementation of the project has required additional project management resource to be committed over a number of years and capital investment from both Clackmannanshire and Stirling Councils. Meanwhile the majority of the workforce to use the new system work within the HSCP, children's social work and criminal justice within two Councils. As such the Integration Joint Board, with representation from all three constituent bodies, needs to have oversight through the Transforming Care Board and must be assured that the expected benefits are realised. The result is that at least three portfolio level boards have a significant interest in the project (the Transforming Care Board, Clackmannanshire's Be the Future Board, and Stirling's Future Board). It is likely that these circumstances will be replicated for many of the transformations required over the years to come.

From a Stirling Council perspective any additional resources required for Programmes or Projects within the Adult Social Care Portfolio could only be resourced through navigating the appropriate channels at the Stirling's Future Board (SFB) to access the Risk Fund. This would involve conforming to the same portfolio management practices as outline in this Portfolio Definition Document.

It is important to note that some time will be required to navigate the necessary governance routes successfully to get any programme or project to implementation stage. This should contribute to increased confidence on behalf of those sponsoring the transformation agenda that investments can be made with confidence and that expected benefits will be delivered.

6. Risk Management

The Transforming Care Board will hold a Portfolio Risk Register for the HSCP Portfolio. This will be populated via two means

- 1) As a description of the sum of all of the Project and Programme Risks.
- 2) Through periodic Portfolio Board level risk identification exercises. Appropriate mitigations will be developed for risks and escalation routes communicated to programmes and projects.

7. Reinvestment in Transformation

It should be an aim of all transformation programmes and projects to plan and organise efficiency benefits derived from their activity in such a way that the investment made in advance is recouped to drive the next cycle on transformation investments.

8. Routes Forward for Programmes and Projects within the HSCP Portfolio

It is recognised that some of the work detailed below may have already begun, as a result of being accelerated in response due to the COVID-19 pandemic, but it is hoped that its incorporation into the portfolio management approach outlined above will be seen to add value.

Recent work with Wendy Forrest, HSCP Head of Strategic Planning and Health Improvement, has outlined the first tranche of priority programmes and projects within the portfolio and these are detailed below.

David Niven and Sophie Coles have been employed by Stirling Council to support and enable the portfolio management approach at the HSCP.

NHS Forth Valley is recruiting additional improvement leads to work to support both HSCPs in NHS Forth Valley and links have already been made by the HSCP with the Transformational lead in Clackmannanshire Council.

In addition, the HSCP has a dedicated Service Improvement lead aligned to strategic planning to support service improvement and change across integrated services – this work is separate from Transformation Portfolio however the outcomes and impact will be co-dependent.

The HSCP has also been able to access additional support from iHub to support dedicated areas of transformation and change.

The underpinning priority for the HSCP is to define and agree an integrated model of care; which requires to be legislatively compliant in terms of statutory assessment, care management and review processes as well as providing assurance of compliance with statutory reporting to Integration Joint Board, Scottish Government and various scrutiny bodies including Audit Scotland and the Care Inspectorate.

The following portfolio represents the various strands of work initially prioritised to meet current requirements, but which also align to the agreed strategic priorities of the HSCP. This programme will form the basis for the activity and reporting to the HSCP Transforming Care Board during its early stages and it is expected that the portfolio will develop further during the next 12 months.

HSCP Transformation Portfolio Plan

Please see current version of the Transformation Plan attached as Appendix 2 to the IJB Report 21Sept22.

Glossary

Portfolio: A collection of projects or programmes and other work that are grouped together to facilitate effective management of that work to meet the organisation's Strategic Objectives.

Portfolio Management: Centralised Management of all of the contents of the Portfolio. This involves Identifying, Prioritising, Authorising, Managing, and Controlling all of the portfolio activity.

Define the purpose, staffing, governance and processes of your portfolio.

An organisation's Transformation Portfolio represents its strategic intent and direction. To a large extent it is the portfolio that makes strategy come alive and enables the organisation to reach its stated goal.

Transforming Care Board (TCB)
HSCP Transformation Plan
v23 – 3 Aug 2022

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
Care closer to home	Adult Social Work Review	Review of assessment and review processes within adult social work	The review of adult social care proposed a number of recommendations to improve performance. Following development of a high level pathway some initial procedural changes have been implemented in Clackmannanshire and dates are now in the diary for training frontline staff across the HSCP from late August 2022.	Quality Improvement. (Better outcomes for individuals and increased choice and control.)	Mar 23	Yes	Carolyn Wyllie	Bob Barr
		Establish HSCP Commissioning Consortium	A programme of work is ongoing to deliver on the single HSCP wide commissioning approach	Quality Improvement (Cash Releasing	Mar 23		Wendy Forrest	Jennifer Baird

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			within the Commissioning Consortium.	through improved reviews).				
		Review and Refresh approach to SDS across Clackmannanshire and Stirling	SDS Project Plan has been developed through the SDS Steering Group and has been submitted to the IJB for approval. Staff Forums have been established and SDS training will be rolled out across the HSCP from Sept 22. An asset based assessment tool continues to be developed including consultation with staff/partners for initial feedback.	Legislative Compliance and Quality Improvement	Dec 22	Yes	Wendy Forrest	Emma Mitchell
		Transformation of Carer Support through Carers Investment Plan	Carers' Investment Plan agreed by Carers Planning Group. In order to meet current pressures a recovery plan for carers is being developed. This will align to the Commissioning Consortium for Carers.	Quality Improvement	Aug 22		Wendy Forrest	Carers Lead (once in post)

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			Carers Lead post currently within recruitment process pending final approval in Clackmannanshire.					
	Care Homes and integrated Housing Programme	Re-provision of Menstrie House. Re-provision to provide appropriate model that reflects client group needs.	Meeting planned with Tony Cain (Clackmannanshire Housing) and HSCP colleagues around the reprovision of Menstrie House. This project is also reliant on the establishment of the Housing Health & Social Work Policy post.	Quality Improvement	Project implementation post Apr 23. Benefits realised post project delivery (Oct 24).		Wendy Forrest	Caroline Robertson
	Care Homes and integrated Housing Programme	Provision of Extra Care Housing	A proposal has been shared with Transformation leads within Clacks and Stirling Councils for Transformation Funding for capacity to conduct the scoping. Route to progress this work is via the establishment of the Housing Health & Social Work Policy post.	Quality Improvement and potential Cash Releasing	Apr 22 – Apr 24		Wendy Forrest	Stephen Clark & Tony Cain

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
	Care Homes and integrated Housing Programme	Housing Adaptation Programme	Route to progress this work is via the establishment of the Housing Health & Social Work Policy post.	Quality Improvement (Outcomes for individuals)	Apr 22 – Apr 2024		Wendy Forrest	Stephen Clark & Tony Cain
	Partnership wide AHP Pathway Redesign	Pathway Redesign across AHPs – including aligning with assessment & review process	This project has been re-established recently led by Shiona Hogg. Initial engagement with OTs has been carried out, a project group has been identified as well as initial timelines. There is clarity about the likely benefits of this project and risk identification and scoring has been undertaken. Links have now been established with NHS FV QI team.	Quality Improvement (Better Outcomes for individuals)	Dec 22	Yes	Carolyn Wyllie	Shiona Hogg / Heather Fraser
		RAPID Response Service Development	SLWG established and meeting weekly. Recruitment process started with Falls Lead Post and Rural Team Leader closing dates reached. Recruitment videos being produced with aim of	Quality Improvement (Better Outcomes for individuals) and potential for cost avoidance	Oct 22	Yes	Carolyn Wyllie	Judy Stein

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			advertising Care Support worker posts in mid-Aug 2022. Training, Accommodation and Equipment requirements currently being collated. Performance framework in development.					
		Rural Care at Home Team	SLWG established and meeting weekly. Rural Team Leader interviews on 17th August 2022. Work ongoing with Urban Team Leader to establish staff required for budget attributed in business case. Recruitment videos being produced for job adverts. Aim to advertise Care Support Worker posts alongside the RAPID project in mid-Aug.	Quality Improvement (Better Outcomes for individuals)	Oct 22	Yes	Carolyn Wyllie	Judy Stein
		Health Improvement	Task and finish group has been established to bring forward recommendations on the model of Health Improvement and Health	Legislative compliance - Public Bodies (Joint	Proposals to go to IJB in Sept 22.		Annemargaret Black	Wendy Forrest

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			Promotion across the two HSCPs. This paper has not gone through NHS Forth Valley operational processes before coming to the IJB so deadline will require to be reviewed.	Working) Act 2014				
		Medicines Optimisation	Supported via the NHS FV Corporate PMO. Oversight via Medicines Optimisation Board (MOB) & Primary Care Medicines Resources Group. A fresh programme of proposed medicines efficiencies for 2022/23 was tabled at the March 22 MOB meeting with initial focus on non-medicines prescribing, Respiratory formulary review, Scriptswitch and care home drugs management. The respiratory formulary review is expected to be completed by September 2022 (review in Mid-July	Cash Releasing – minimum £0.5m savings for 22/23.	Aim to bring prescribing budget into balance over time. Further consideration of invest to save proposals to generate savings from invest to save reserve.	Yes	Scott Urquhart	Laura Byrne / Ewan Murray/ Dr Scott Williams

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			with ratification by ADTC in ~September 2022) Further tariff adjustments anticipated in 2022/23 to deliver additional benefits.					
Caring and connected communities	Systems, TEC, & e-Health Programme	Re-provision of Social Work Recording System	There continues to be dialogue between the two Councils to ensure the implementation of a joint project, however there are areas of focused work to be completed for each Council's procurement and legal positions.	Quality Improvement, (potentially some cash releasing dependant on results from completed outline business case).	Proposal for a presentation to the TCB in Aug 22 was delayed at request of council officers	Yes	Annemargaret Black, Isabel McKnight, & Fiona Colligan	Wendy Forrest
	Systems, TEC, & e-Health Programme	Analogue to Digital MECS Switchover	Capital Funding for 18 month rollout of Digital MECS equipment within supported peoples' homes now secured in both Clackmannanshire & Stirling. Project staff recruitment is in progress and so is procurement. Staff expected in place and procurement completed,	Quality Improvement	Apr 24	Yes	Carolyn Wyllie	Judy Stein

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			enabling equipment roll out to commence Nov 22.					
	Systems, TEC, & e-Health Programme	Increased use of TEC (Technology Enabled Care) and e-Health	TEC Post has been evaluated across the partnership with Stirling Council as HR Lead. Advertisement as secondment imminent. Redesign of MECS is also included within this project.	Quality Improvement and potentially Cash releasing	Aug 22	Yes	Carolyn Wyllie	Shiona Hogg
	JLES Equipment Programme	Review of the provision of JLES (Joint Loan Equipment Store)	A joint working group is being established with NHS FV, two HSCPs, and Scottish Government with a finance sub group to be established. A draft work plan is in place for implementation.	Quality Improvement	Update expected at Nov 22 Transforming Care Board	Yes	Wendy Forrest	Shiona Hogg
	Westmarc	Commissioned service for all wheelchair services.	Review commissioning arrangements for the HSCP. Review scope, monitoring arrangements and value from contractual arrangements.	Quality and aim to bring service in line with budget.	Apr 23		Wendy Forrest	Jennifer Baird Shiona Hogg
	Effective demand	Establish effective early	Work ongoing to expand and refresh range of HSCP	Quality Improvement-	Apr 23	Yes	Wendy Forrest	Lesley Shaw

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
	management and signposting within the community	intervention model linking people with third sector and community supports.	services listed on Scottish Services Directory. This requires a dedicated role to oversee this area of work on an ongoing basis.	including improvement in self-management and prevention leading to reduced draw on formal services.				
	Effective demand management and signposting within the community	Locality Planning	Locality planning network groups have been established across our three localities: Clackmannanshire, Stirling (urban) and Stirling (rural), each with an elected chair and have adopted Terms of Reference for the group. Each meeting attracted an average of 50 attendees who shared in the vision of the group and discussed what they supported, their health and wellbeing, and what opportunities there are to improve	Quality Improvement with possible medium term Cash Releasing Benefits	Apr 22 – Locality Network Plan Meetings Established. Locality Planning Networks and Plans covering next 3 years available by Dec 22.	Yes	Wendy Forrest	Lesley Shaw

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			services/access to services in localities. Each group will meet bi-monthly until each locality have a plan of action and then meet quarterly thereafter to monitor.					
	Intermediate Care, Care at Home, and Reablement Programme	Belfield Centre & CCHC (Clackmannanshire Community Health Centre) Redesign	Following the conscious decision to pause this workstream due to sustained covid pressures and acute discharge demand this workstream is being re-initiated. There have been significant changes and efficiencies since the previous iteration of this project. Recent progress includes Belfield Manager post now filled and stabilising the strained workforce. Next steps include undertaking realistic specification of the future model of care required and	Quality Improvement and Cost Avoidance (with possible Cashable Savings to be confirmed)	Impact of changes being planned now during 22/23 will have effect in 23/24. Full scale of expected impact will require further modelling.	Yes	Carolyn Wyllie	Barry Sneddon and Avril Magill

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			associated delivery planning.					
		Hospital Discharge Redesign	Project Plan currently in development. This project is reviewing the processes around the patient journey from the front door of acute services, through to their return to a homely setting, with the purpose of identifying opportunities for improvement. This aligns with Discharge without Delay and Rapid team Development.	Quality Improvement - including both efficiencies and better outcomes for individuals.	Timeline to be determined alongside project plan	Yes	Carolyn Wyllie	Barry Sneddon
Primary care transformation		Test the model of Community connectors within Clackmannanshire with GPs and Third Sector Interface	The Community Link Workers (CLWs) started on 19 th July. Agreeing data sharing agreements with Practice Managers. Data/referral management will use TSI/SCVO customer management system which is being used by Inverclyde CLW presently. Training by SCVO has been provided.	Quality Improvement through prevention	Quality improvement and wider system impacts emergent and measurable by Apr 23	Yes	Wendy Forrest	Anthea Coulter & Lesley Shaw

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			CLWs will be undertaking a long lead in period to ensure all partners are happy with arrangements. Proposed that CLWs will go live second week of September.					
		Secure additional leadership capacity to bring forward an improvement plan to align all primary care and community services as well as continuing to develop relationships and ways of working with acute service colleagues.	Further work required to commence. New Northwest GP Cluster Lead and Clinical Lead for Stirling is Kathleen Brennan.	Quality Improvement - Likely benefits flowing from expert medical generalists and multi-disciplinary teams.	Timescale requires further discussion and consideration as a result of current extreme system pressures.		Scott Williams	Kathleen Brennan, James King

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
Mental Health		Community Mental Health Review	This will be undertaken by the new head of Mental Health once they are in post.				Head of Mental Health	Nicola Cochrane
		Learning Disability Review	<p>A process of the review of the model of care is underway across both Clacks & Stirling.</p> <ol style="list-style-type: none"> LD Day Services to be redesigned to provide a range of services that meet the needs of service users. Focus on developing community alternatives to traditional building based approaches and achieving positive outcomes for service users consistent with Self Directed Support and the Keys to Life national strategy, and the National coming home report. 	Quality Improvement & Cost Reducing per 22/23 Budget	Oct 23		Carolyn Wyllie	Nicola Cochrane

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
			3. Feasibility study on establishing stand-alone Social Enterprise					
Enabling Activities	Workforce Planning & Development	Integrated Workforce Plan	Following engagement across the three employing organisations the Draft Strategic Integrated Workforce Plan was submitted to Scottish government on 31 st July 2022. Further engagement is planned with Clinical and Social Work leads and presentation to Aug 22 TCB. This will lead to further iterations of the plan and associated financial planning.	Quality Improvement	Oct 22	Yes – Support services record information differently in each org.	Wendy Forrest	Kelly Higgins
New Items to be added for next TCB meeting								
Benefits Tracking – Include final removal date								
Archive – projects removed from Benefits Tracking once removal date passed								

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
	Intermediate Care, Care at Home, and Reablement Programme	Best Value Review of Care at Home	The Care at Home report has been completed and approved by the sponsors. Further executive and political discussions required.	Quality Improvement	Final report approved Jun 21. Removal Date: Feb 22	Yes	Annemargaret Black, Carol Beattie, Nikki Bridle.	Susan Bishop
	Care Homes and integrated Housing Programme	Consultation on the model of care for Rural Southwest Stirling	Final consultation report was presented at the Strategic Planning Group on 26 th of May followed by IJB meeting on 16 th June 2021. All recommendations approved including closure of Strathendrick House Care Home.	Cost Avoidance - £500k p/a.	Jul 21 Cost Avoidance modelled as noted in budget £625k. Removal Date: Jul 22	Yes	Carolyn Wyllie	Linda Melville
	Care Homes and integrated Housing Programme	Re-provision / de-commission of Beech Gardens and Allan Lodge.	Beech Gardens closed on 30 Jul 21 as planned. Process to hand Allan Lodge and Beech Gardens keys back to Stirling Council is underway.	Cost Avoidance	Aug 21 Removal Date: Aug 22	Yes	Carolyn Wyllie (Stephen Clark for Future Work)	Linda Melville
		Adult Support & Protection	Draft improvement plan developed and shared with partners within the ASP	Quality Improvement	Mar 22	Yes	Carolyn Wyllie	Caroline Robertson

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)
		Improvement Plan	improvement group. Deliver the ASP Inspection Improvement Plan response by end Mar 22.		Removal Date: Aug 22			
	Care Homes and integrated Housing Programme	Care Homes Assessment and Review Team (CHART)	Team is now fully staffed. Investment for this was approved in the May'21 budget funded through covid consequential – requires recurrent funding solution to be built into 22-23 Revenue Budget.	Quality Improvement	Apr 22 Removal Date: Aug 22	Yes	Carolyn Wyllie	Caroline Robertson
	Hospital at Home	Enhanced Multidisciplinary Care Team in the Community; integrated community team focused on prevention of admission (Hospital at Home)	Team enhanced with additional resource - including geriatricians - during the emergency response to the pandemic – analysis of impact ongoing. Activity and performance monitoring evolving including tracking the impact on occupied and avoided bed days.	Quality Improvement (patient safety, health, and experience)	Jan 22 Team in place – 28/9/21 Removal Date: Aug 22	Yes	Annemargaret Black	Claire Copeland

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Owner)

Transforming Care Board

Terms of Reference

CHAIR	Annemargaret Black, Chief Officer, Clackmannanshire & Stirling HSCP
VICE CHAIR	Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
ATTENDING	<p>Carol Beattie, Chief Executive, Stirling Council Nikki Bridle, Chief Executive, Clackmannanshire Council Cathie Cowan, Chief Executive, NHS Forth Valley George Murphy, Interim Chief Finance Officer, Stirling Council Lindsay Sim, Chief Finance Officer, Clackmannanshire Council Scott Urquhart, Director of Finance, NHS Forth Valley</p> <p>Susan Bishop, Head of Efficiency, Improvement and Innovation, NHS Forth Valley Fiona Colligan, Strategic Director (Transformation), Clackmannanshire Council Tom Rennie, Transformation Lead, Stirling Council Sharon Robertson, Chief Social Work Officer (CSWO), Clackmannanshire Council Marie Valente, Chief Social Work officer (CSWO), Stirling Council Scott Williams, Deputy Medical Director, Primary Care, NHS Forth Valley Kathleen Brennan, Northwest GP Cluster Lead and Clinical Lead for Stirling, NHS Forth Valley James King Clinical Lead for Clackmannanshire, NHS Forth Valley Wendy Forrest, Head of Strategic Planning & Health Improvement, Clackmannanshire & Stirling HSCP Carolyn Wyllie, Head of Community Health & Care, Clackmannanshire & Stirling HSCP Bob Barr, Locality Manager, Clackmannanshire & Stirling HSCP Shiona Hogg, AHP (Allied Health Professional) Lead, Clackmannanshire & Stirling HSCP Caroline Robertson, Locality Manager, Clackmannanshire & Stirling HSCP Lorraine Robertson, Chief Nurse, Clackmannanshire & Stirling HSCP Judy Stein, Locality Manager, Clackmannanshire & Stirling HSCP Anthea Coulter, Chief Executive, Clackmannanshire CTSI Natalie Masterson, Chief Executive, Stirlingshire Voluntary Enterprise David Niven, Adult Social Care Portfolio Lead, Stirling Council Programme and Project Manager/s (as requested)</p>

The meeting shall be deemed to be quorate where each Constituent Partner is represented by a minimum of either the Chief Executive or Director of Finance / Chief Finance Officer. In such a case where neither the Chief Executive nor Director of Finance / Chief Finance Officer from a Constituent Partner can

attend, it is the Constituent Partner's responsibility to ensure that a substitute with full decision making responsibilities is identified and attends the meeting.

MANDATE & STRATEGIC DIRECTION

The Transforming Care Board receives its mandate and strategic direction from, the Clackmannanshire & Stirling Integration Joint Board (IJB).

PURPOSE

To provide appropriate governance and ensure delivery of the Health & Social Care Partnership's (HSCP) Transformational Objectives as directed and/or delegated by the Integration Joint Board / Finance & Performance Committee;

To provide advice, feedback, and approval on transformational opportunities that will achieve improved service user outcomes and quality improvement as either short, medium and/or long term opportunities which are anchored back to the Strategic Commissioning Plan;

To successfully manage and prioritise change activity with particular focus on transformation delivery, ICT supply, risk management, personnel, regulatory, budgetary and performance issues as delegated by the Integration Joint Board / Finance & Performance Committee;

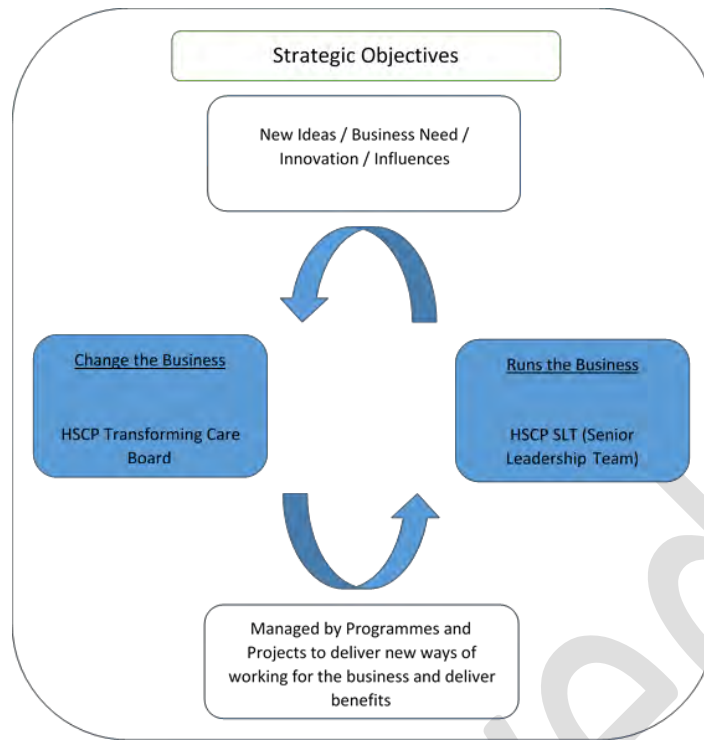
To ensure benefits realisation is maximised and delivered successfully. This will be achieved by ensuring that benefits are identified, reviewed, and updated throughout the project lifecycle. In particular project planning and delivery decisions should be driven by their impact on benefits realisation;

To ensure all regulatory and internal/external audit requirements are met in terms of the transformation portfolio, programmes and projects (i.e. Audit Scotland Transformation reviews, Gateway Reviews from Scottish Government/Centres of Excellence etc.).

REMIT

- Primarily this Board is to operationally manage the totality of change across the HSCP, report progress and apply direction sought from the Integration Joint Board and associated committee/s;
- Ensure progress is reported to the Integration Joint Board and/or associated committee/s (as appropriate);
- Ensure actions issued by the Integration Joint Board and/or associated committee/s (as appropriate) are implemented;
- Accountable for ensuring that all change activity within the Portfolio aligns to HSCP strategy and delivers projected benefits whilst maintaining operational performance;
- Accountable for ensuring that the Portfolio of Change in striving to achieve our areas of focus, is aligned to our collective commitments and Transformational Objectives;
- Support Senior Responsible Owners by ensuring enabling functions are providing the necessary support (i.e. Finance, ICT, HR, Quality and Organisational Development).
- Monitor and/or provide decisions on new or emerging issues relating to the Change Portfolio as required.
- Monitor, review and/or provide decisions on emerging risks to the Change Portfolio.
- Maintain visibility of the financial management of the overall Portfolio, including allocation of new monies as per approved Governance process for Business Cases.

- Maintain visibility of the overall Portfolio performance, with a particular focus on interdependencies and projected benefits (both financial and non-financial).
- Provide approval for the implementation of programmes in the Change Portfolio within agreed timescales, as required, for those within delegated authority.
- Support and Guide projects and programmes of change to secure all of the necessary approvals within both the HSCP governance framework and where appropriate via the governance routes within the necessary constituent body/bodies. The TCB will act as the Hub for coordinating all of the necessary approvals across the constituent bodies and will provide the final confirmation that all governance approvals are in place before HSCP projects and programmes may be initiated.
- Provide scrutiny and ensure accountability is being maintained by Sponsors, and ensure responsibility is being maintained by Senior Responsible Owners.
- To establish a regular forum and mechanism to manage and co-ordinate the prioritisation of 'in flight' change activity (programmes and projects).
- Accountable for ensuring that the ongoing Change Portfolio is regularly assessed and Programmes/Projects are stopped if deemed to no longer align with the strategy and/or are no longer going to be providing the agreed expected benefits.
- Ensure that we continue to consider and implement, where appropriate, public sector best practice change processes.
- This board will also focus on the business change aspects of transformation, focusing on how we work and ensure that we deliver and embed new ways of working and a different culture across the Health & Social Care Partnership. (i.e. manage and govern organisational change).
- Design the Target Operating Model for the HSCP and then scrutinise its delivery.
- Ensure compliance with Scottish Government's Centre of Excellence for Portfolio, Programme and Project Management. This includes the commissioning and initiation of periodic reviews into the functioning of the TCB itself to ensure that good practice is being developed and that all available lessons are being learned as this new, integrated, and complex, governance environment beds in. A review of the functioning of the TCB should be carried out within approximately 18 months from the date of the first meeting.
- Manage all escalation from Constituent Body Programme Boards.
- The Transforming Care Board focuses on the transformation of the HSCP including Target Operating Model, Programmes and Projects. This neatly ties in with and compliments the HSCP SLT (Senior Leadership Team which runs the business. The link between these two boards can be seen in the diagram below:-



LEVELS OF APPROVAL Decisions on Portfolio, Programme and Project Management, finance, savings issues, performance management, and risk management.

SECRETARIAT TBC

FREQUENCY Meetings held every 3 months, prior to IJB Finance & Performance Committee.

ESCALATION ROUTE From Transforming Care Board to Finance & Performance Committee and on to Integration Joint Board as appropriate.

On certain occasions where escalation requires action from outwith the Delegated Authority of the IJB, escalation routes via the appropriate portfolio boards within the constituent bodies and on through constituent body governance/escalation routes may also be required. In such circumstances it is likely to be appropriate that the Transforming Care Board acts as a hub where all of the necessary escalation and approval activity is coordinated with the aim of getting to the point where issues are resolved to the satisfaction of all parties or all of the approvals required to enable progress are proven to be in place.

DELEGATES TO Senior Responsible Owners, Heads of Service, Locality and Service Managers.

Version	0.8
Status	Approved
Date	25 Apr 2022
Approved	TCB – 12 May 2022

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 8.3

Update on the Delivery Plan for the Alcohol and Drug Partnership

For Assurance

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Simon Jones, ADP Lead 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 provide an update to the Integrated Joint Board on the implementation of the Delivery Plan for the Clackmannanshire and Stirling Council Alcohol and Drug Partnership.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the content of the report. 2) Seek for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.
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1. Background

- 1.1 Clackmannanshire and Stirling ADP Lead Officer has been meeting with existing and new ADP partners and reflecting on how the Alcohol and Drug Partnership's work can be delivered to benefit partners and focus on the needs of people with, or at risk of, substance use issues.
- 1.2 As a result of feedback from partners, the ADP has committed to explore how it can involve people with lived and living experience in oversight of its work and to enhance its strategic planning function.

2. Considerations

- 2.1. In line with the commitments of the Delivery Plan, The Alcohol and Drug Partnership (ADP) has been focused on key activities:
 - 2.1.1. Providing the leadership to ensure services are continuing to work collectively to meet increased demand for substance use services;
 - 2.1.2. Continuing work to ensure that the Medication Assisted Treatment (MAT) Standards are fully embedded in practice.
 - 2.1.3. Supporting the development of our strategic response to substance use harms through coordinating the ADP Sub-groups on alcohol harms, drug harms, justice and children, young people and families.

- 2.1.4. Establishing the practical basis for a collaborative and informed ADP Commissioning Consortium and ensuring stability among commissioned organisations as this takes place.
- 2.1.5. Planning with partners how we can meet the new Scottish Government target on community treatment.
- 2.2. The MAT Standards were developed through the Scottish Government's Drug Deaths Taskforce and published in May 2021. The 10 Standards guide service development for people whose treatment for substance use issues includes medication. Scottish Government and Public Health Scotland have requested Integrated Joint Boards to oversee development of services in line with the standards, through ADPs.
 - 2.2.1. Groups dedicated to planning for each of the MAT Standards have been established now by the project team, with ADP input as required. These groups are coordinating platforms for operational changes, reflecting the demands of Public Health Scotland's (PHS) two benchmarking reports which illustrate where progress needs to be made by April 2023.
 - 2.2.2. MAT Standards 1-5 are the focus for improvement at this time, in line with national expectations. These are the standards directly related to substance use treatment and access to MAT. Expectations from Public Health Scotland are for implementation of these standards by April 2023, evidenced by policies and processes, supported by numerical and experiential data gathered from services.
 - 2.2.3. The project team is taking a Quality Improvement approach to this work to ensure implementation of the MAT Standards is sustainable in the longer term and leads to practical change in services delivering MAT. This involves input from two QI-trained experts who are guiding the project as a whole, in consultation with ADPs and the relevant services.
 - 2.2.4. Development and sign-off of a MAT Implementation Plan will take place by the end of September 2022 and will detail steps towards implementation and embedding in response to the benchmarking reports by PHS. These will be presented to and signed off by Chief Officers, with future reporting on a quarterly basis to Scottish Government and IJBs.
- 2.3. Supporting the development of our strategic response to substance use harms through ADP Sub-Groups. These bi-monthly groups are open to all, partners are invited to contact the ADP Lead Officer for details:
 - 2.3.1. **Alcohol Harms Group** considered the recent annual release of alcohol-specific deaths statistics for Scotland, 2021. This data showed the continued upward trend in deaths averaged over the past 5-years, in Clackmannanshire and Stirling, as in the rest of Scotland. Conditions implicated in such deaths include alcohol-related liver disease and diagnosed psychiatric conditions such as alcohol use disorder. Prevention requires intervention much earlier in a person's life, before physical

damage becomes life-threatening. The Alcohol Harms Group's most recent meeting began developing a visual outline of services available in our area, the first step to planning interventions through the commissioning consortium which can reach people before their lives are threatened.

2.3.2. Children, Young People and Families: this group is focussed on the audit of available family supports, as required of ADPs under the Whole Family Approach framework published in December by Scottish Government. This will involve gathering experiences of families, staff and strategic planners to inform an implementation plan, intended for sharing early 2023. Services will be requested to take part in a self-assessment as per the national guidelines, with staff and families' experiences shaping our strategic response in the coming years. ADP has supported the Forth Valley Family Support Service, provided by Scottish Families Affected by Alcohol and Drugs, for several years and will aim to expand on this offer, with targeted support for professional teams to improve family-inclusive practice and reduce discrimination and stigma across communities.

2.3.3. Drug Harms Group: This group's coming meeting will feature discussion of the recent Drug-related deaths publication by National Records for Scotland, showing that 5-year drug-death trends in Clackmannanshire and Stirling mirror the wider Scottish experience, with the rise in numbers each year appearing to have ceased but levels overall remaining around double those seen 8 years ago. This group will be a focal point for coordinating the ADP's response among partners, including the support of more comprehensive harm reduction initiatives for people regardless of their circumstances or treatment status.

2.3.4. Justice Group: This group was requested by colleagues working in justice settings and will allow the ADP to coordinate alongside the Community Justice Partnerships and other partners, including Police Scotland and Scottish Prison Service, to ensure our work and investments align with their priorities to reduce harm from substance use in these areas. ADP is currently working to support throughcare for people in recovery who are being liberated from prison and inputting into Community Justice Partnerships. We intend to use the next Justice Group meeting to reflect on successes and consider how these can be learned from in future.

2.3.5. In addition to the above a group on housing and homelessness is planned, having been requested by partners in these areas. Work is currently underway with housing teams and others in Clackmannanshire to support the development of a policy on Naloxone for Clackmannanshire Council, in collaboration with the Community Justice Partnership.

2.4. The ADP has been preparing for its initial commissioning consortium meetings from September 2022 onwards. This approach, already in development across the HSCP, will enable us to further develop a rights-

based, recovery-oriented system of care for people at risk of substance use harms.

2.4.1. An initial meeting of the ADP commissioning consortium will be held in September 2022. Discussions have taken place with the Falkirk ADP to examine how we can work collaboratively on projects which necessarily operate across the region, while allowing for adaptations to models of care at locality level as required by evidenced need.

2.4.2. Under current arrangements Change Grow Live (CGL), a national third sector provider, deliver the majority of commissioned work alongside specialist teams in the NHS, and other third sector commissioned organisations. Managing caseloads across the system has been complicated by recruitment and retention challenges in some organisations, compounded by changes in behaviour among people seeking support.

2.4.3. The continuing review of ADP Data sharing and handling will establish the conditions for more open and collaborative decision-making. This will also be facilitated by increased qualitative data gathering of people's experience of care and support.

2.5. The Scottish Government announced a new target for community treatment, asking ADPs to coordinate local efforts.

2.5.1. The new target calls for a 9% increase of people receiving Opioid Substitution Therapy (OST) by April 2024. This amounts to an increase of around 60 people, based on estimates by Public Health Scotland. The rationale for increasing the number of people in OST is that research by the Drug Death Task Force has shown being in treatment to be a protective factor against drug-related deaths.

2.5.2. Communication from Scottish Government and Public Health Scotland regarding this target, and other national priorities, has at times caused confusion. ADPs were requested to project the increase in people receiving OST in the community before also being able to plan to improve treatment and care through the MAT Standards. Our return to Scottish Government on the treatment target stressed the importance of undertaking both simultaneously to ensure high standards of care for people regardless of their time in treatment. This was amenable to Scottish Government, and we can update our figures as we progress our planning in this area.

2.6. Supporting the involvement of lived and living experience in the ADP is a priority and will ensure our strategic planning partnership is guided by the needs of people's lived and living experience of substance use issues, treatment and recovery.

2.6.1. Scottish Government has made funding available to ADPs to improve involvement, and we are exploring with partners how to achieve this. At a recent ADP executive meeting a presentation by the Scottish Recovery

Consortium gave context to how we can move beyond representation to actively support people’s involvement in strategic planning.

3. Conclusions

- 3.1. The work of the ADP extends across prevention, early intervention, training & support as well as interventions for those affected by drugs and alcohol, it is hoped Board members are assured by the extent and range of the work streams underway within the ADP.

- 3.2. The Stirling and Clackmannanshire Alcohol & Drug Partnership is a partnership of statutory and third sector organisations working to prevent substance use and support people, families and communities affected by substance use. As such our work aligns with, and is supported by, the strategies and practical work of partner organisations. At the core of our work is a supportive and collaborative ethos which entails consideration of our partners’ needs and capabilities to contribute to our shared work. This includes aligning to the strategic delivery of the Clackmannanshire and Stirling HSCP Strategic Commissioning Plan and wider partnership strategic documents including each Community Planning Partnership.

4. 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	X
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
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 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 <u>does / does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 8.4

HSCP Strategic Improvement Plan

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Michelle Duncan, Planning and Policy Development 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 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 that completed actions have been removed from this report as we transfer these actions to the Transforming Care Board report. 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

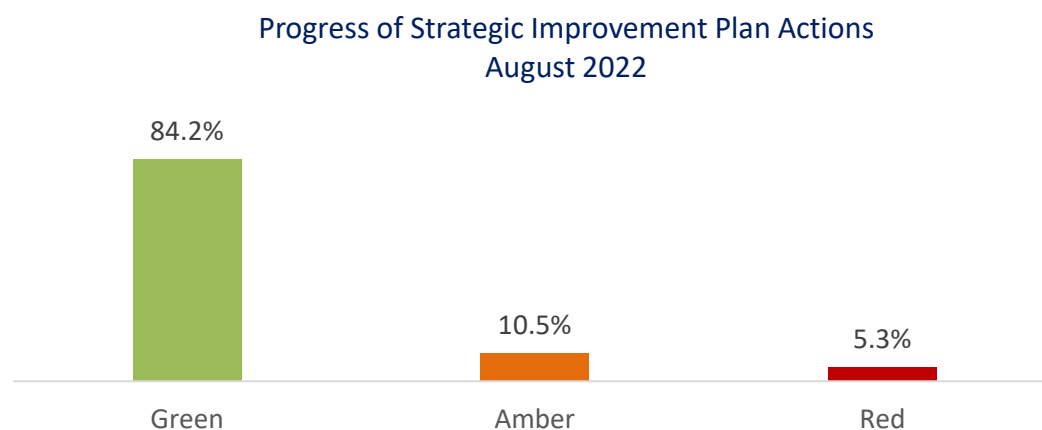
- 1.1. The overarching priority for the HSCP is to improve the health and well-being of the people of Clackmannanshire and Stirling. This Plan was first presented in September 2020, it set out an ambitious programme of service review, re-design across community health, and care services, in partnership 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.
- 1.3. The Plan also includes actions against recommendations made in Healthcare Improvement Scotland Care Inspectorate Joint Inspections (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 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 patterns 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 Care Governance Group have created the for a for the advisory, representative, and executive functions that has supported the delivery of this Plan.
- 1.8. With the current Strategic Commissioning Plan coming to a close, it is proposed that reporting is rationalised and streamlined. As actions contained in this report are completed, they will be removed from the content and actions that are underway will be removed from this report and transferred to the Transforming Care Board report.
- 1.9. The Plan presented today is reduced from previous reports due to the removal of a significant number of completed delivery actions. This report provides information on proposed changes and updates to the work already underway, but which has been affected by the impacts of the ongoing response to the pandemic.

2. Progress to date

- 2.1. The graph below details the progress of the Strategic Improvement Plan to August 2022.



- 2.2. 84.2% (32) actions are in progress and on track, 10.5% (4) actions are slightly off target, 5.3% (2) actions are off target. Details of each of the actions are provided in Appendix 1.

- 2.3. There have been delays due to the response to the pandemic, details of changes to timescales are listed below:

Delayed due to Pandemic and ongoing or underway:

- Reablement Programme delayed due to Pandemic and continues due to use of beds in response to ongoing pandemic response.
- Opportunities for localities staff co-location across Clackmannanshire & Stirling.
- Review of HSCP Carers Strategy and priorities continuing through 2022 and 2023.
- Review of HSCP Carers Short Breaks Policy.
- Develop models of self-care and self-management with third sector partners.

Changes to Timescale

- Delegate all services from NHS Forth Valley to Chief Officers that are included in the Integration Scheme changed from autumn 2021 to December 2022.
- Develop relationships with Joint Account Management and set up oversight arrangements to December 2022.
- Delegation of Specialist Mental Health Services to the HSCP delayed from August 2021 to December 2022.

3. Conclusions

- 3.1. 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, the developing Self Directed Support Plan, and Adult Support and Protection Improvement Plan.
- 3.2. 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.
- 3.3. Our visions are 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.

4. Appendices

Appendix 1: Strategic Improvement Plan

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:	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 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 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 not require a 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 Delegate all services from NHS Forth Valley to Chief Officers that are included in the Integration Scheme	Annemargaret Black	<ul style="list-style-type: none"> Leadership and management structure requires to be completed Ongoing until all operational delegations are completed The NHS Board Chair has set up an Integration meeting to assist in full implementation the Public Bodies Act in Clackmannanshire and Stirling. The membership of the group includes Forth Valley Chief Officers, Chief Executives and IJB Chairs 	December 2022	Strategic Inspection Plan – Care Inspectorate 2018
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 	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 and the proposed changes through the National Care Service Engagement paused meantime Consider requirement for revised Integration Scheme 	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 Developing programme for new IJB members following Local Government elections 	Ongoing	Strategic Inspection Plan – Care Inspectorate

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
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	Integration Joint Board & NHS Forth Valley & Council Committees
Strategic Partnerships	Develop relationships with Joint Account Management and set up oversight arrangements	Wendy Forrest Annemargaret Black Wendy Forrest Ewan Murray	<ul style="list-style-type: none"> • First step complete – co-ordination officer at HSCP identified as HOPHI 	July 2022 – proposed date update December 2022	Community Planning Partnerships Strategic Planning Group
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

Care close to home

Priority	Action planned	Lead officer	Progress	Timescale	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
Integrated Housing Programme	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 	March 2023	Integration Joint Board
Integrated Housing Programme	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
Systems, TEC, & e-Health Programme	Re-provision of Social Care Recording System	Wendy Forrest	<ul style="list-style-type: none"> Continued dialogue between the two Councils to ensure the implementation of a joint project Areas of focused work to be completed for each Council's procurement and legal positions. 	November 2022 Ongoing	<p>Integration Joint Board</p> <p>Stirling Council</p> <p>Clackmannanshire Council</p>

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
Systems, TEC, & e-Health Programme	Increased use of TEC (Technology Enabled Care) and e-Health	Carolyn Wyllie	<ul style="list-style-type: none"> TEC Development Coordinator advert is out. Additional dedicated capacity is being developed to progress this work stream 	April 2022	Transforming Care Board
Systems, TEC, & e-Health Programme	JLES Equipment Programme Re-provision of JLES (Joint Loan Equipment Store) Equipment Store	Wendy Forrest	<ul style="list-style-type: none"> Clackmannanshire & Stirling and Falkirk IJB's have agreed a programme to redesign the community equipment service. A working group has been established with NHS Forth Valley and both HSCPs with support from Scottish Government 	April 2023	Transforming Care Board

Localities and primary care transformation

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
Locality Planning	Delivery of locality planning arrangements across all three localities	Wendy Forrest	<ul style="list-style-type: none"> Locality Network meetings established and planning underway 	Annual review April 2023	Strategic Planning Group
Intermediate Care, Care at Home, and Reablement Programme	Review of model of care within the Bellfield	Carolyn Wyllie	<ul style="list-style-type: none"> Workstream paused due as beds in use by Acute Services as part of pandemic response to create capacity and support business continuity. Bellfield manager post now filled and stabilising workforce Specification of model of care and delivery planning to be developed. 	August 2021 – Summer 2023 Underway – delayed due to pandemic	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
Reablement Programme	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 12 acute rehab beds on a temporary basis (CW to check number) Development of Rapid Team underway, recruitment continuing throughout September and October. 	November 2021 Underway – delayed due to continued response to pandemic.	Transforming Care Board
Locality Service Planning	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 to develop multi-disciplinary working across all localities, this includes scoping accommodation. 	November 2021 Underway – delayed due to pandemic Ongoing	HSCP Senior Management Team
Locality Planning	Accommodation for HQ for HSCP	Sonia Kavanagh	<ul style="list-style-type: none"> Discussions ongoing with local authorities and NHS Forth Valley. Interim accommodation identified and work progressing for mid September entry date. 	September 2022 Ongoing	HSCP Senior Management Team
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 – Summer 2023	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)	Annemargaret Black / Kelly Higgins	<ul style="list-style-type: none"> 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 	Ongoing programme throughout 2022 – 2023	HSCP Senior Management Team

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
AHP Pathway re-design	AHP pathway re-design including alignment of review and assessment processes	Shiona Hogg	<ul style="list-style-type: none"> Creation of model of care to meet local demand needs underway Seeking improvement service support to help facilitate the change 	April 2022 Ongoing	Transforming Care Board

Caring and connected communities

Priority	Action planned	Lead officer	Progress	Timescale	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"> Commissioning consortium now in place and will take forward this work 	April 2022 Now in place and updates provided to IJB	Strategic Planning Group
Support to Carers	Review HSCP Carers Strategy and priorities	Wendy Forrest	<ul style="list-style-type: none"> IJB have an agreed carers investment plan and recruitment is underway for carers lead post Carers recovery plan is being developed to counter the impact on carers of the pandemic and cost of living crisis 	Working ongoing to deliver the Plan during 2022 - 2023	Strategic Planning Group
Support to Carers	Review HSCP Short Breaks Policy	Wendy Forrest	<ul style="list-style-type: none"> Short Break Co-ordinator to be single point of contact for Carers and embed Short breaks approach across the HSCP Post has been filled however, due to business continuity issues member of staff had to be deployed on other duties 	March 2022 Delayed due to pandemic	Strategic Planning Group
Self-Directed Support	Review and Refresh approach to SDS across	Wendy	<ul style="list-style-type: none"> Establish SDS Steering Group, co-chaired by Carer. 	April 2022-2023	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
	Clackmannanshire and Stirling		<ul style="list-style-type: none"> Implementation Plan agreed by SDS Steering Group and delivery underway Collate stories from those with lived and living experience. 		
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 completed with third sector partners as part of the refreshed partnership agreement Outcomes being agreed between HSCP and two TSIs. 	June 2022 Delayed due to service pressures	Transforming Care Board Strategic Planning Group

Mental health

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
Integrated community mental health services	Delegation of Specialist 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 - unsuccessful <ul style="list-style-type: none"> There has been significant challenges in recruiting the Head of Mental Health post to support the work. Forth Valley Chief Officers have met to discuss options. Further discussions required in the context of the Integration work to delegate services. A preferred option has been identified. 	August 2021 December 2022 March 2023	Integration Joint Board
Pan Forth Valley Mental Health Strategy	Develop a co-produced Mental Health Strategy for	Head of Strategic Planning / Head	<ul style="list-style-type: none"> Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infrastructure 	December 2022 – date under review	Integration Joint Board

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
	Clackmannanshire and Stirling	of Mental Health	<ul style="list-style-type: none"> Require to recruit to a preferred option post to create capacity to take forward the work 		
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"> Self-evaluation underway with Locality Managers and ASP Co-ordinator Progressing as part of the improvement plan following recent inspections across Clackmannanshire & Stirling ASP vacancy now recruited. 	Ongoing throughout 2021 until Dec 2022 – will then review	Integration Joint Board

Supporting people living with dementia

Priority	Action planned	Lead officer	Progress	Timescale	Reporting
Create person centred services	Review commissioning arrangements for dementia support	Wendy Forrest	<ul style="list-style-type: none"> Development of a joint commissioning service underway Model of care being presented to Dementia Commissioning Consortium in June. 	March 2021 – March 2022 Ongoing	Integration Joint Board

Alcohol and drugs

Priority	Action planned	Lead officer	Progress	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.”	Simon Jones	<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	Simon Jones	<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

Workforce planning and development

Priority	Action planned	Lead officer	Progress	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"> Draft Workforce Plan submitted to Scottish Government within deadline. Feedback expected by the end of August and final draft due to be published by 31 October. 	October 2022	
HSCP Workforce Plan in line with new guidance	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 	Summer 2021 March 2023	
Learning opportunities for HSCP services and managers	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 	October 2021 Ongoing during 2022/2023	
Learning opportunities for HSCP services and managers	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 	October 21 Throughout 2022	
HSCP identity	Review staff/public facing information e.g. website	Wendy Forrest	<ul style="list-style-type: none"> A review of website underway 	Ongoing throughout 2021 – 2022	

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 8.5

Update on the Carers' Investment Plan

For Assurance

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Wendy Forrest, Head of Strategic Planning and Health Improvement
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 Integration Joint Board with an update report to members on the activity relating to the ongoing implementation of the Carers (Scotland) Act 2016 following commencement on 1 April 2018. The Act relates to both adult and young carers.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the progress made to implement the requirements of the Carers Act through the delivery of the Carers Investment Plan. 2) Agree the progress to create a Carers Recovery Plan in response to the impact of the pandemic. 3) Approve for officers and carers' representatives to bring further reports during 2022/23 on progress against the actions outlined above.
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1. Background

- 1.1. The Carers (Scotland) Act was passed on 4th February 2016. It gained Royal Assent on 9th March 2016. The implementation of the provisions in the Carers Act - which are designed to support carers' health and wellbeing - commenced on 1st April 2018 and builds on the aims and objectives set out in the national carers strategy; Caring Together: The Carers Strategy for Scotland 2010 – 2015.
- 1.2. The Act covers a range of areas relating to supporting carers including a number of new duties and requirements which impact on the Integration Joint Board – i.e. the Act:
 - Changes the definition of a carer to “an individual who provides or intends to provide care for another individual”.
 - Gives IJBs a duty to prepare an adult care support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one. The ACSP and YCS replace the existing Carer Assessment.

- Gives IJBs a duty to provide support to carers that meet local eligibility criteria.
- Requires IJBs to involve carers in carers' services.
- Requires IJBs to establish and maintain advice and information services for carers.
- Introduces the requirement for a timescale for preparing a support plan for the carer of a terminally ill person.
- Provides a joint duty for both health boards and local authorities to create local carer strategies.
- Introduces the requirement for carers to be involved in the hospital discharge procedures of the person they care for.
- Provides a requirement for an adult carer support plan or young carer statement to include emergency plans.
- Provides a requirement that the IJBs when determining whether to provide support to a carer, must consider whether the support should take the form of or include a break from caring
- Provides a requirement for Scottish Ministers to prepare a Carers Charter.

1.3. The Carers (Scotland) Act 2016 (Commencement No.1) Regulations 2017 brings into effect consequential amendments to update legal references in the Public Bodies (Joint Working) (Scotland) Act 2014. A consequence of this is that IJBs have now been identified as lead organisations for implementation with responsibility for duties previously highlighted as local authority; and so the Carers Act is already incorporated into our Integration Scheme and can be considered as part of the review process.

1.4. The local Carers' Planning Group co-produced a Carers Investment Plan which covered the key activities of the implementation of the Act and to ensure compliance with the legislation; including appointment of a Carers' Lead to support the implementation of the Plan.

2. Main Issues

2.1. HSCP officers have been working in partnership with local stakeholders for a number of years to deliver on the functions of the Act, as laid out above, primarily through the local Carers' Planning Group. In particular working with carers, carers' representatives, Stirling Carers, Falkirk and Clackmannanshire Carers and wider third sector partners including national Coalition of Carers and Third Sector Interface from Clackmannanshire and Stirling.

2.2. Over the past year, the Health and Social Care Partnership continues to review the membership of the Carers Planning Group and engage with Carers' forums supported by each of the Carers Centres to ensure that carers' needs are still at the centre of the model of care and support.

2.3. There have been regular discussions with officers and partners, and with carers and their representatives to agree the priorities for the Carers' Investment Plan and the supports that need to be in place for carers to allow them to continue in their caring role. This has been increasingly important throughout the COVID-19

pandemic which has affected carers disproportionately and has, by the nature of lockdown, increased the numbers of people taking on a caring role.

- 2.4. The current Carers' Strategy 2019 – 2022 was developed in partnership with carers, carers support services and providers as well as with carers and their representatives and reflects key actions and activities prioritised by carers and their representatives. The Strategy aligns to the vision of the HSCP and the key priorities of the HSCP Strategic Plan; however, needs refreshed to align to the review of adult social care and the ethos of choice and control at the heart of meeting carers' needs.
- 2.5. As part of the Carers' Investment Plan was the recruitment of a Carers Lead post to key purpose of the post is to:
 - 2.5.1. Work collaboratively with unpaid carers and partners
 - 2.5.2. Lead on and monitor deliverables against the current strategic and statutory outcomes linked to carers policy and legislation
 - 2.5.3. Engage with a wide range of stakeholders, producing solutions to deliver policy outcomes linked to carers
 - 2.5.4. Drive a change of culture, deliver training, and build a collaborative approach to back office systems that are fit for purpose.
 - 2.5.5. Ensure procedures are followed to enable data collection and outcomes monitoring to provide evidence for analysis to inform policy decision making
 - 2.5.6. Establish and maintain strong relationships with Scottish Government policy areas, carers, their representatives, stakeholders and wider partners
 - 2.5.7. Work collaboratively with partners and colleagues to deliver specific Self Directed Support requirements for unpaid carers.
- 2.6. The Carers Scotland Act 2016, seeks for each area to lay out provision of Short Breaks within the Short Breaks Statement. The Health and Social Care Partnership has already agreed the definition of a Short Break as any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities.
- 2.7. The current Short Breaks Statement was prepared with partners and carers across Clackmannanshire and Stirling; and provides information relating to short breaks for carers and the person or people they care for. There is a need to link this work closely to the proposed model of care for adults, carers' eligibility criteria and the flexibility of self-directed support. As part of the Carers Investment Plan, we have recruited a Short Break Co-ordinator to oversee the review of the current Short Breaks Services Statement and ensure that the HSCP is providing information to carers and cared for people so that they:
 - Know they can have a break in a range of ways
 - Are informed about Short Breaks that are available
 - Can identify what a Short Break means for them, and how they can be supported to meet their needs and achieve their outcomes.

- 2.8 In addition, it has been well documented that the impact of the pandemic has affected carers disproportionately and as such concerns were raised at the June 22 Integrated Joint Board. Since then, the Chief Finance Officer and Head of Strategic Planning and Health Improvement have worked with both carers centre on a Carers Recovery Plan.
- 2.9 For carers the effects of the pandemic have been particularly acute in social care, the number of unpaid carers is thought to have risen as access to health and social care services was limited due to demand and restrictions. The Carers Centre are seeking to support carers to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. The aim of the Carers' Recovery Plan is to provide additional short term funding to the Carers Centres and carer organisations to mitigate some of the current challenges facing carers.
- 2.10 To support carers' recovery by for example providing grant funding to the carers centres to support flexibility allow carers to fund activities that will help them attain the outcomes in their Adult Carer Support Plan.

For example:

- Wellbeing: gym membership, yoga classes
- Relationships: visit family, spend time with friends
- Life balance: employ a sitter, gardener, dog walker, cleaner
- Finances: essential furniture, white goods, clothing, fuel & food poverty
- Employment & training: laptop, interview clothes, training course
- Fund additional carer and cared for person activities in response to requests from carers who are no longer able to access respite to attend activities themselves including commissioning well-being support for carers and cared for person.

3. Next Steps

- 3.1. Carers were consulted on which groups / events that they would like to attend by the Carers Centres. Due to pandemic restrictions, some carers have had limited respite from their caring role and the focus on well-being seeks to alleviate some of the stress, anxiety and pressure described by carers. As such, there will continue to be a focus on the delivery of the Carers Investment Plan throughout 2022 – 2023 as an iterative approach whilst at the same time taking the learning from the approach taken within a recovery approach.
- 3.2. Ongoing consultation and engagement will be taking place in partnership with carer organisations, and the HSCP is seeking to hold on-line events and sessions with carers and carer representatives; to engage and involve carers in the development of a new HSCP Short Breaks Statement.
- 3.3. The HSCP will also seek to agree with carers the priorities carers would wish to see reflected within the refreshed HSCP Carers Strategy 2023 - 2026.

- 3.4. Within the context of the duty to set local Eligibility Criteria, the HSCP seeks to assess the impact of the Act and any barriers to carers accessing advice, support and information based on the current Clackmannanshire and Stirling Eligibility Criteria for Carers. Taking account of the impact on services and accessibility for carers of support. This work will be informed by the learning from the national and local pilots supported by Scottish Government to test some of the provisions in the Act, including case studies linked to the Waving of Charges for carers.
- 3.5. The HSCP seeks to build better local intelligence and review the current specific performance information relating to recording and reporting of carer data is required as part of the Act. As such, carers and their representatives have had access to the available information each carer organisation is required to provide for the Scottish Government Carers' Census, in line with the identification of all carers and the assessment of their needs. The HSCP seeks to review the current data and align to the Strategic Needs Assessment to support effective planning for future carer needs.
- 3.6. The HSCP seeks to develop a co-produced HSCP Carers' Strategy for 2023 – 2026 based on the activities above and by listening to carers and their representatives. This work is aligned to the refresh of the approach to Self-Directed Support across the HSCP with carers and their representatives are members of the multi-agency HSCP SDS Steering Group.

4. Conclusions

- 4.1. It is acknowledged that the additional carers' monies have been welcomed to support carers and that there is a focus on carers following the significant impact of the pandemic on carers. It continues to be the commitment of HSCP officers to work in partnership with carers and their representatives to ensure there are ongoing discussions locally around effectively funding care for carers.

5. Appendices

None

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	<input type="checkbox"/>
Implications	
Finance:	Additional monies have been made available to the HSCP via the Carers Act to support the local implementation of key requirements.
Other Resources:	
Legal:	The legal framework and requirements of the Act are clearly laid out within this report.
Risk & mitigation:	Risk of not meeting the needs of carers would be that they cannot continue in their caring role.
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>Please select the appropriate statement below:</p> <p>This paper does / does not require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 9.1

Quarter 1 Performance Report (April – June 2022)

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health and Carolyn Wyllie, Head of Community Health and Care
Author	Ann Farrell, Principal Information Analyst, Carol Johnson, Principal Information Analyst and Wendy Forrest, Head of Strategic Planning and Health Improvement
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 ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration Functions, and as set out in the current Strategic Commissioning Plan.
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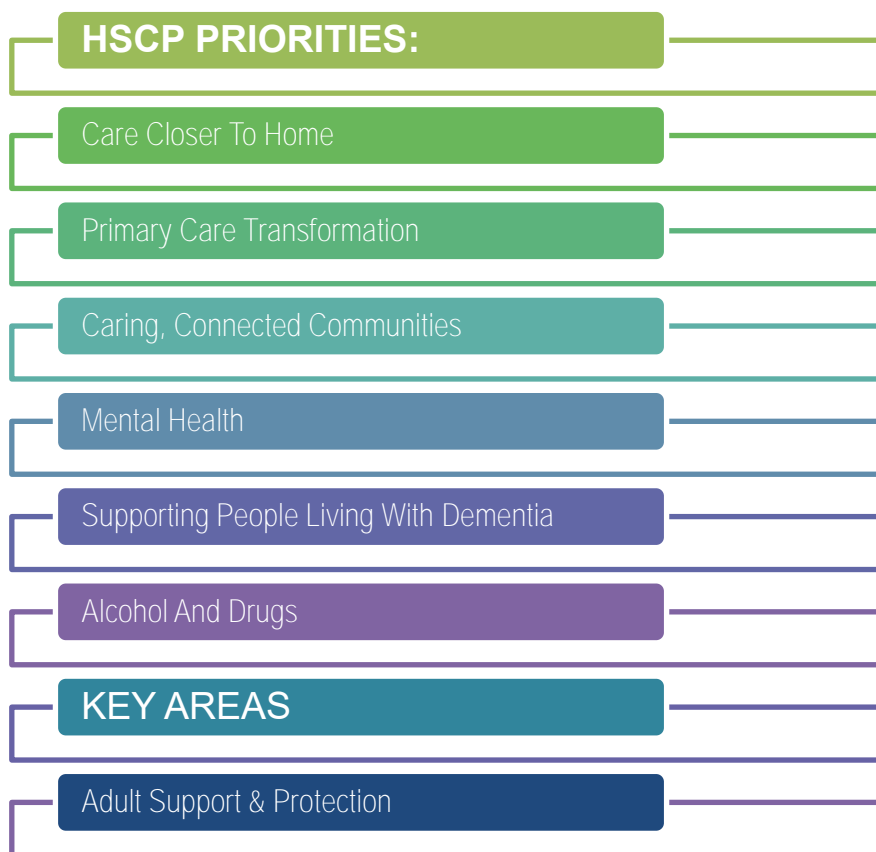
Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Review the content of the report. • Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. • Approve quarterly reports that are normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.
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1. Background

- 1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting.
- 1.2. Underpinning scorecards for the Clackmannanshire and Stirling Adult Social Care services are established and work is ongoing to provide this data down to locality level. Some NHS Forth Valley data is now included in the attached exception report where appropriate.
- 1.3. Integrated performance Portfolio scorecards are in development with Locality Managers which include data for all delegated functions within Community Health and Social Care. Service plans and related performance indicators are also being developed within the service, as well as key indicators being linked to the new Strategic Plan.
- 1.4. The content of this report is actively monitored, and the information supports wider planning and delivery in areas such as Locality Planning, Strategic Commissioning and the Transforming Care programme of work.

- 1.5. There has been improvement around a range of issues affecting the Health Records Service Clinical Coding Team. The NHS Forth Valley backlog with national SMR01 returns has reduced considerably, however it is still not 100%. It therefore means that historical data may still change slightly.-The indicators are; Emergency Admissions; Unplanned bed days; A&E.
- 1.6. Performance linked to the NHS Scotland Improving unscheduled care; Six Essential Actions was requested to be part of this performance report, the work is ongoing and a summary can be found in Appendix 3.
 - Essential action 1 - Clinically focussed and empowered hospital management.
 - Essential action 2 – Hospital capacity and patient flow (emergency and elective) realignment.
 - Essential action 3: Patient rather than bed management (co-ordinated creation of a multi-disciplinary, patient-centred discharge plan and timely, synchronised execution).
 - Essential action 4: Medical and surgical processes.
 - Essential action 5: Seven day services
 - Essential action 6: Ensuring patients are optimally cared for in their own homes or homely setting. This work will enhance self-management and longer term focus on preventative care and improvements in access to self-directed care and enablement services for complex conditions and comorbidity. It will be supported by the HSCP and community care developments.
- 1.7. The HSCP manages and maintains their Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board's Strategic Plan, and monitors processes in place to mitigate those risks.
- 1.8. The Audit & Risk Committee last reviewed the Strategic Risk Register on 31st August 2022, and exception details are found in Appendix 2.
- 1.9. The Quarter One Report is based around the Strategic Plan 2019 – 2022 (2023) priorities and key areas. It also sits within the context of the HSCP's integrated Performance Framework.

1.10. The graphic below sets out these priorities and key areas.



2. Development of Quarterly Performance Reports

2.1. The Board is asked to approve quarterly performance reports that normally will have first gone through the Finance & Performance committee covering the following periods:

- Quarter One – April 1st to June 30th 2022
- Quarter Two – July 1st to September 30th 2022
- Quarter Three – October 1st to December 31st 2022
- Quarter Four – January 1st to March 31st 2023

On this occasion the report did not go to the Finance & Performance committee prior to the IJB.

2.2. The performance reports are continuing to develop based on areas of focus and feedback from members of this committee and wider stakeholders. Some key performance indicators relating to NHS delegated functions are now included in the Operational Scorecards in Appendix 2. In keeping with the exception reporting practice both appendices 1 and 2 will be summaries of those considered high risk or red RAG exceptions.

2.3. Management commentary is included within the attached Quarterly Performance Report.

2.4. Reporting timetable:

Finance & Performance Committee		Integration Joint Board	
18/08/21	Q1 – QPR 21/22	22/9/21	Q1 – QPR 21/22
20/10/21	Draft APR 20/21	24/11/21	Draft APR 20/21
22/12/21	Q2 – QPR 21/22 not required.	26/01/22	Q2 – QPR 21/22
		29/06/22	Q3 21/22
Aug 22	Q1 – QPR 22/23	21/09/22	Q1 – QPR 22/23

QPR – QPR - Quarterly Performance Report

APR – Annual Performance Report

2.5. Due to the lead in times for presentation of the Quarterly Performance Report to the Finance & Performance Committee, data that is not available will be noted. If this data is available before presentation of the performance report to the Integration Joint Board, it will be inserted when appropriate to do so.

3. Conclusions

3.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. This report represents the process in terms of presenting a formal performance report to the Board.

3.2. Performance reports are used across the service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data.

4. Appendices

Appendix 1 – Quarter One Performance Report (April to June 2022)

Appendix 2 – Exceptions reporting. Risk Register and Operational Scorecards

Appendix 3 – MSG Indicators

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 type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	Strategic Risk Register – appendix 2.
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>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>



Clackmannanshire & Stirling Integration Joint Board

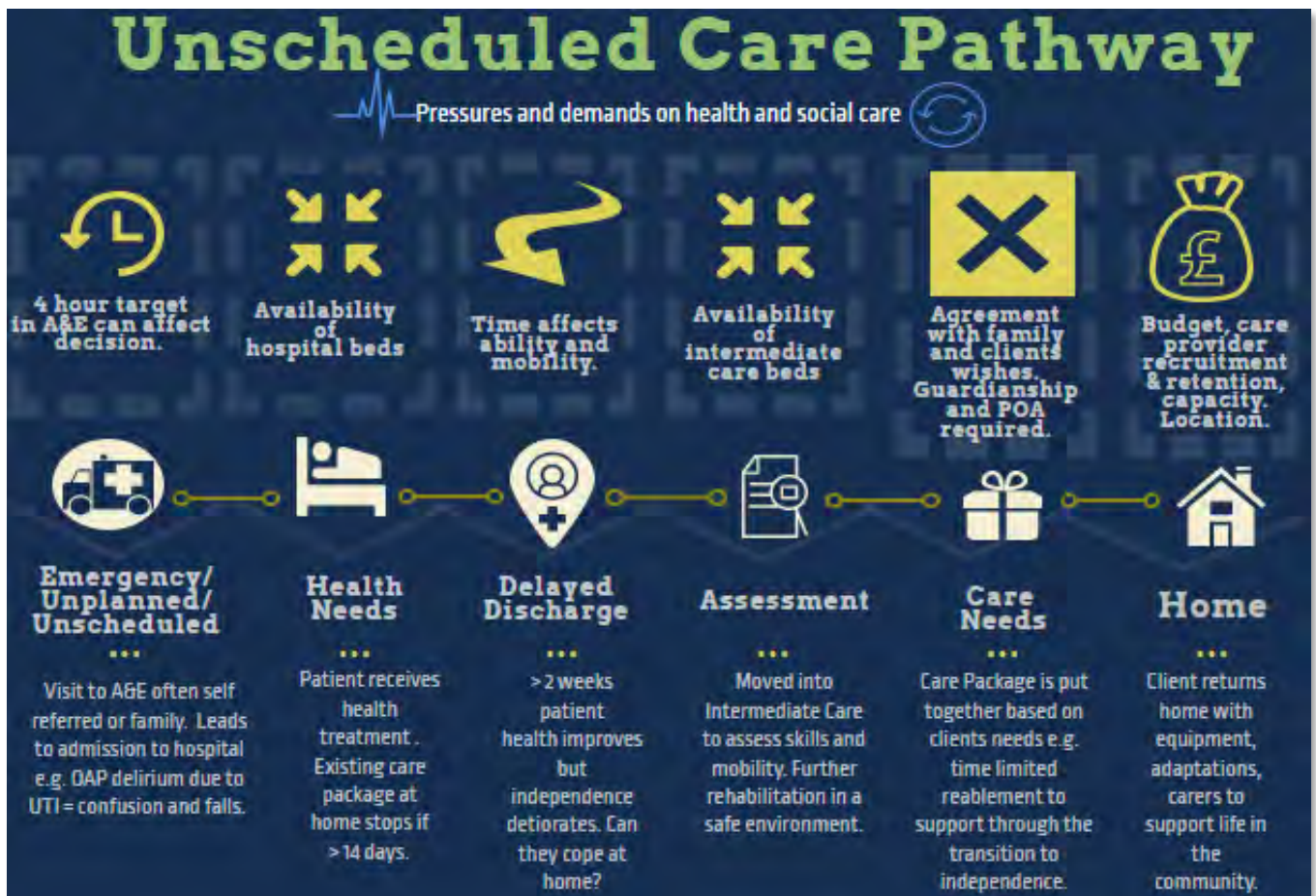
Quarter One (April to June 2022) Performance Report

Care Closer To Home

“We will work to reduce people going to hospital, support more people to stay well at home, improve timely access to community services, and build enablement approaches across the Partnership.”

Strategic Plan 2019-2022

Avoid unnecessary delays in hospital discharge



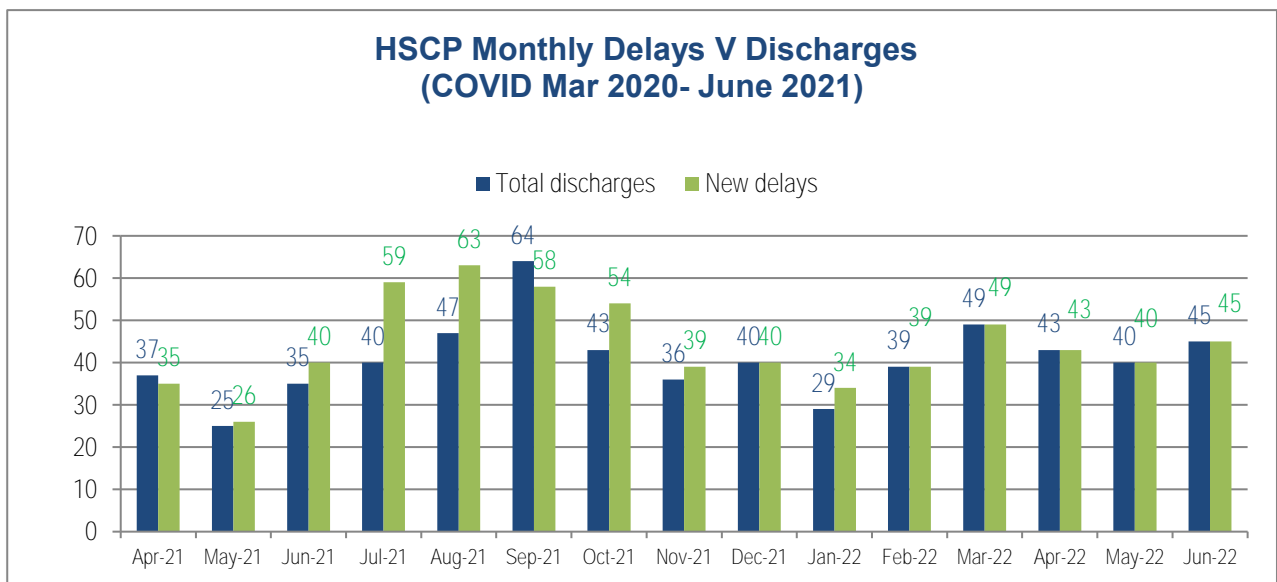
The infographic above describes the inter-dependencies that impact on the flow through the Unscheduled Care pathway.

Within this report, there are several examples where the described flow has been interrupted, creating system pressures, especially within community hospitals, intermediate care and packages of care at home (reablement service and private providers). This has been the result of limited capacity within the final phase of the pathway, which means that there are waits to receive packages of care in order to enable a person to return home or, move into a Care Home.

We continue to monitor this situation very closely and work collaboratively with our partners to find solutions to reduce both delays to discharge, and pressures on all services across health and social care. In particular, the recent 'Discharge Without Delay' group which meets weekly to assess progress and improve collaborative working.

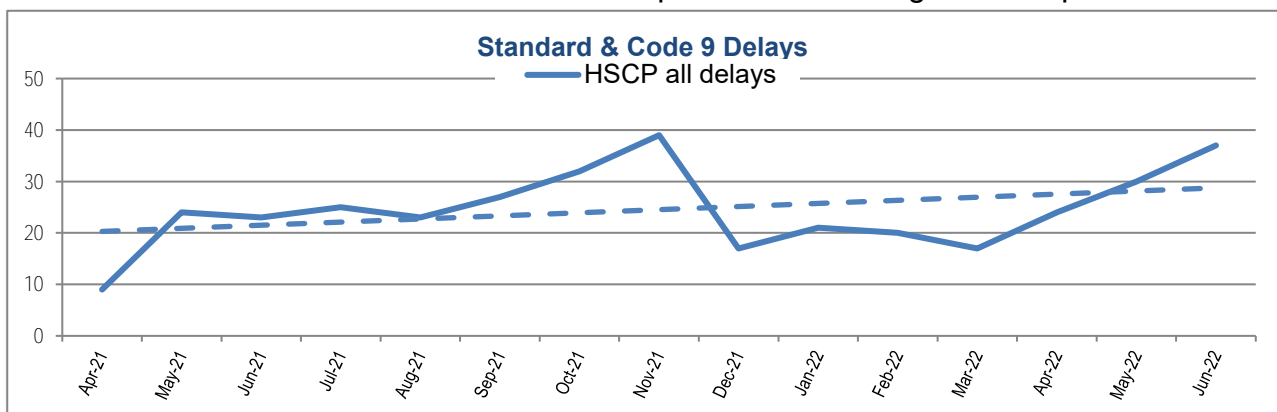
Summary For Last Week in Quarter 1:

Delays had dropped slightly, with a drop in the number of new admissions and slight improvement in discharge numbers. However, the number in FVRH waiting to move had risen and remains high for community hospital, intermediate care, POC and care homes. The number of those waiting for a package of care had fallen but those waiting on a care home remained high. Overall, there has been movement and flow through community hospitals and Intermediate Care but at a lower level. Across the whole of health and social care turnover is lower but was better than previous week.



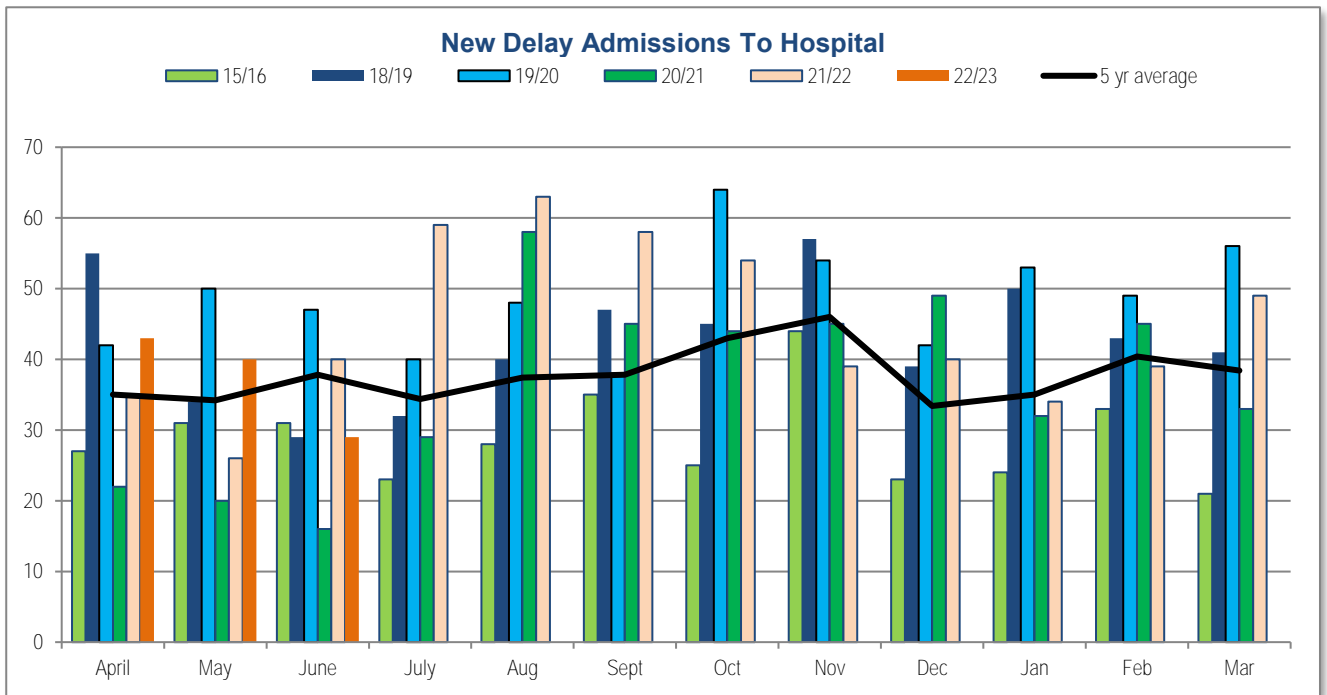
Source: HSCP Unscheduled Care Dashboard local data

The graph above shows a slight increase in new patients compared to the previous quarter, with discharges equalling admissions each month. Only when discharges are more than or equal to admissions will the figures improve. However, this is an ongoing challenge as illustrated in the chart below which shows an upward trend throughout the quarter.



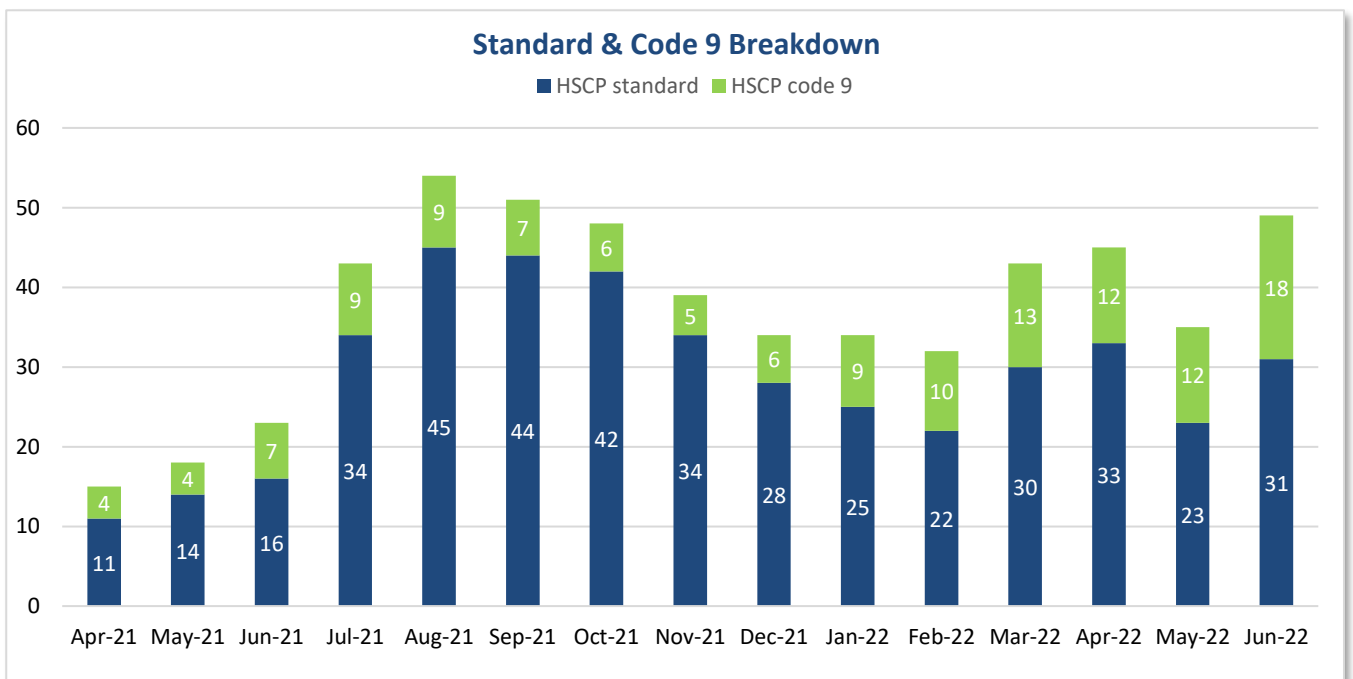
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows a reducing trend for the quarter, with a decrease in admissions and new delayed patients for June 2022, with numbers more similar to pre-pandemic periods for June in previous years.



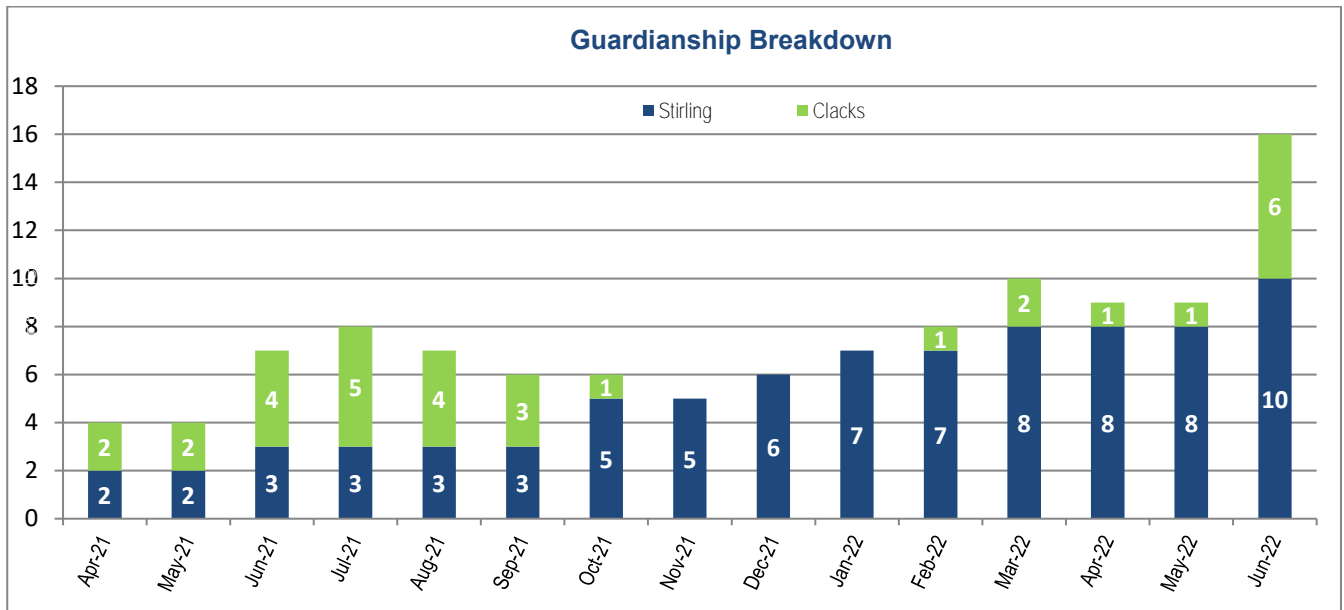
Source: HSCP Unscheduled Care Dashboard local data

Although standard delays form the greatest part of the number of delays, Code 9 patients can be the ones who stay the longest in hospital. These are often frail vulnerable patients who lack capacity to make their own decisions and who often require long term care in a care home. When there is no power of attorney in place to allow relatives to agree to these changes, then it is necessary to go through the courts to be granted guardianship rights and responsibilities.



Source: HSCP Unscheduled Care Dashboard local data

Code 9 covers a range of reasons, but guardianship is usually the main one.



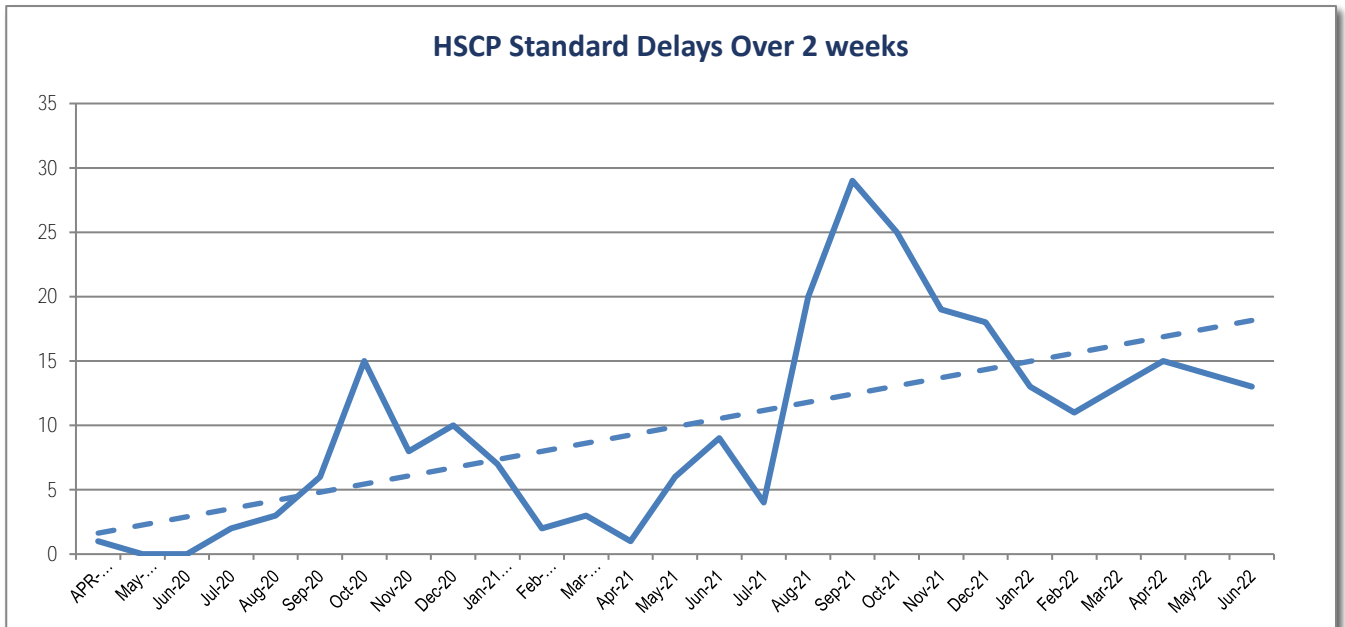
Source: HSCP Unscheduled Care Dashboard local data

Over the quarter, numbers of Guardianship cases in the Stirling area have continued to remain high and there has been a sharp increase for Clackmannanshire in June. 13 of those guardianships in June were located within community hospitals.

In the last week of June it was noted that there had been a rise in patients in community hospitals who were going through the guardianship process (CCH1 4, CCH2 3, Wallace 5, FCH 1) which has had an impact on capacity to take on new patients and average length of stay of current patients.

There is now a fortnightly meeting to track and discuss the people awaiting discharge due to requirement for guardianship (code 9). These meetings have given assurance that any situation not being progressed has actions agreed for follow up. Despite the figures appearing to be static, there has been movement, along with identification of new people who require intervention where 13za cannot be used.

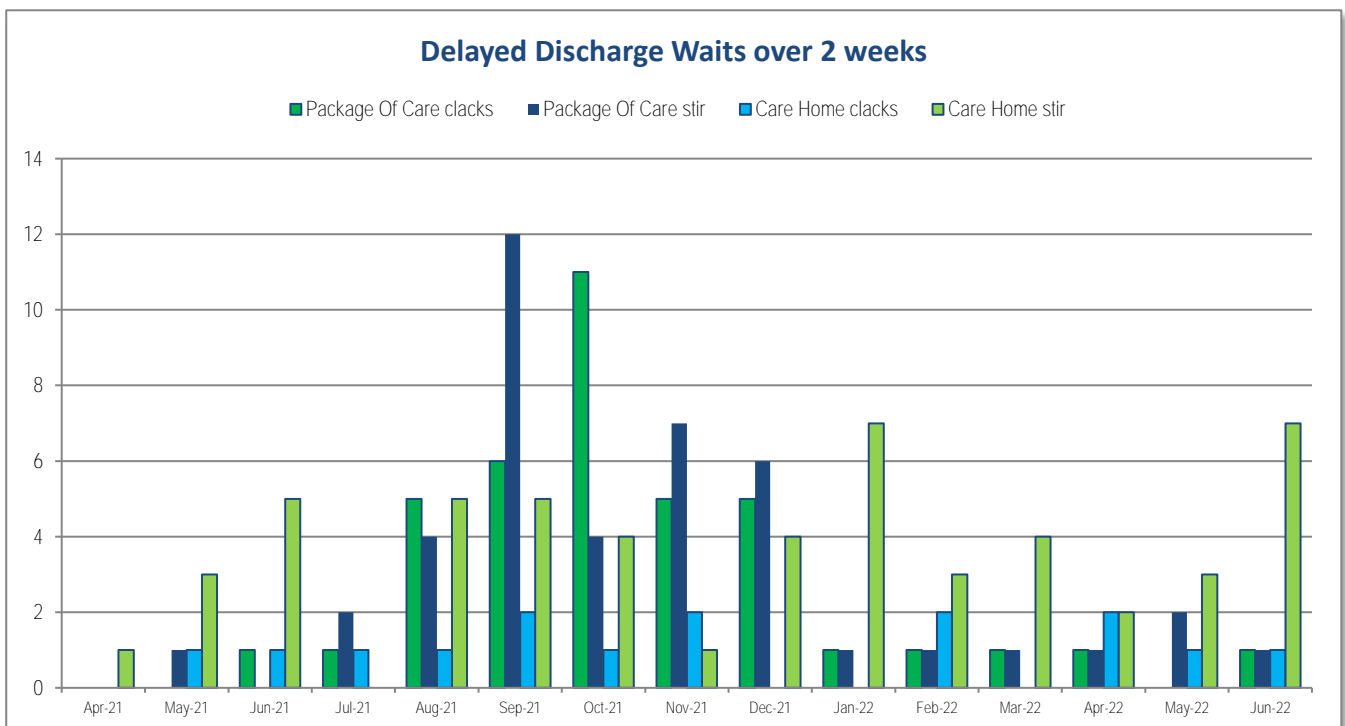
Work is progressing around patient flow within the Bellfield and CCH, with opportunities already identified to improve flow and assessment processes, aiming to move people through pathways more efficiently, and getting them returned home, or to a homely setting. The difficulties around community resources continue to impact on our discharge arrangement, but the benefits of **Prescribing Proportionate Care** are being realised. The ethos behind Prescribing Proportionate Care is using the right moving and handling risk assessment, training and completion of a dynamic assessment, and provision of specialist equipment, to personalise the prescription of care offered, ensuring the proportionate amount of care is given whilst ensuring that those in need of care and support continue to live longer, healthier lives at home.



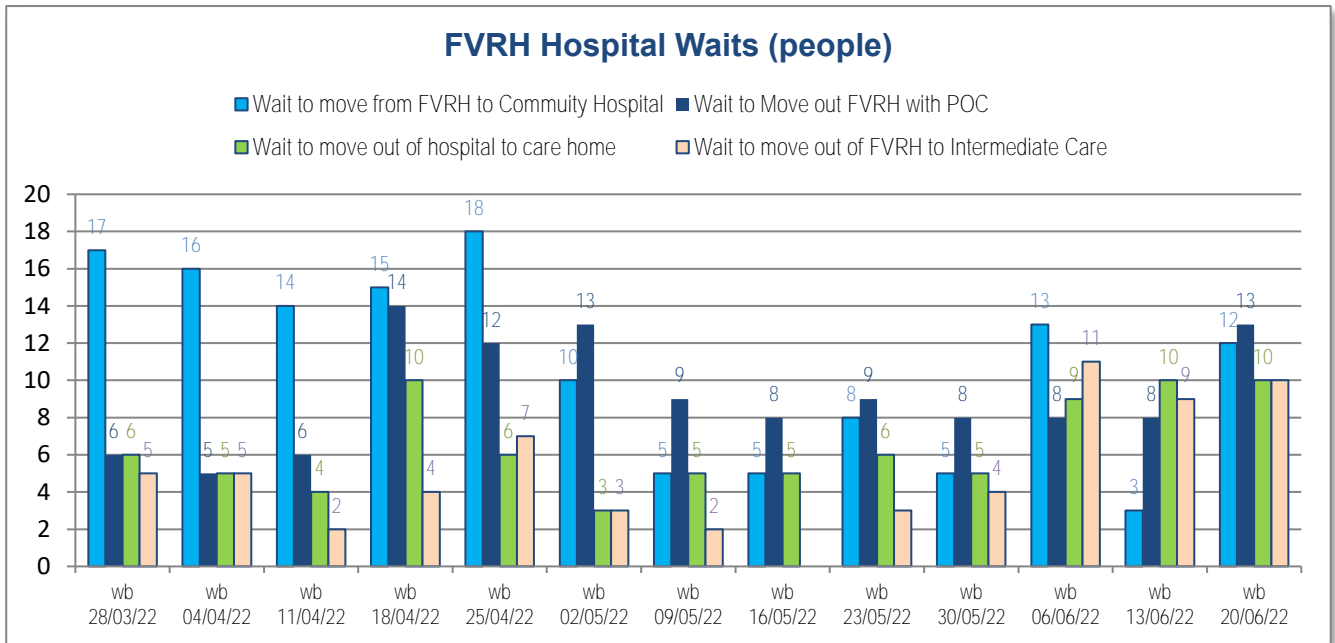
Source: HSCP Unscheduled Care Dashboard local data

The number of delayed discharge patients waiting over 2 weeks to return home has remained steady in the quarter, after as sharp decrease in the previous Quarter. Care home placement in Stirling is currently the main reason for waits.

Waits over 2 weeks	Package Of Care			Care Home			Intermediate Care		
	clacks	stir	HSCP	clacks	stir	HSCP	clacks	stir	HSCP
Jun-22	1	1	2	1	7	8	0	0	0



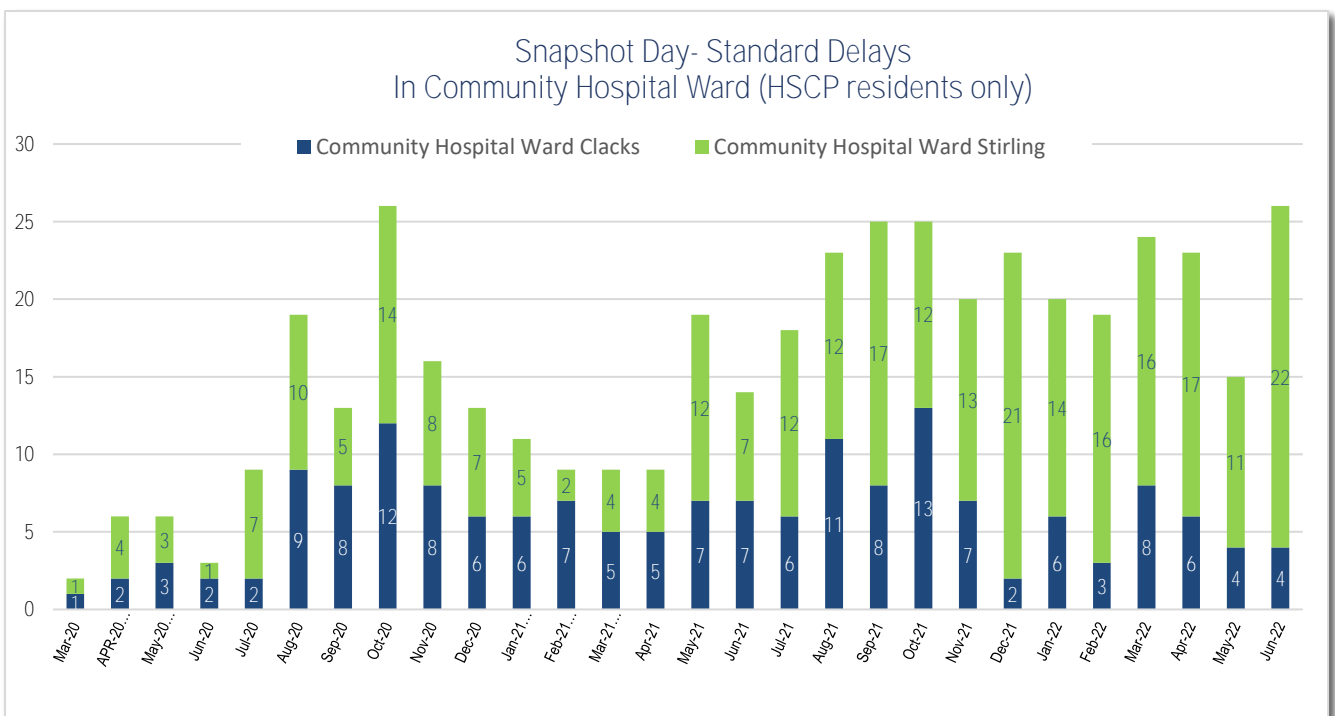
Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Unscheduled Care Dashboard local data

The graph above shows the signs of the pathway slowing down and backing up, as delayed discharge patients wait for community support to enable them to leave Forth Valley Royal Hospital.

In the last week of June 2022 there were 12 patients waiting to move from FVRH to community hospitals. Normally these patients are moved quickly, but the graph below shows that community hospital beds were also busy. Without movement on to care homes or intermediate care, capacity to take on new patients is limited. Guardianship cases also delay patients who wait on legal proceedings being processed.



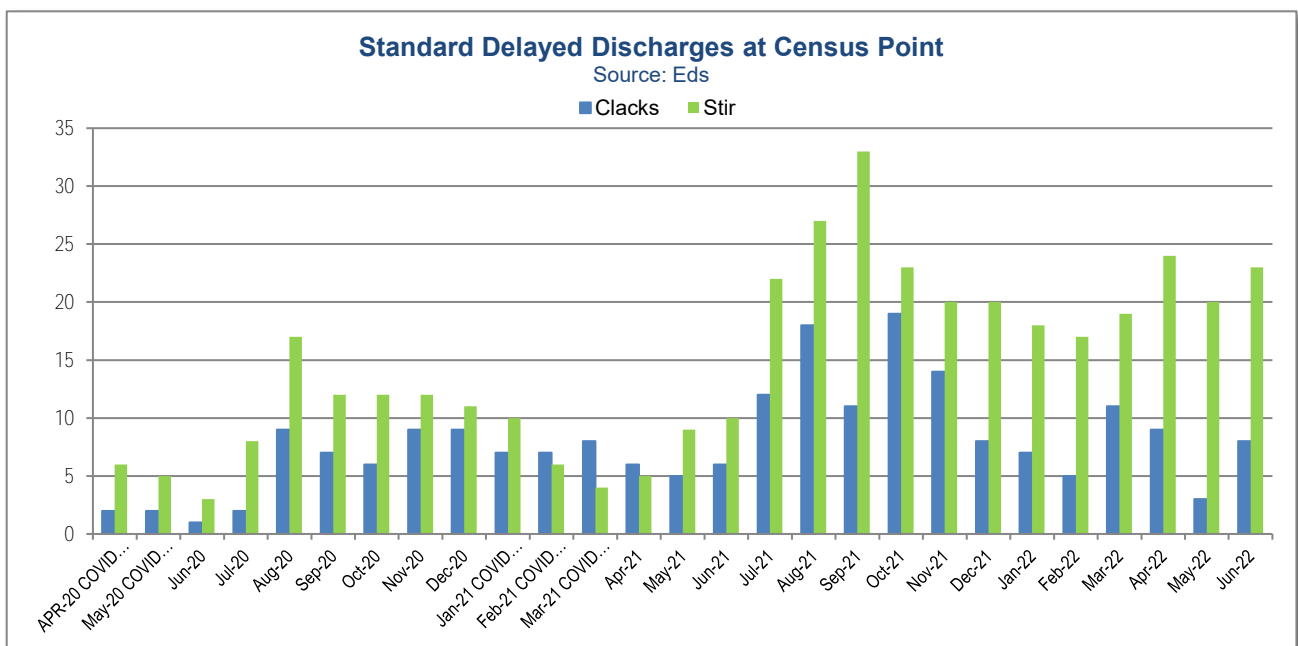
Source: HSCP Unscheduled Care Dashboard local data

However, in the last week of June a range of different system pressures were present:

- Patients waiting on a space in a care home experienced delays due to restricted admissions or temporary closures. Capacity was limited within this sector as there were 6 care homes closed (4 Covid outbreaks).
- Waits to move in and out of Intermediate Care remained high. There were 8 patients in FVRH waiting to move into intermediate care in the period. And there were 9 in Intermediated Care waiting to return home with a Package of Care.
- Continuing high demand for POC (248 people on the external providers waiting list). With 1 x provider pulling out of Clacks area. Significant recruitment issues which is impacting on ability to pick up new packages. 89 people were waiting for internal Reablement, with 51 people in Reablement waiting for POC.

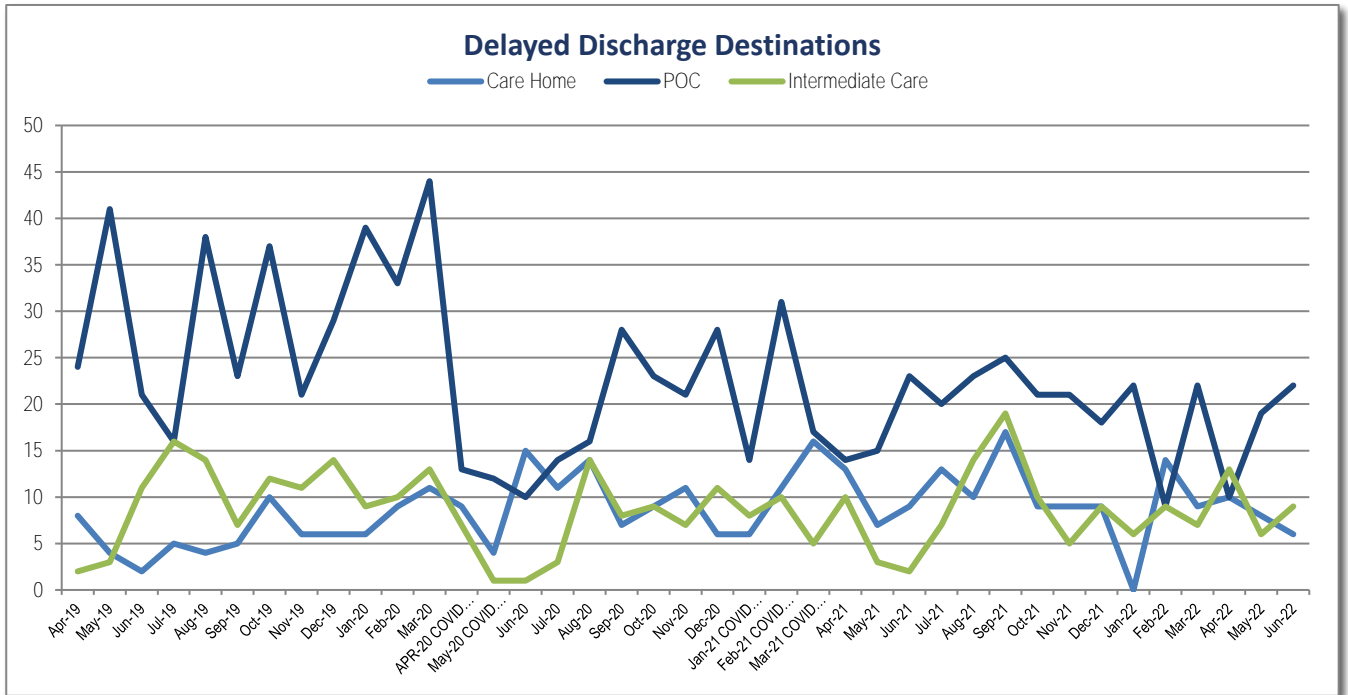
In response to these pressures, interim interventions have been introduced aimed at reducing pressure on hospitals.

- Stirling commissioning have started an urban provider in the rural locality which has reduced the waiting list. 2 new providers moving into Clacks, who are already operating in Stirling area.
- 3 clients moved temporarily into a care home whilst awaiting a package in the quarter. With a total of 15 residents in care homes under this intervention waiting to return home with a package of care.
- Rapid Team which is a flexible intervention to reduce pressures by providing a care package service to a range of clients on an interim basis. At the end of June 22, the caseload included (1 post reablement clients, 2 rehab clients, 6 waiting POC, and 2 crisis care clients).
- Ludgate also responds flexibly through the Closer to Home intervention which typically provides accommodation for 2 residents, and often 2 residents in crisis care.



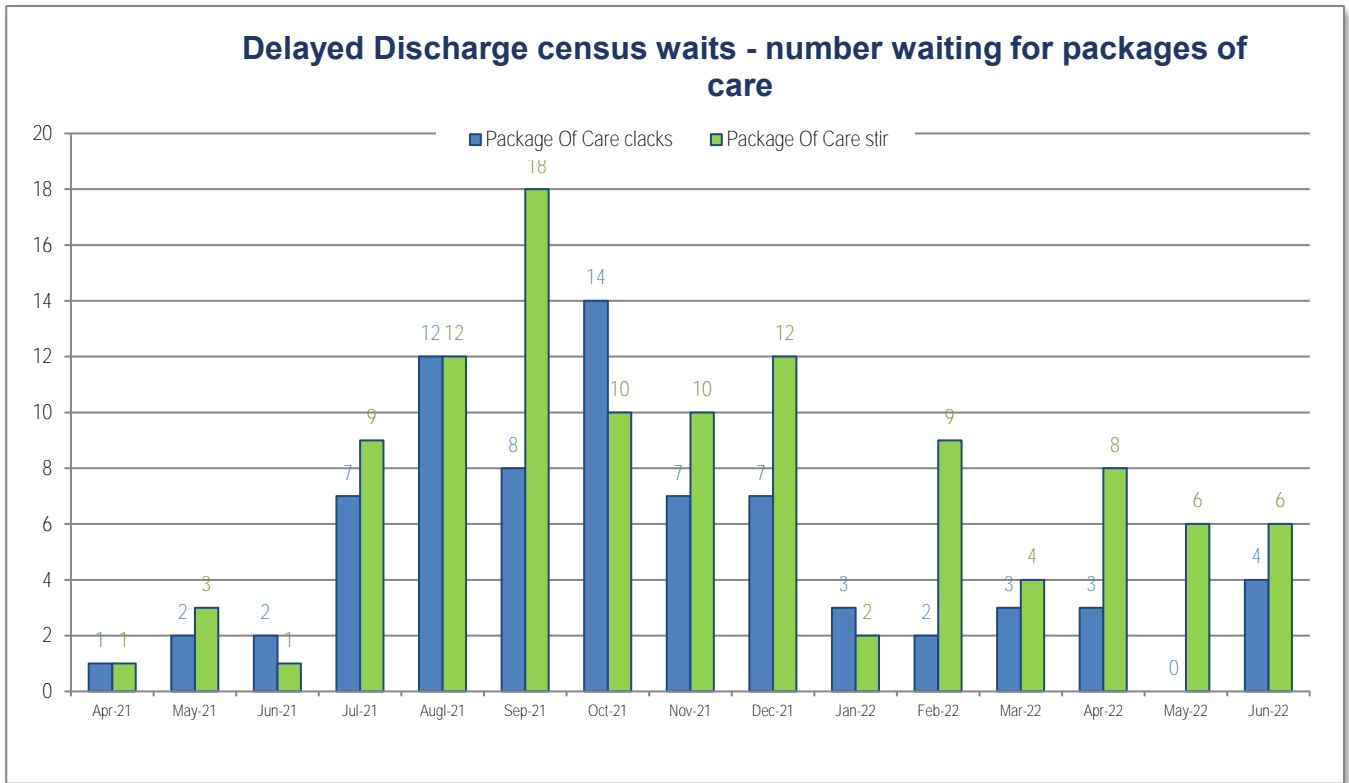
Source: HSCP Unscheduled Care Dashboard local data

The graph above shows that although there continues to be a high number of standard delays particularly in Stirling. For those patients who had been delayed in leaving hospital, returning home with a package of care continued to be the highest destination towards the end of the quarter.



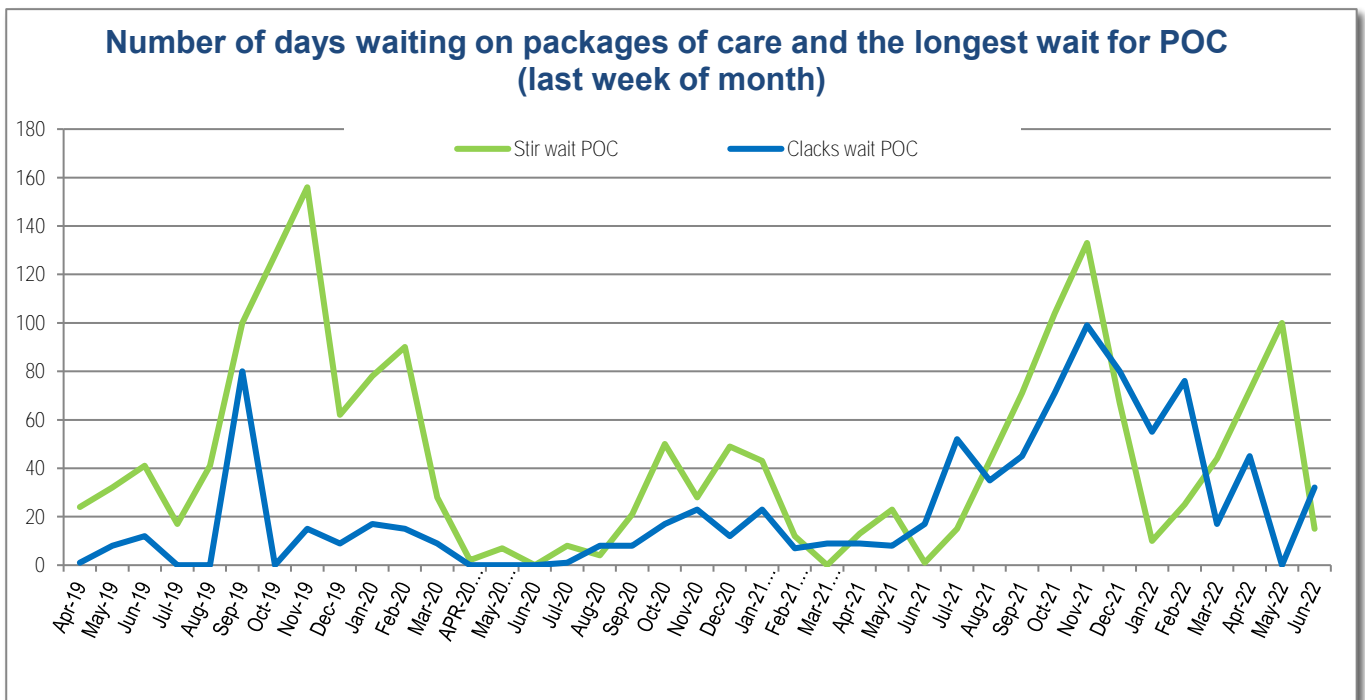
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows that waits remain steady for packages of care in Q1. This appears to be mainly due to difficulties sourcing packages of care and the complexity of care packages, which were required to meet an individual's assessed needs.



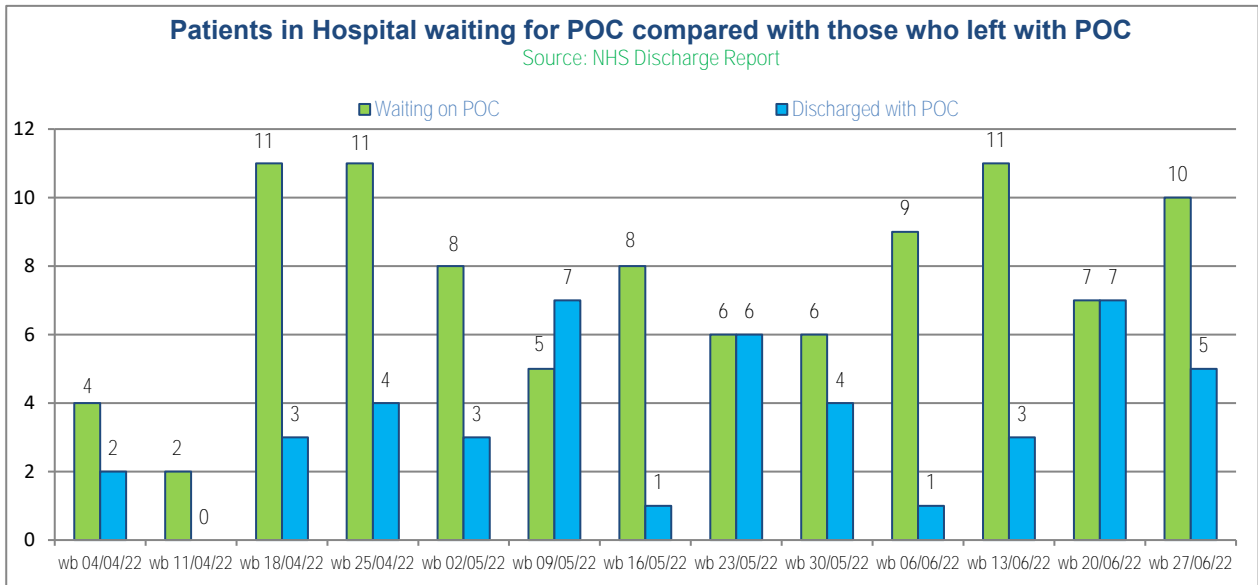
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows that, waits peaked again in Quarter 1.



Source: HSCP Unscheduled Care Dashboard local data

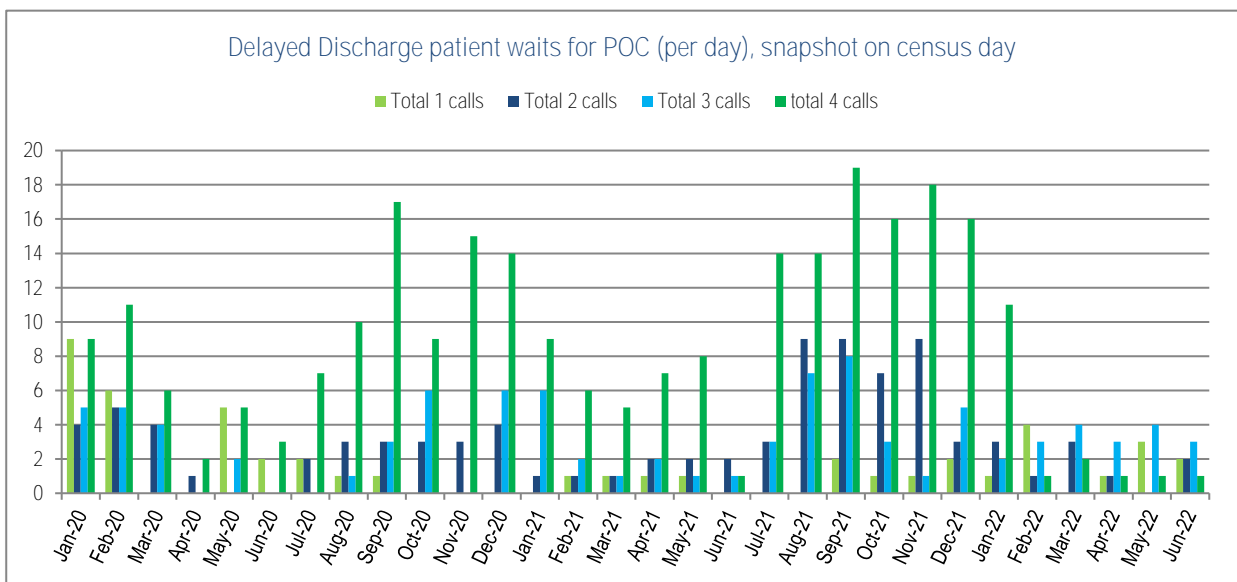
The weekly data below shows that packages of care were being sourced for patients delayed in hospital however, demand outstripped supply and the number provided often did not cover the number actually required.



Source: HSCP Unscheduled Care local data

The graph below shows that the demand for 4 calls was much lower in Q1. This is due to a range of activity:

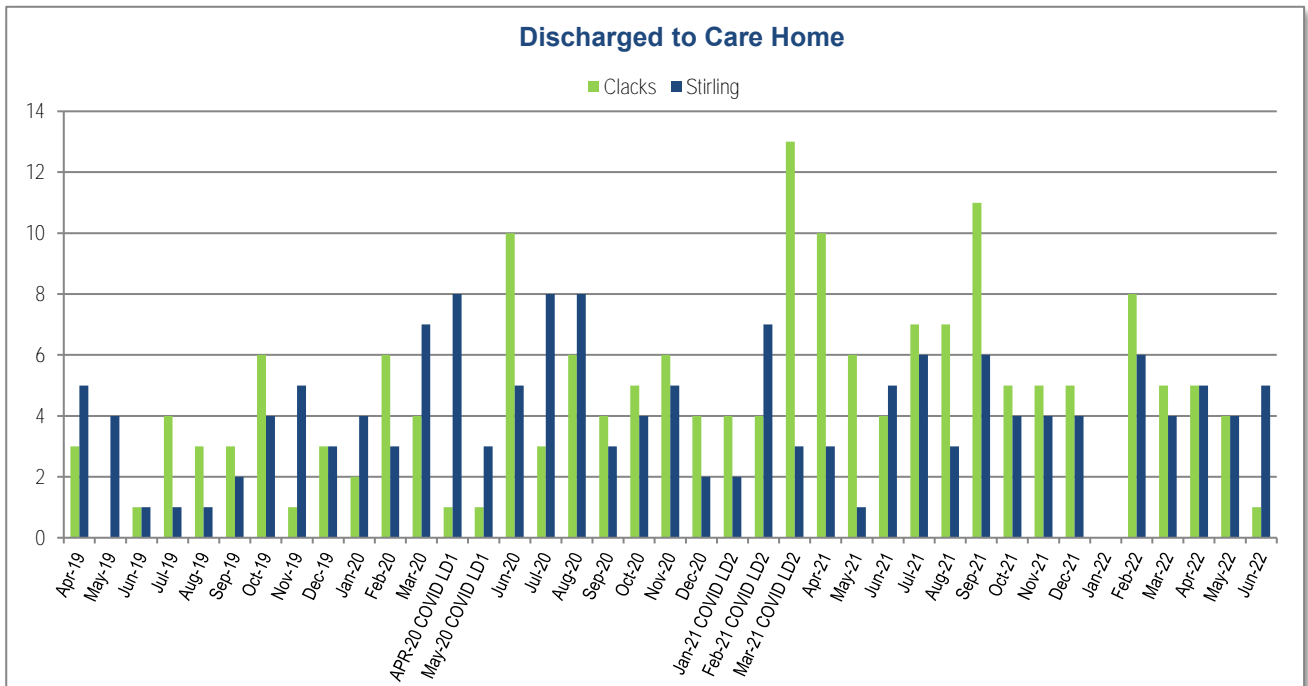
- Stirling Reablement picked up 5 hospital clients with 4X POC in Q4, and Stirling external providers picked up 10.
- There was 9 sideways moves to care homes for hospital patients waiting on POC in the previous Q4 with 2 of those patients coming from FVRH. In total, 7 of those patients were waiting on POC four times per day.
- Rapid Reablement Team provides temporary care at home until a POC is available (data not available).
- Discussions with clinical and nursing staff on the acute site around the challenges of defaulting to this level of care may have changed expectations.
- Patients being provided with specialist equipment that reduces the need for visits by paid carers through prescribing proportionate care (data not available).



Source: HSCP Unscheduled Care Dashboard local data

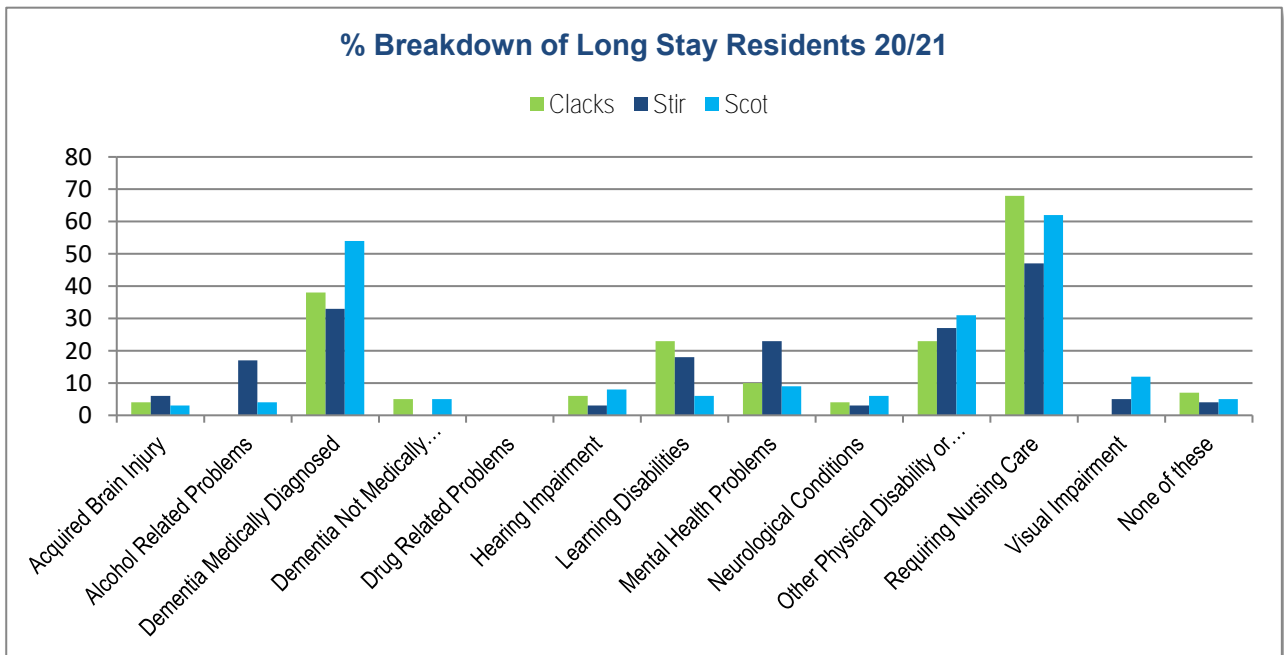
Care Homes

Discharges to Care homes continue to fluctuate, reflecting restrictions to admissions and limited availability. or complete closure caused mainly by COVID outbreaks.

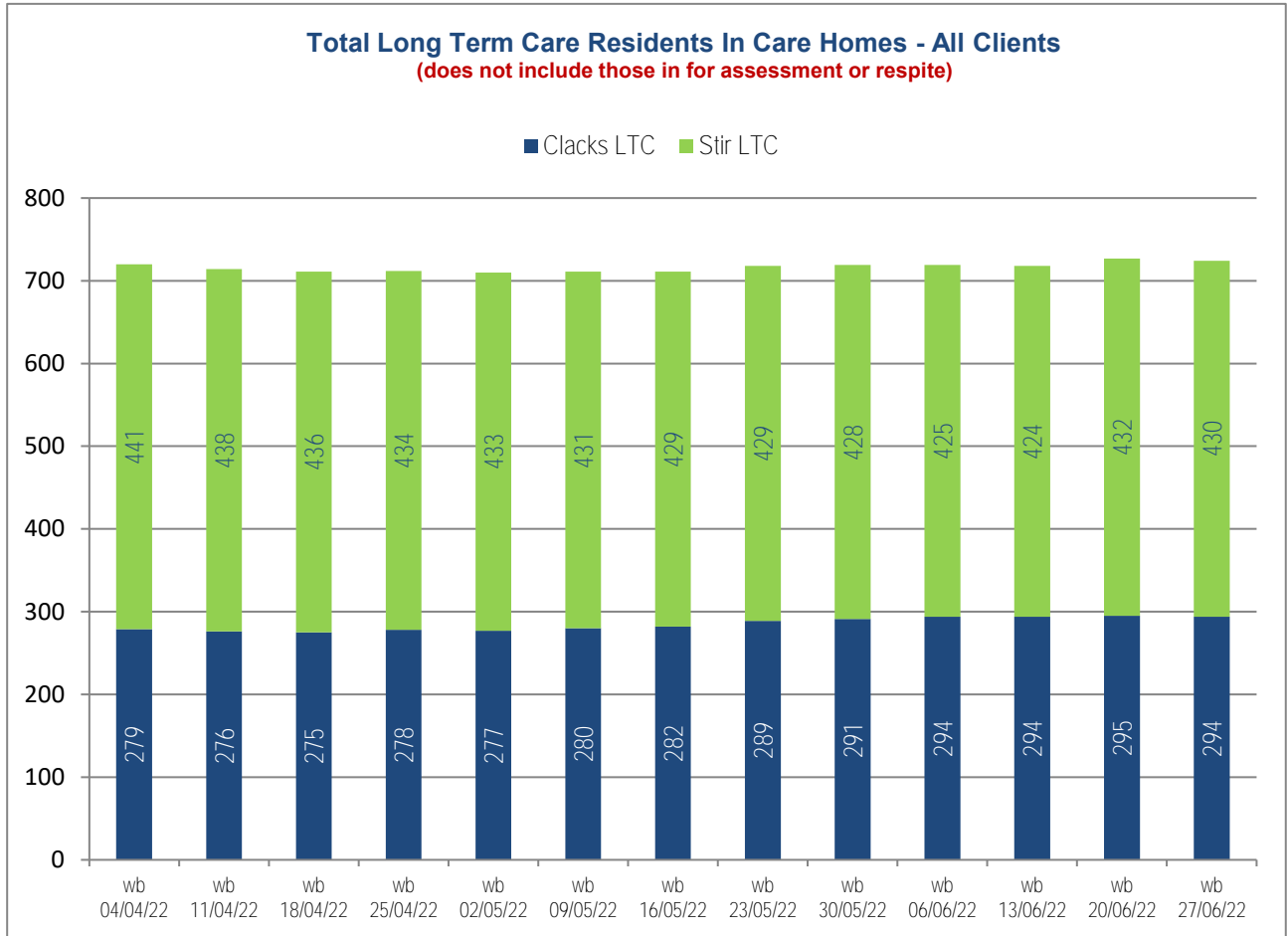


Source: HSCP Unscheduled Care Dashboard local data

The graph below gives a good insight into the needs of care home residents and although vacancies in care homes are available they may not be suitable for the client who is delayed in hospital.



Source: National Census Data



Source: HSCP Local Data

Alternatives to Admission – Prevention & Community Intervention

Many adults can be supported within their own home or a homely setting, even when unwell. Staying unnecessarily in hospital can be detrimental to people’s ability to continue to manage their own care, leading to a loss of function.

District Nursing and Social Care/Social Work work closely together to support people in their own homes and prevent the need for unnecessary hospital admissions.

District Nursing

The District Nursing services provides clinical and care support to people across all communities. Spring booster campaign started 21/3/22 for all over 75 patients now near completion with 1200 visits in the quarter. We have had a significant increase in end of life patients (97) dying at home. The district nursing teams along with care /social care colleagues have prevented hospital admission for those individuals who have expressed their wish to die at home.

	Q1	Q2	Q3	Q4
Home Visits	20,579			
Treatment Room	6,194			
Telephone Calls	285			

Source: HSCP Local Data

Care opinion feedback has been positive over the period. Patient feedback questionnaires have been developed and feedback being reviewed with any action plans being developed to improve practice. Complimentary feedback shared with staff. Staff questionnaires also completed, again to inform practice and make any improvements.

Recovery plan in place with patients having no waiting time for essential services and non – essential services in recovery mode. This plan has been reviewed and will remain fluid due to ongoing Covid related absences. Various staff absences due to long/short term sickness all being managed.

The service has carried on with normal business and many patients with support from the teams and their carers/relatives are now self managing their conditions and have been taught to carry out a range of measures to enable them to do this, however support and visits are still available for those that need them. Public seem less inclined to continue with self care as they feel services are now normal. They are also providing phone consultations for patients who need advice on their condition, this has reduced and fuller visiting schedule has resumed. The D/Ns work in conjunction with other services such as GPs, AHPs, social care staff and Care providers to enable people to remain in their own homes safely. Full treatment room service being offered, with exception of ear syringing, only being offered as an assessment and as a last resort once patients have carried out self care options first (new leaflet and policy developed).

Working closely within HSCP to support ongoing demand for care/reviews and to support timely hospital discharge.

Adult Social Care / Social Work

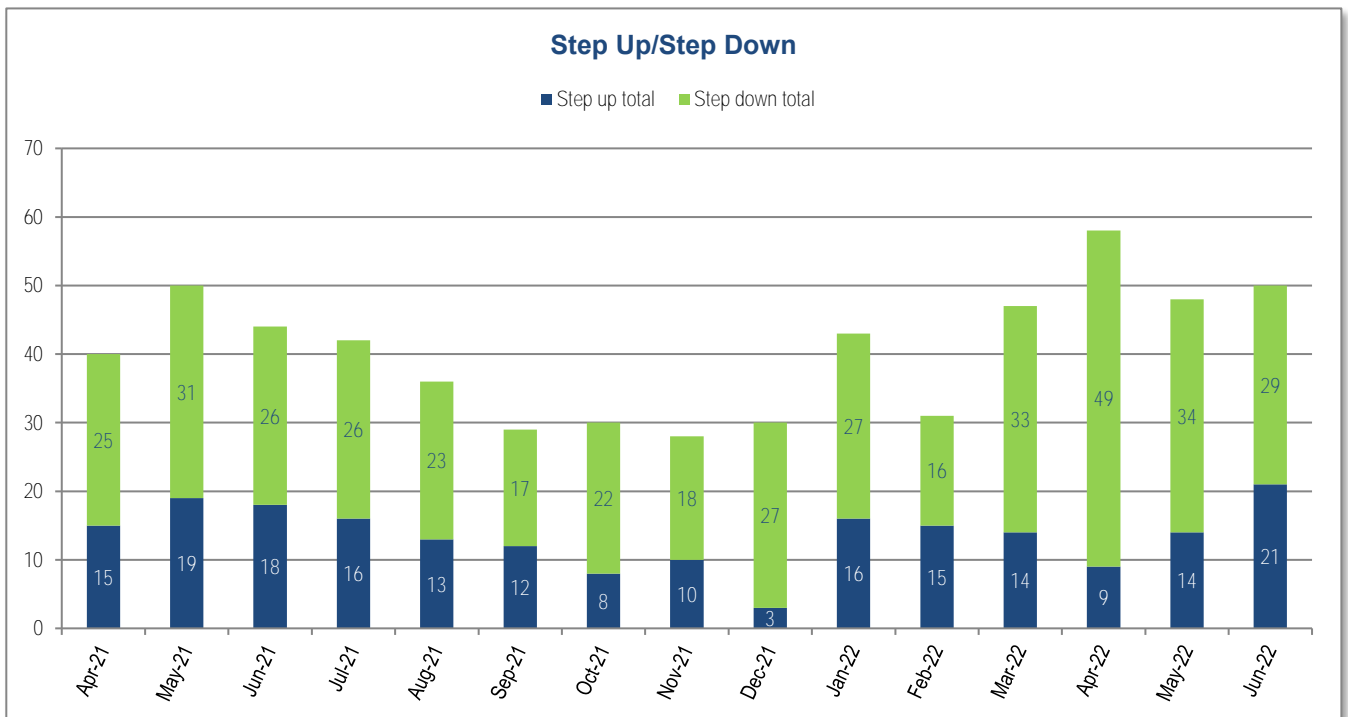
The HSCP supports people to regain or maximise their independence by offering within the community bed based Intermediate Care or Reablement care at home.

Intermediate Care can be used to assess and stabilise someone living at home who, without this intervention, may have become an emergency hospital patient (step up). Or to support someone to transition from hospital (step down) to prepare for independence and allow for further rehabilitation.

Those assessed with the potential to return home from Intermediate Care, can be provided with time limited reablement support at home, to further support them to re-adjust and regain as much independence as possible.

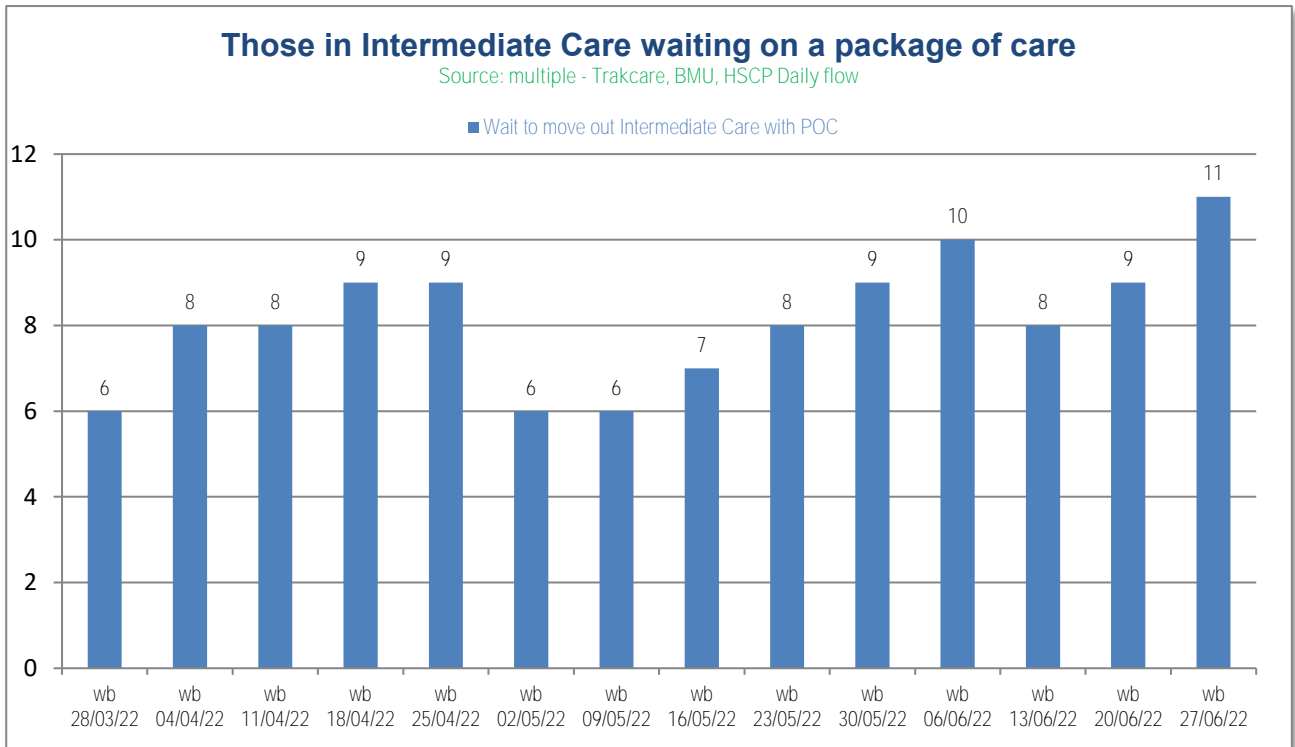
These services are key linkages within the Unscheduled Care Pathway between hospital and home. As we know both Intermediate Care and Reablement services have had a reduced number of admissions and discharges over the period due to the ongoing system pressures, which is reflected in the slowing down of the flow across community health and social care.

The graph below shows the number of those entering bed based Intermediate Care from hospital has improved over the quarter.



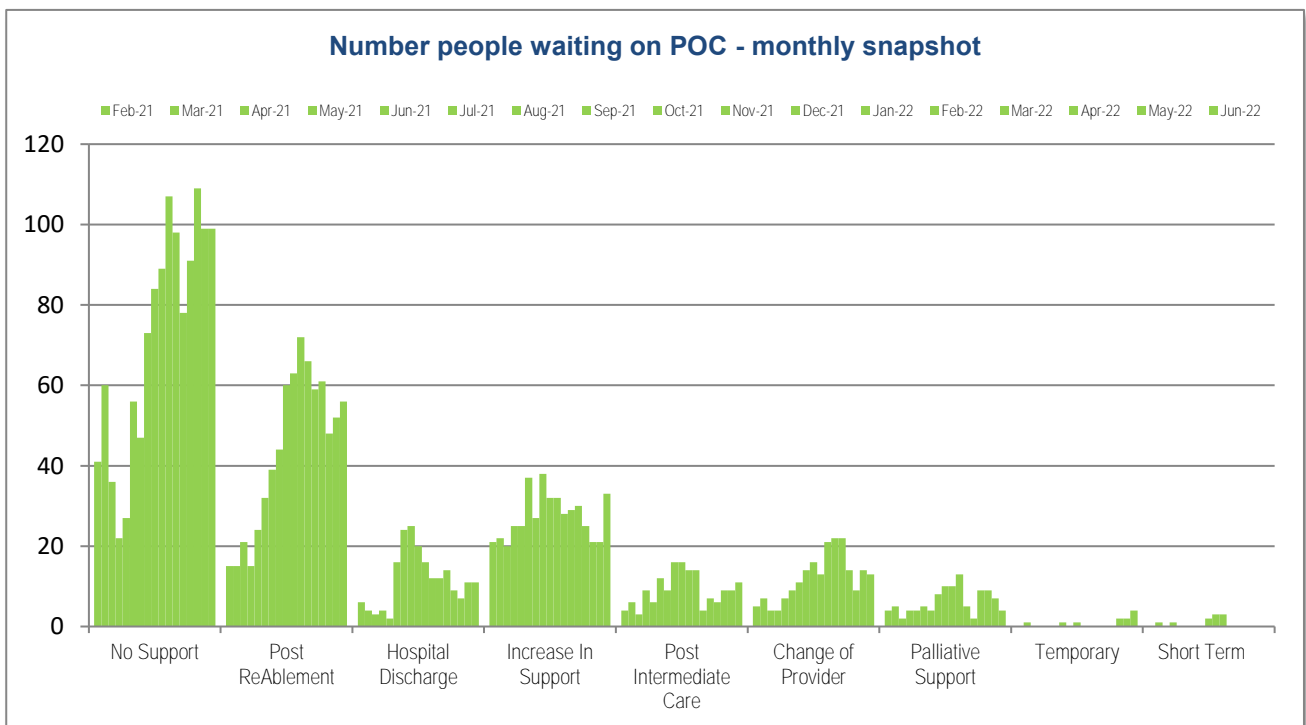
Source: HSCP Local Data

Although the movement through this service is slowed down by those clients waiting to move back home with a package of care which has continued to be relatively high.



Source: HSCP Local Data

The graph below shows the waiting lists for all social care clients who require a package of care (POC). Most areas remain at a high level, after a slight reduction over Quarter 4.



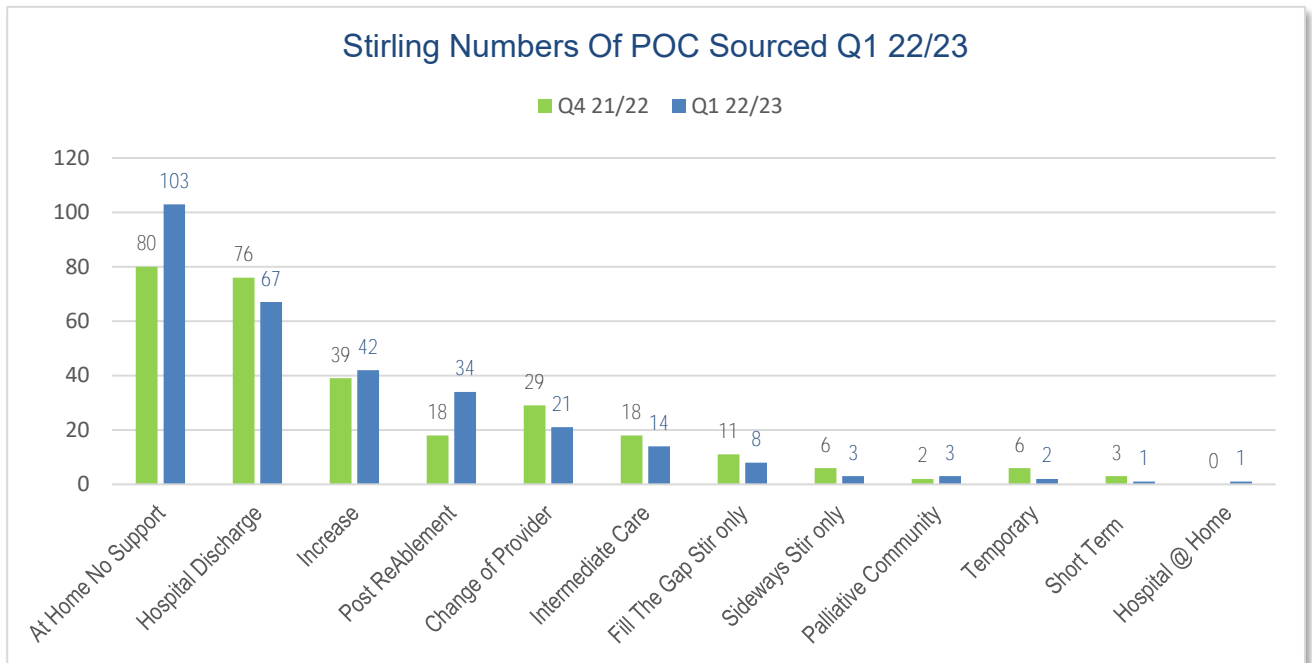
Source: HSCP Local Data

Those waiting to move on, whilst remaining in services such as Intermediate Care and Reablement, means that capacity to take on new clients is restricted in those services. These are often the services required for delayed discharge patients.

A look at the chart below shows weekly packages of care resourced by framework providers within the Stirling area over the quarter. It shows a complex commissioning landscape.

Factors that account for the differences are:

- Location. If a provider is already visiting an area or street then this is more easily sourced if capacity becomes available.
- Complexity. If a provider is already visiting a client then an increase in the hours provided to that client is more easily sourced if capacity becomes available.



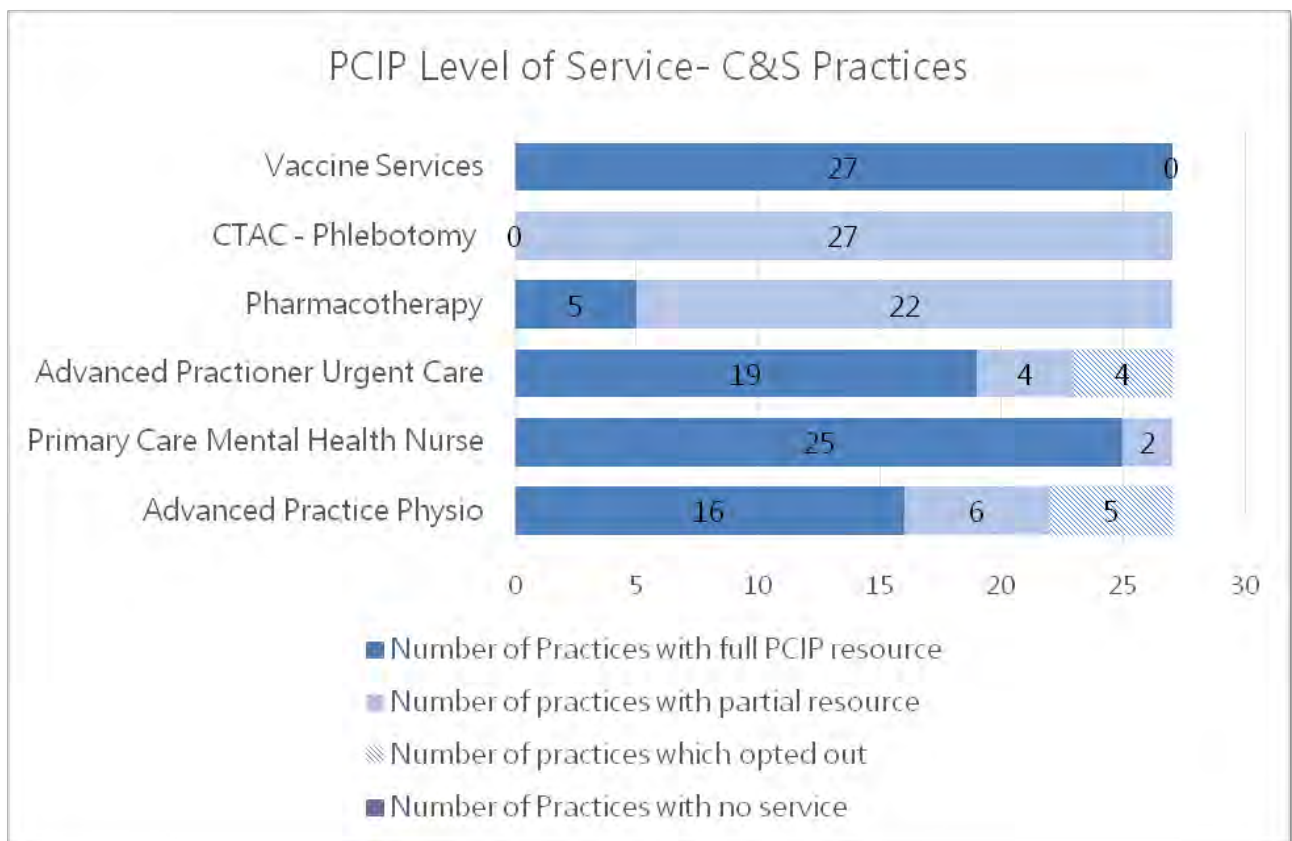
Source: Weekly Unmet Need Spreadsheet

Primary Care Transformation

“Work together and take a multi-disciplinary approach to improving primary care. Scale up the support to all GP practices.”

Strategic Plan 2019-2022

Primary Care Transformation



Update:

- The end of programme report was presented to IJB in June
- The Forth Valley PCIP approach was presented as a parallel session at the NHS Scotland Event in June
- There is a new Mental Health and Wellbeing programme which will deliver 10 General Practice link workers and additional mental health services which will be developed through a locality design approach

“Work with unpaid carers to support them in their role. Work with the Third Sector to reduce isolation and loneliness of older adults. Expand the neighbourhood care model to other localities. Expand housing with care opportunities across all localities. “

Strategic Plan 2019-2022

Caring Connected Communities

Social Care Support for people in the community can be a range of services, some that are free such as personal care, or some care that may be charged such as other non-personal care, community alarm, or equipment.

The table below shows the breakdown of provision.

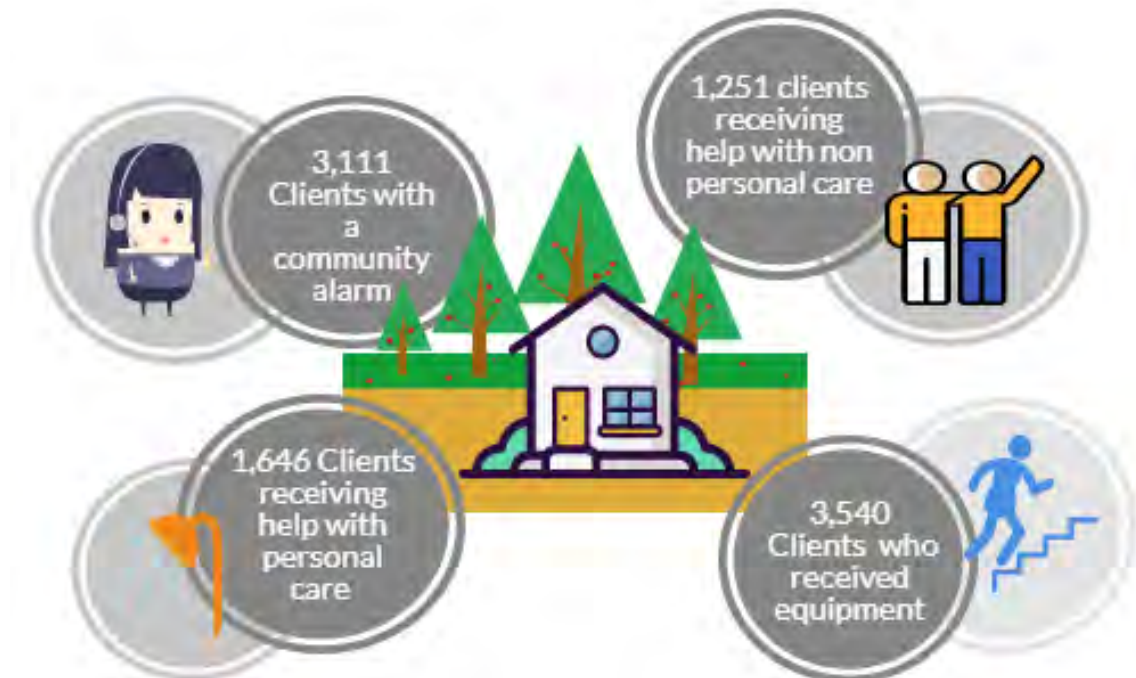
Quarter Snapshot 20/21	People with community alarm	People with equipment	People with personal care	People with non-personal care
1	3,111	3,540	1,646	1,251
2				
3				
4				

Source: HSCP Local Data

What is the difference in tasks between personal and non-personal care?

Personal Care examples = hygiene, mobility, health and wellbeing

Non-Personal examples = housework, shopping, assistance with daily living.



Self-Directed Support

The wider use of self-directed support (SDS) ensure service users and their unpaid carers can exercise choice and control over their care and support. The IJB approved funding for a dedicated Self-Directed Support Lead Officer to ensure that the principles and practices of SDS are embedded across the Partnership and to make ongoing improvements to SDS.

The Self Directed Support Lead Officer post is delivering on;

- Refreshing operational guidance for practitioners and staff, including reviewing current eligibility criteria
- Reviewing assessment methodology and tools to comply with SDS legislation
- Developing a Continuous Professional programme, practitioner learning and training opportunities across whole system
- Creating up to date public information on SDS options
- Fostering positive working relationships
- Seeking opportunities for supported people to be key influencers in the delivery of a refreshed approach to SDS.

Support more people at end of life

People with complex long-term conditions and palliative care needs are increasing, and they are given the choice of being supported in the place most appropriate to them when it comes to the end of their life.

Generalist services (such as social care at home, district nursing, etc) provide palliative and end of life care in the community and specialist input can be requested to manage symptoms and pain to support a person to die in their own home.

27 referrals to Adult Social Care for those in Terminal Illness care group over Q1 2022-23

10 referrals assessed

12 clients received a care package

Learning Disabilities

57 referrals to Adult Social Care for those in Learning Disability/Autism care group over Q1 2022/23

11 referrals were assessed

1 client received a care package

Our commitment to improving outcomes reflects the national strategy, and our outcome focussed approach promotes person centred assessment and planning.

Community health and social care staff have been integrated to ensure a consistency of service, and this includes the re-design of model of care. We know that of those people

known to Adult Social Care, 81%² are supported in their own or family home, and 15%³ live in long term care which can include care homes and supported living.

Unpaid Carers

The Carers Strategy Group membership and terms of reference has been refreshed to ensure implementation of the Carers' Scotland Act, delivery of the key actions will be as a partnership with all partners; specifically, carers and their representatives. In addition, an operational focus across HSCP teams to support all staff to identify and offer assessment to carers is underway.

Falkirk and Clackmannanshire Carers Centre

The Carers Centre staff team continues to provide individual and group support to carers as well as delivering a programme of Care With Confidence sessions. There are now regular in person carer support groups which meet including a monthly lunch for carers and the person they care for. The Carers Centre in Clackmannanshire currently has 897 carers registered and active.

¹ Based on 1920 data
² 516 (24%) Clients (17%)
³ 516 (44) clients (11%)

2021/2022	Q1	Q2	Q3	Q4
No of new carers identified	44			
No of ACSPs offered/requested	52			
No of ACSPs completed	53			
No of carers accessing individual support	275			
No of Carers benefiting from short breaks grants for health and Wellbeing support ⁴	66			
Attendances at Care With Confidence Sessions	44			
No Carers Forum meetings	1			
Attendances at Forum meetings (carers)	5			
Attendances at Forum meetings (professionals)	6			
Number of Carers Groups facilitated	24			
Attendances at groups	190			

Source: Carers Centres Local Data

Stirling Carers Centre

Stirling Carers Centre currently has 1,621 adult Carers registered and active at the end of June 2022.

2022/23	Q1	Q2	Q3	Q4
New Carers Registered	142			
Adult carer support plans (ACSP's) offered / discussed with	185			
Adult carer support plans (ACSP's) completed	99			
Adult 1:1 appointments completed	202			
Welfare checks completed	933			
Emergency care plans offered	138			
Adult Carers contacting the Centre	926			

Source: Carers Centres Local Data

⁴ Health and wellbeing support offered by the carers centre includes for example holistic therapies, or carer grants sourced for gym memberships, etc.

Mental Health

**“Improve outcomes for people using mental health services
and reduce reliance on emergency care.”**

Strategic Plan 2019-2022

Primary Care Mental Health

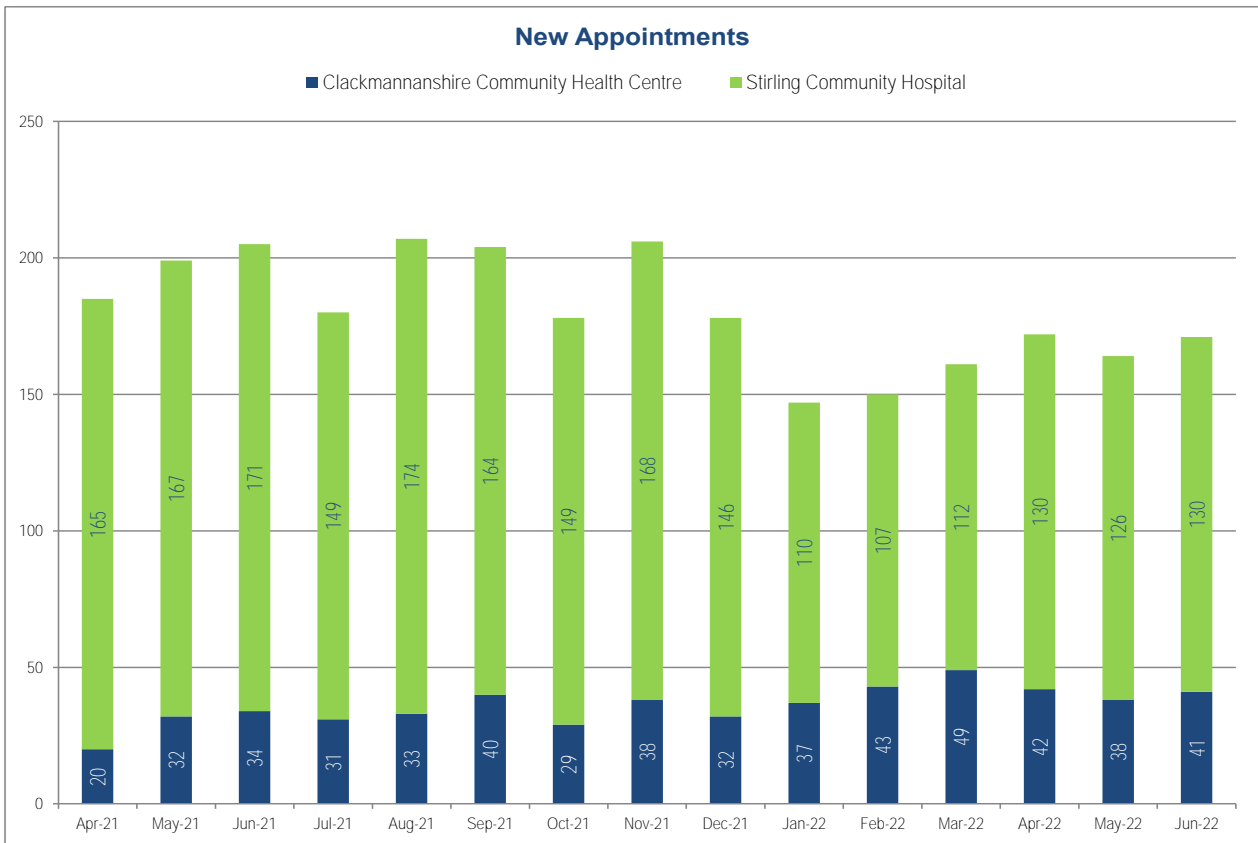
Primary care is the first point of contact with the NHS. This includes contact with community based services provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists, and Allied Health Professionals (AHPs) such as podiatrists and physiotherapists.

The aim of the service is to provide direct access to expert assessment and early intervention for patients with mild to moderate mental health difficulties in general practices, thus enabling GPs to focus on more complex care. All practices now have a Primary Care Mental Health Nursing (PCMHN) service.

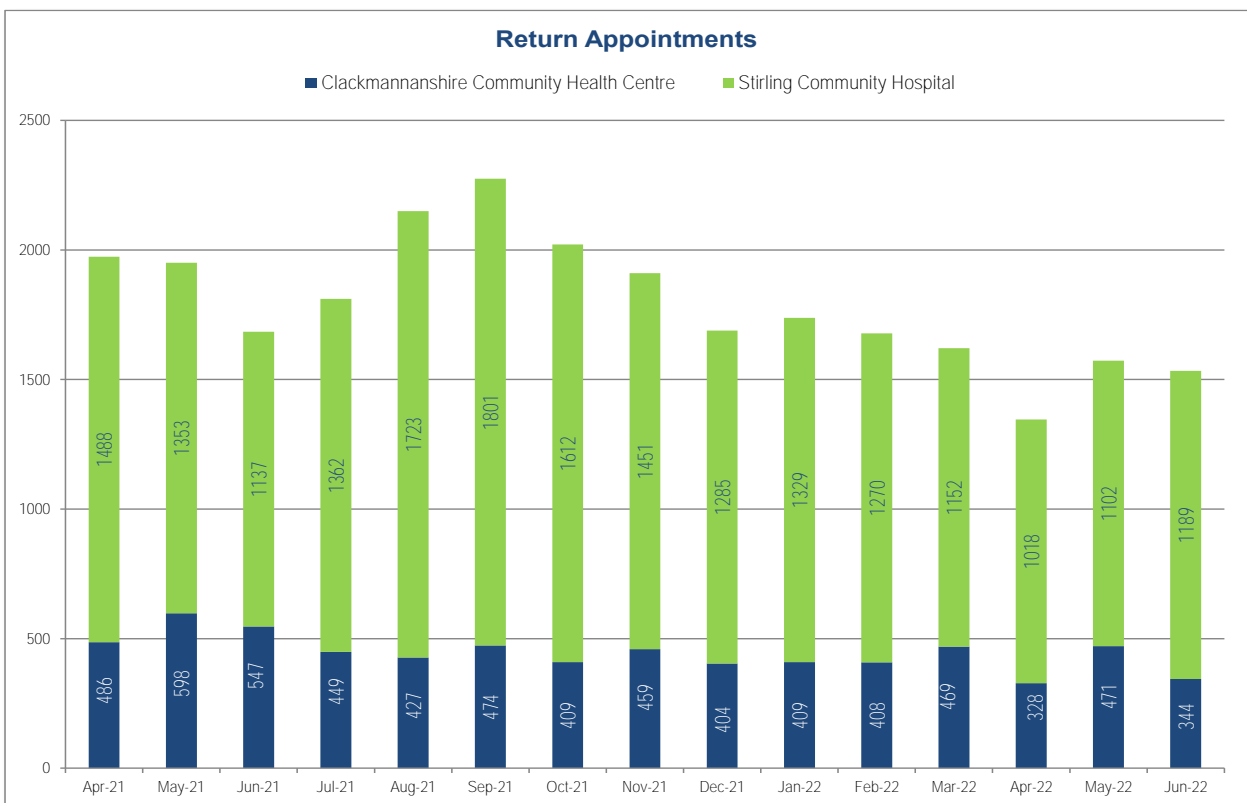
Community Support – Outpatients

Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

Community Mental Health Teams (CMHTs) support people with severe and enduring mental health in the community; they see new referrals and people with return appointments.



Source: NHS Forth Valley Local Data



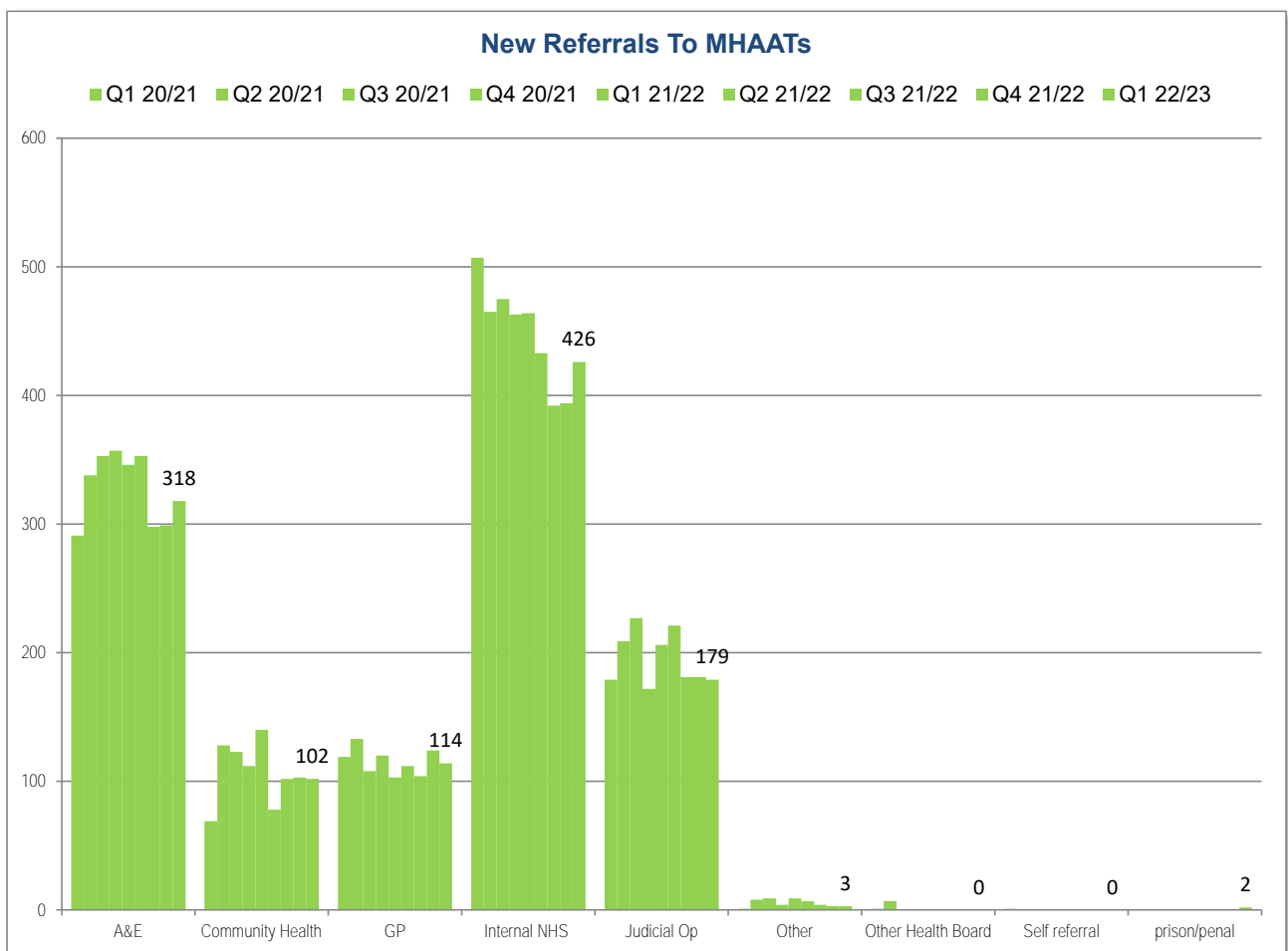
Source: NHS Forth Valley Local Data

Acute Support

Acute hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals. It includes services such as consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation; and short-term care of patients.

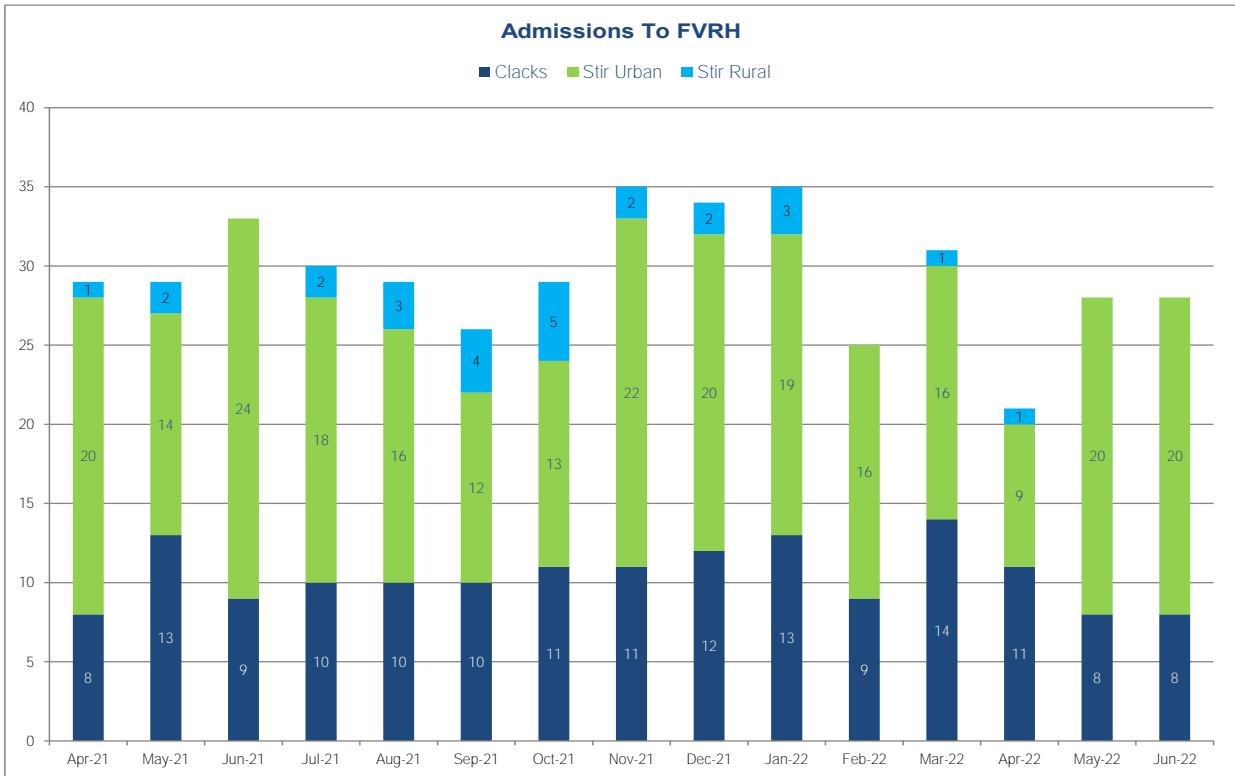
The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

The number of referrals has risen from 1104 in Q4 21/22 to 1142 in Q1 22/23. The main rise in referrals was from A&E and Internal NHS.



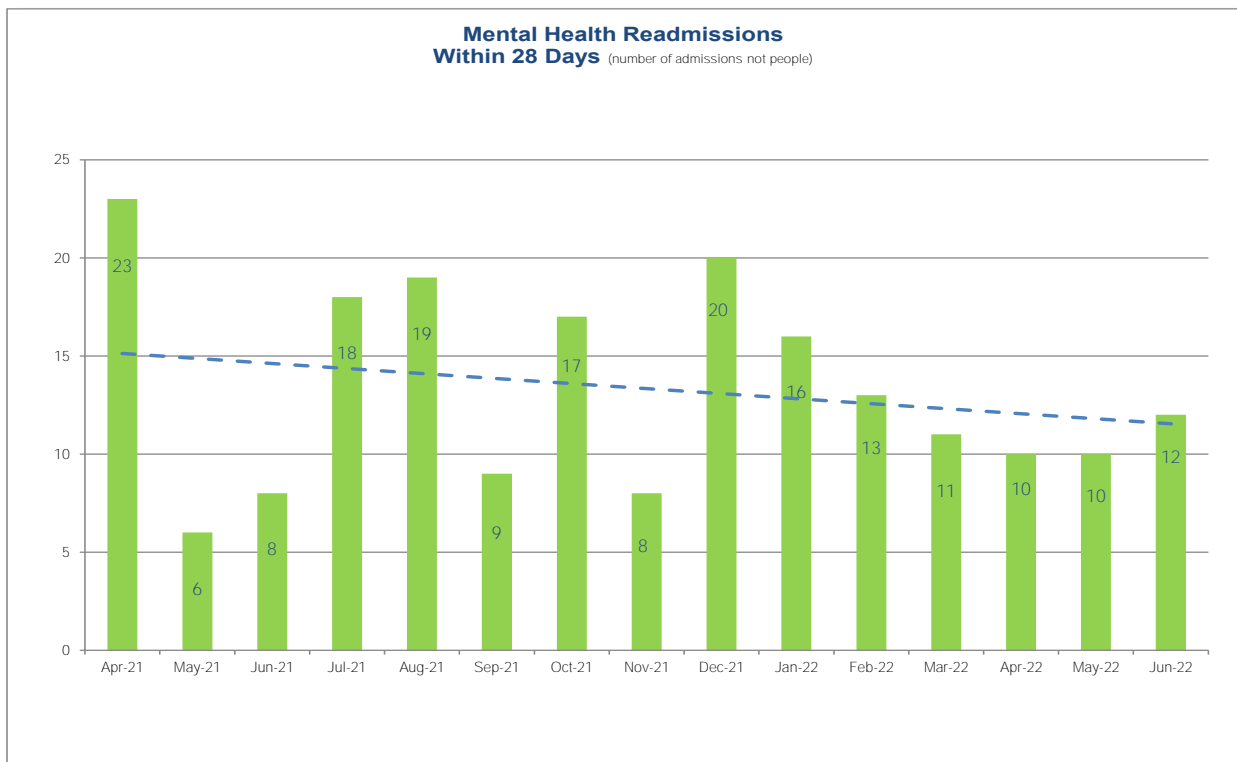
Source: NHS Forth Valley Local Data

Admissions to Forth Valley Royal Hospital (FVRH) from the Clackmannanshire & Stirling area to the Mental Health wards reduced over Quarter 1.



Source: NHS Forth Valley Local Data

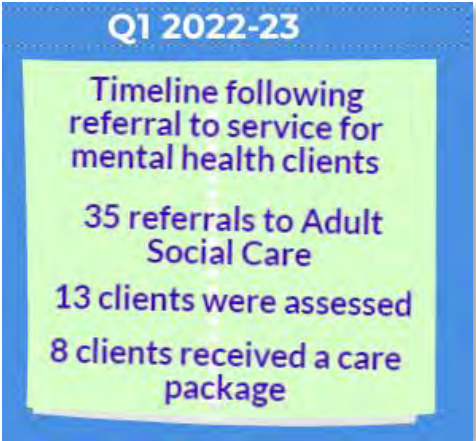
Readmission to hospital within 28 days has remained steady since the end of last quarter.



Source: NHS Forth Valley Local Data

Social Care

22.9% of people with mental health problems who were referred in Quarter 1, went on to receive a care package that provided them with practical support and personal/non-personal care.



Supporting People With Dementia

“Progress the redesign of services in order to provide support to people with a diagnosis of dementia in a multi-professional way which meets the individual needs of the person and their carers. Spread dementia friendly community work to all areas within the HSCP with the Third Sector.”

HSCP Strategic Plan 2019 - 2022

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of Post Diagnostic Support (PDS) from a named person who will work alongside the person and those close to them. The Scottish Government published a national action plan which explains how the Scottish Government is working with others during the COVID-19 pandemic. Read more.

Forth Valley has a Dementia Nurse Consultant; Liaison psychiatry for older people, a Dementia Outreach Team (DOT); along with a number of Dementia Champions.

The HSCP has taken the lead for the delivery of Dementia Friendly Communities within Clackmannanshire and Stirling, working closely with partners and local stakeholders.

It is estimated that within Forth Valley 1,087 people were newly diagnosed with Dementia in 2020 and we know previously that approximately just under half of those will go on to be referred for PDS.

Source: Diagnosis Rates

Community health and social care services work alongside partners, to ensure clients with dementia and their unpaid carers are supported to remain living at home and with their family for as long as possible.

94 referrals to Adult Social Care for those in Dementia care group over Q1 2022-23

28 referrals were assessed

30 clients received a care package

Previous analysis of one quarter’s social care data showed that referrals (those that had not been assessed in the quarter):

- 8% had actually received a care package in the quarter in advance of an assessment still to be done
- 19% of referrals not yet assessed were either allocated or pending and would be completed in the next quarter
- 9% were closed.

Source: Social Care Local Data

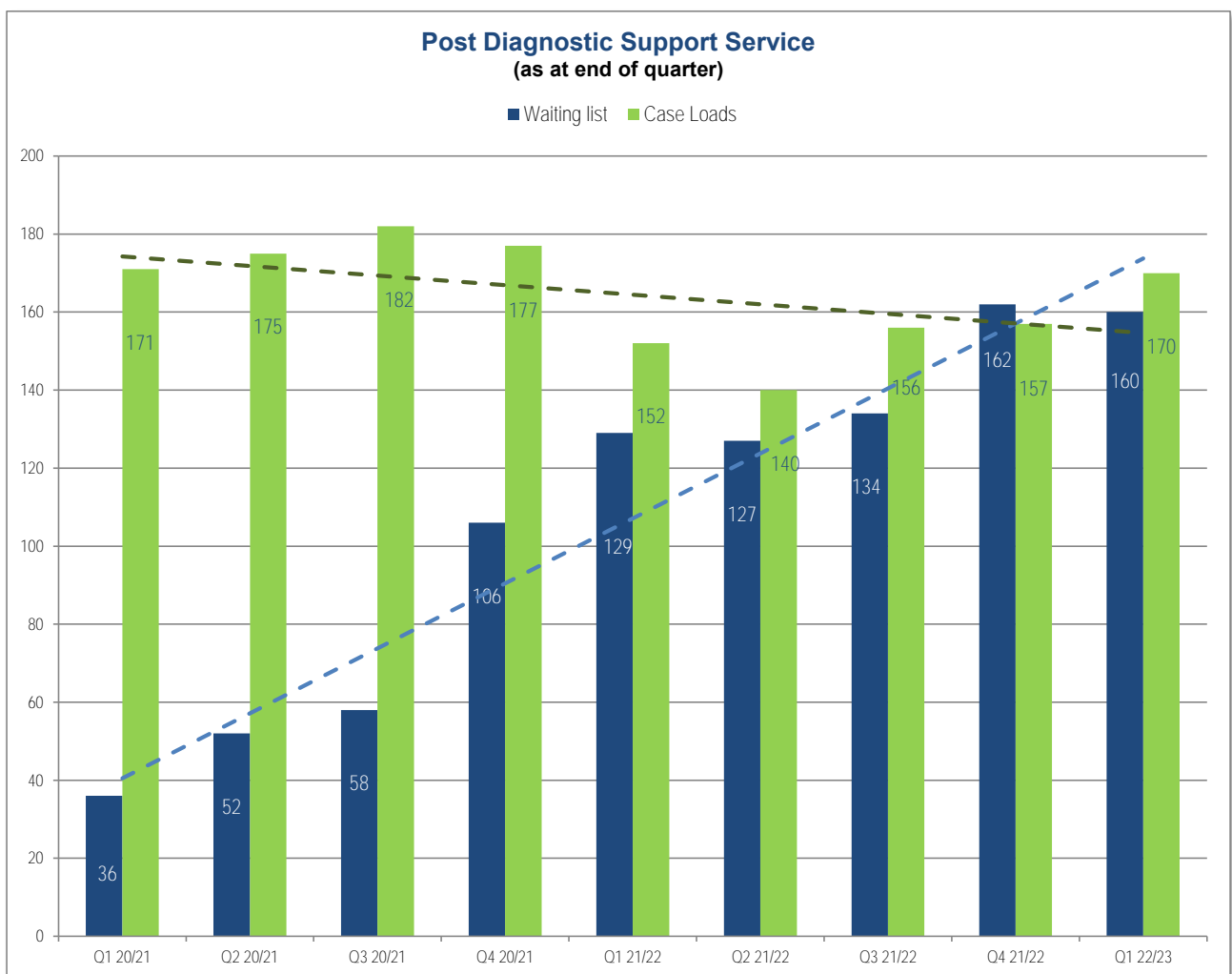
A priority system operates within Social Care which means that the most urgent referral is dealt with quicker.

Post Diagnostic Support (PDS) Service

The chart below shows the waiting list and current caseload for Post Diagnostic Support from Alzheimer Scotland in relation to Clackmannanshire and Stirling residents.

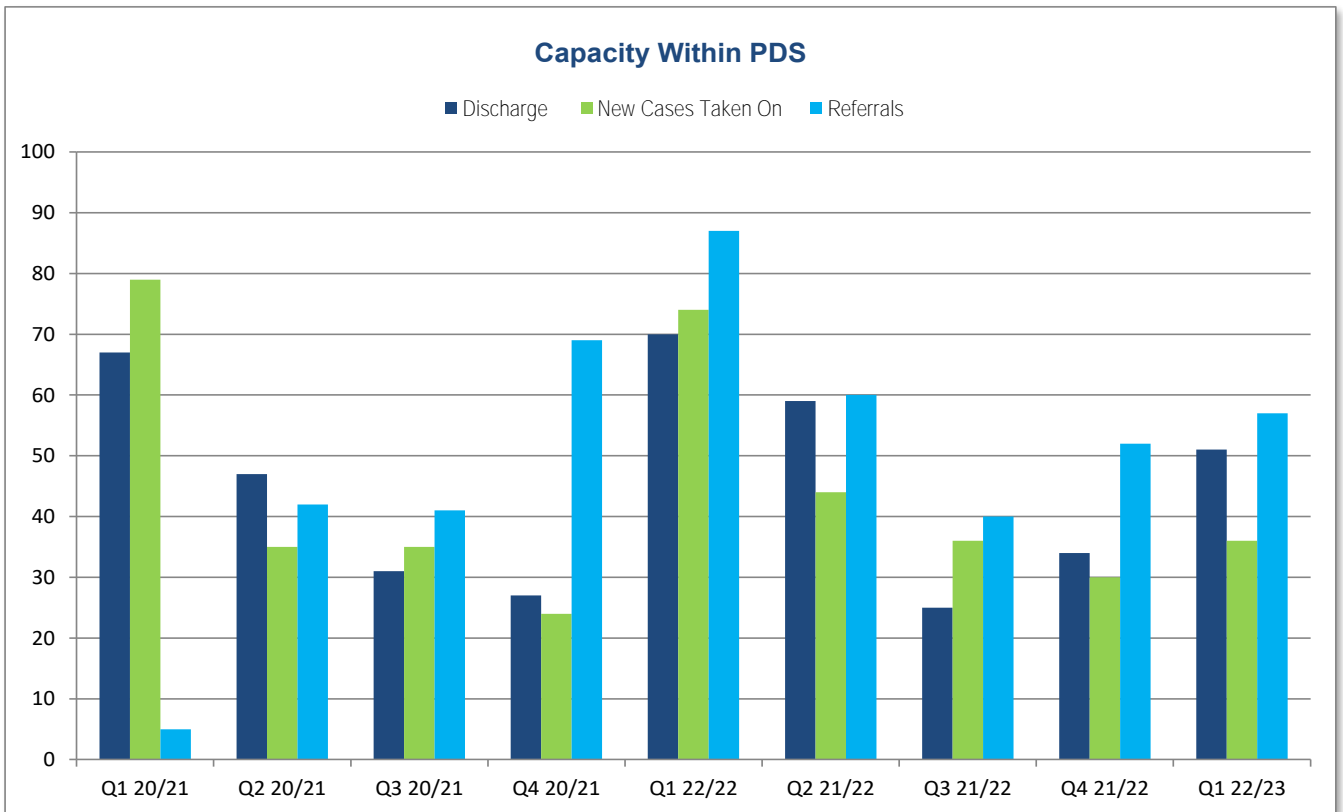
Operational Narrative – The service only has 2.5 WTE link workers covering Stirling and Clackmannanshire. The challenge is that so many are waiting on PDS and the wait time is currently just short of 10 months. It is found that people have deteriorated considerably during the time they are waiting on a PDS Link Worker. Covid has exacerbated the situation. A Dementia Consortium is planned to explore further commissioning going forward.

The graph below shows that waiting list and case loads remain high in Q1 22/23.



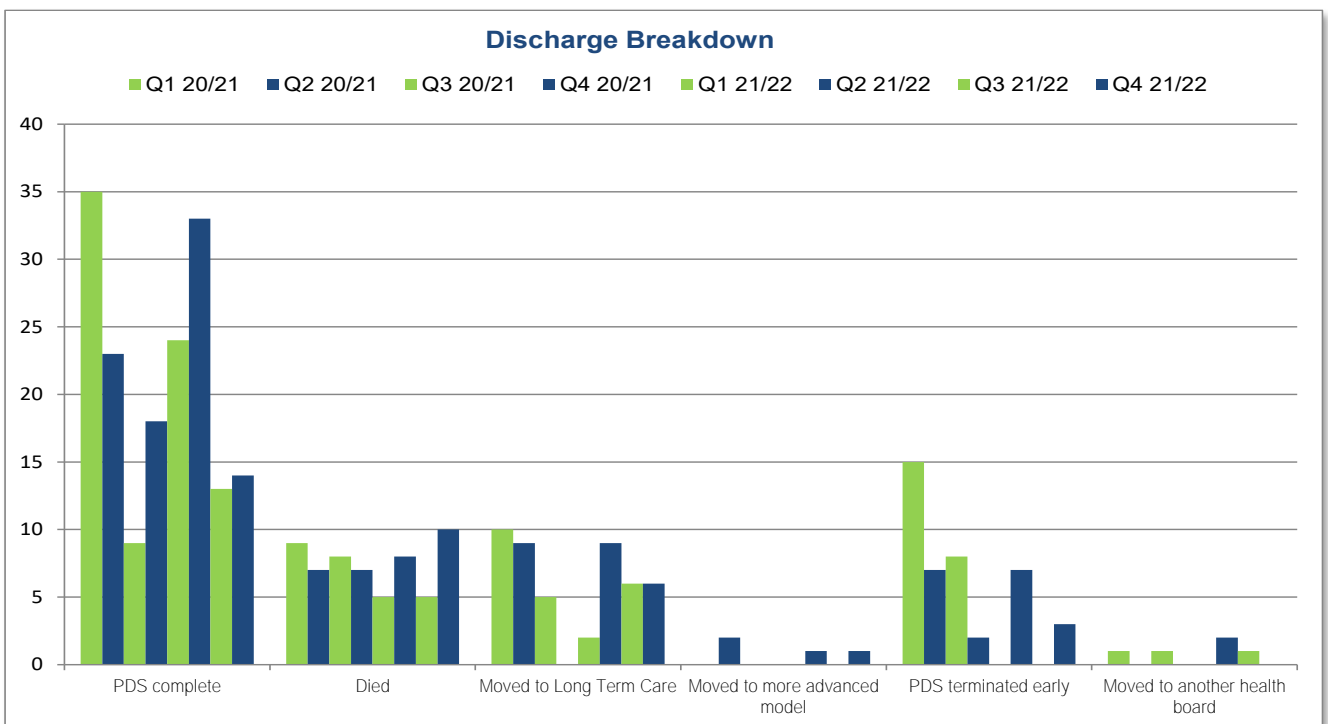
Source: Local Data

The graph below shows although there was activity in the quarter, the number of referrals continues to be higher than the number of discharges from the service in Q1.



Source: Local Data

The chart below breaks down the reasons for discharge from the Post Diagnostic Service. With less completions than the same time last year, and waiting list delays getting onto caseload, means that the disease is more advanced and takes it's toll with deterioration and ultimately more deaths.



Source: Local Data

Alcohol & Drugs

*“Work jointly with the Clackmannanshire and Stirling ADP to deliver outcomes for our community and relieve the burden of alcohol and drugs related harm, together, across the **partnership.**”*

The Clackmannanshire & Stirling Alcohol and Drug Partnership’s (ADP) has the responsibility for developing a local substance misuse strategy, that ensures the provision of the appropriate range of treatment options required to promote the recovery of those affected by substance use problems at point of need.⁵

The ADP aims to:

- Reduce harm from substance use in Clackmannanshire and Stirling;
- improve the lives of those harmed by substance use (including children and young people);
- promote health and support healthier lifestyles among people at risk of harm from substance use

Services provide support and care to enable those in this group to remain at home or a homely setting.

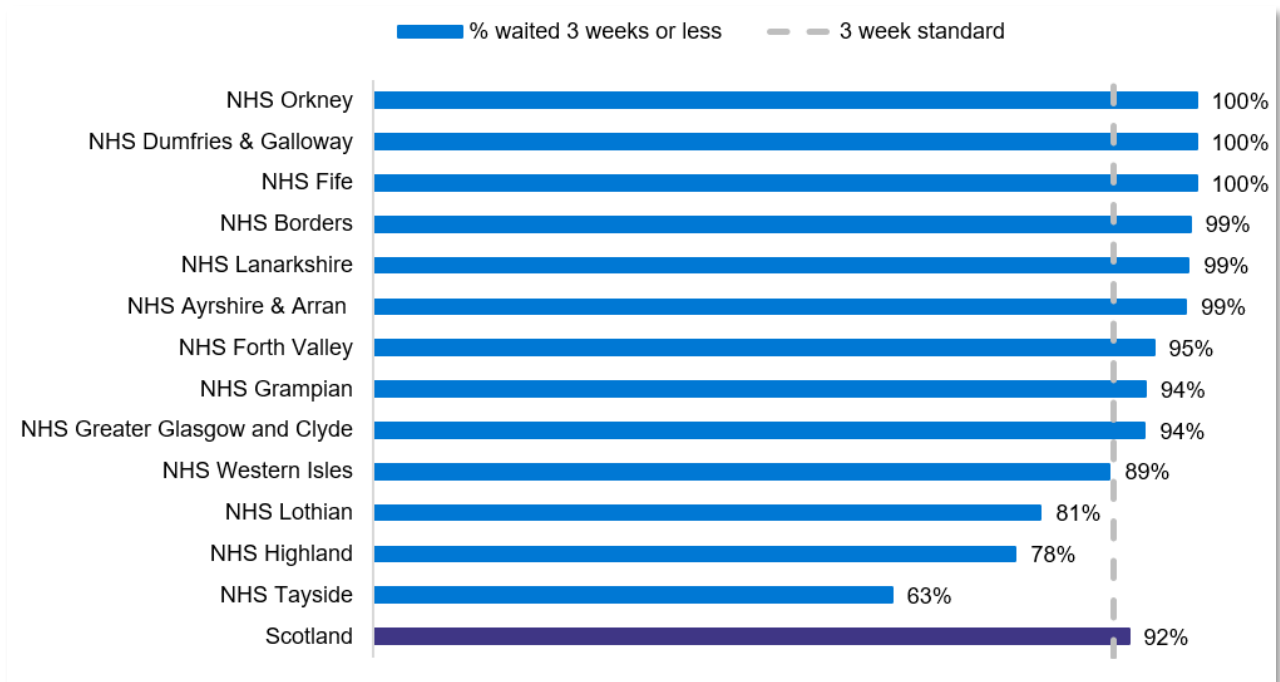
Waiting Times

The Scottish Government set a target that 90% of people referred with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was previously a national HEAT target, and has now become a Local Delivery Plan (LDP) standard.

Please note that due to ongoing data variations in terms of how waits are recorded, Health Board level reporting is the best way of reporting this performance.

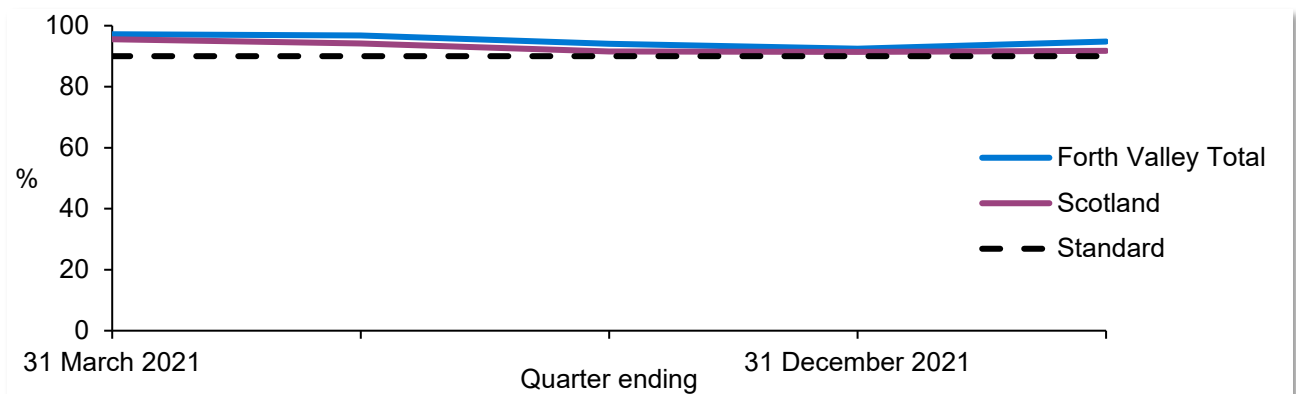
Percentage of completed community referrals with a wait of three weeks or less, by NHS Board (1 January to 31 March 2022).

⁵ <https://forthvalleyadp.org.uk/>



Source: National drug and alcohol treatment waiting times - 1 January 2022 to 31 March 2022 - National drug and alcohol treatment waiting times - Publications - Public Health Scotland

Clients Waiting 3 Weeks Or Less



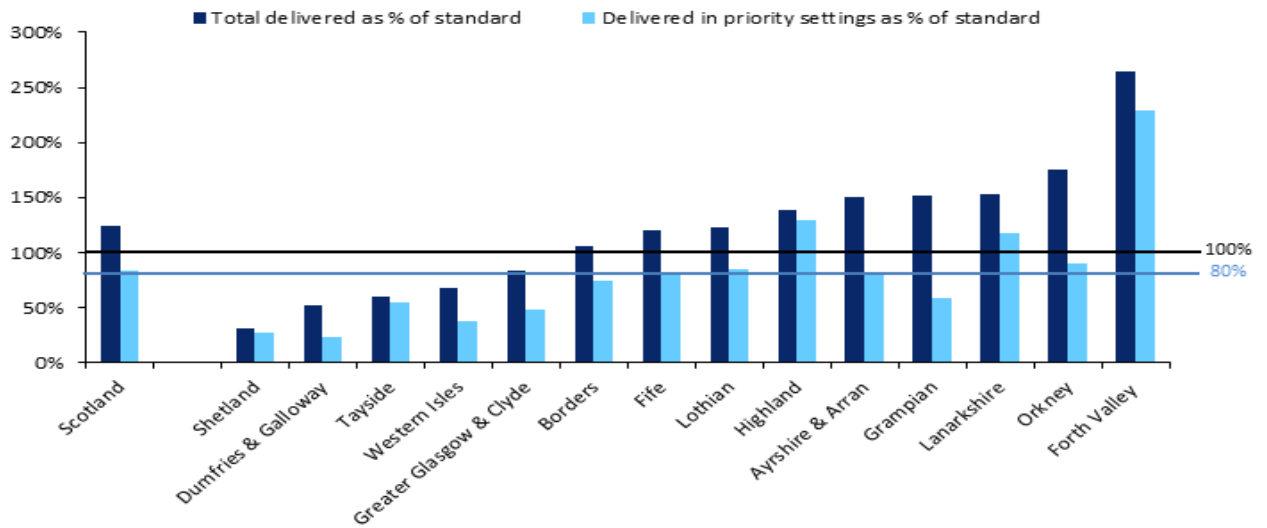
Source: Drug and Alcohol Treatment Waiting Times (DATWT) database & Drug and Alcohol Information System (DAISy)

Q4 shows a trend similar to Scottish average and above the national standard.

Alcohol Brief Intervention (ABI)

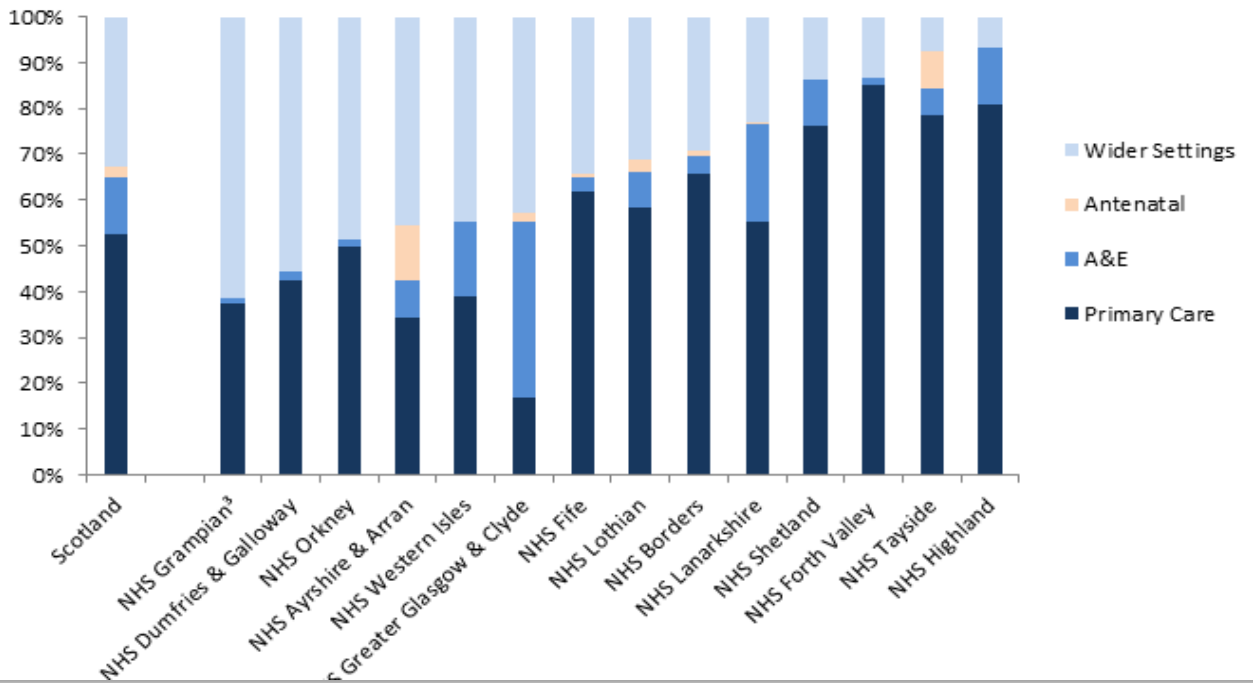
2020/2021 data is yet to be published owing to publication ceasing through the Covid-19 pandemic. The last official ABI publication was 19/20 data and 3 graphs have been included to give some perspective around this topic.

ABIs delivered against LDP standard, by NHS board; financial year 2019/20
Total delivered and delivered in priority settings; as % of standard



Source: National Data ISD

Percentage of ABIs delivered within each setting; by NHS Board
Financial year 2019/20



Source: National Data ISD

Forth Valley Recovery Community

Group activities

Between 1st April 2022 and 30th June 2022, we facilitated 220 group sessions across Forth Valley. (46 online group sessions and 174 face-to-face cafés or drop ins), with average 17 sessions per week. These sessions were attended 2460 times by community members from Forth Valley with the following attending from HSCP area:

Quarter	Clackmannanshire		Stirling	
	Male	Female	Male	Female
Q1	308	165	356	377
Q2				
Q3				
Q4				

Recovery Ramble walks

The Recovery Ramble walks continues to be a very popular activity which safely allows community members to reconnect physically while maintaining social distancing. These walks contribute to improving the physical and mental health wellbeing of community members. We held 29 Recovery Ramble walks across Forth Valley with 165 participants attending these walks on a regular basis. (Averaging 5 to 6 participants per walk).

Individual Support Sessions

During the reporting period, we received 78 referrals. During the same reporting period, a total of 195 individual support sessions were provided by the Recovery Development Team to support 121 Forth Valley residents.

	Clackmannanshire				Stirling			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individuals supported	27				32			

Drop in Peer support

During this reporting Q1 period the following Recovery cafés and Recovery Drop-ins (mini cafés) have been operational providing support - seven days per week:

- Recovery café in Alloa at The Gate.
- Recovery café in Stirling at The Mayfield Centre.
- Women's mini -cafe in Stirling at Kildean Business and Enterprise Hub.
- Recovery drop-in, in Alva at The Baptist Church.
- Recovery Drop-in, Stirling at the Haven.

We continue to deliver Peer Support sessions at the following locations:

- The FV Royal Hospital in Larbert
- The SMS clinics

Employment/Education/Volunteering (across Forth Valley)

During the reporting period 22 members of the community achieved, started and/or sustained employment, further education and training courses.

Other significant events

We started and/or continue to facilitate the following activities:

- Free gym sessions to community members at the Raploch Campus on Tuesdays and Fridays
- Street Soccer continues to run well every Friday afternoon at the Raploch Campus.
- Circuit training at our Stirling Cafe.
- CAB's advisor continues to attend our Alloa cafe to work with community members about any relevant issues they might have.

We started and/or continue to facilitate the following activities:

- Free gym memberships to community members at the Raploch Campus on Mondays, Tuesdays and Wednesdays open gym sessions.
- Street Soccer continues to run well every Friday afternoon at the Raploch Campus.
- Yoga sessions in partnership with Janet Hamill from SRC at our Stirling Cafe.
- CAB's advisor continues to attend our Alloa cafe

Social Care


**14 referrals to Adult Social Care
for those in Alcohol or Drugs
care group over Q1 2022-23**

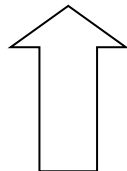
6 referrals were assessed

4 client received a care package

Source: Social Carer Local Data

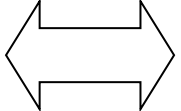
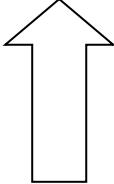
CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 24 August 2022
Exceptions Only

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSCP 001	Financial Resilience (This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets).	1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'	Current (4) Target (3)	Current (4) Target (3)	Current (16) High Target (9) Medium	Chief Officer / Chief Finance Officer	Will continue to material impacts of Covid on financial resilience over near and medium term. Review of MTFP underway aligned to recent Scottish Government Resource Spending Review (RSR)	
Risk Reduction Action	<ol style="list-style-type: none"> 1. Establishment of revised programme management arrangements including structure to monitor transforming care programme including savings delivery. (Complete) 2. Review and continual assessment of deliverability of efficiency and redesign programmes and alignment to Strategic Plan Priorities (Ongoing) 3. Approval of and periodic monitoring/updates of medium term financial plan to complement and support delivery planning to implement Strategic Plan. (Reviewed at Sept 21 (Ref IJB Finance Report –with substantive review underway post Scottish Spending Review May 22) 4. Development of further financially sustainable service options aligned to Strategic Priorities and Transformation Themes consideration by IJB. (March 23 as part of the Revenue Budget and Strategic Commissioning Plan process) 5. Agreed process for agreement and payment of contract rates including uplifts. (Annually) 6. Identify and mitigate as far as possible the financial risk associated with legislative changes including the Carers Act and Free Personal Care for <65s (Annually as part of revenue budget) 7. Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (Delayed due to Covid – Revised timescale agreed with NHS DoF and Falkirk IJB CFO October 22) 8. Review of Governance Framework including Scheme of Delegation, Financial Regulations and Reserves Policy and Strategy as part of prudent financial planning and management arrangements. (Reserves strategy and revised Scheme of Delegation complete – review of Financial Regulations planned Oct 22) 9. Development of alignment of investment to Strategic Commissioning Plan priorities and consideration of future disinvestment options (Ongoing) 10. Horizon Scanning arrangements internally and externally including use of economic outlook information (Ongoing & updates via Finance Reports) 11. Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Senior Leadership Management Team, development of Financial Reporting Improvement Plan (Reporting Ongoing – linked to 20/21 AAR recommendation) 12. Ongoing monitoring of demand trends and relationship between investment and key performance indicators including Delays to Discharge, Early Intervention and Prevention Etc. Modelling additional potential future demand impact of COVID. (Ongoing – scenarios built to 22/23 IJB Business Case – Jan 22) 13. Review of Terms of Reference of Finance and Performance Committee (complete) 14. Preparation and submission to Scottish Government of regular LMP/RMP (Local (re)Mobilisation Plan) COVID19 costs returns. (Q1 Complete – monthly updates thereafter) 15. Use of Benchmarking including Investment Levels from Constituent Authorities and Early Intervention and Prevention where and when possible. (Ongoing) 16. Operational Grip and Control Meetings and Enhanced Accountability Framework for Senior Managers (in place subject to ongoing development) 17. Implement Pan FV Budget Monitoring & Oversight Arrangements (In place) 18. Prepare estimate of Covid related expenditure for 22/23 for government returns and take due cognisance in 22/23 Revenue Budget (complete) 							

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSCP 003	Sustainability of Partnership (The unique three way Health & Social Care Partnership fails to further develop due to differing priorities and requirements).	1. National Core Outcome 'Resources are Used Effectively & Efficiently'	Current (4) Target (1)	Current (4) Target (3)	Current (16) High Target (3) Low	Chief Officer/ Chief Finance Officer & Chief Executives of Partner Bodies		
Risk Reduction Action	<ol style="list-style-type: none"> 1. Establish, implement and periodically review Governance Framework (annually linked to Annual Governance Statement(s)) 2. Regular Meetings of Chief Officer and Chief Executives.(ongoing) 3. Pre Agenda and use of briefings / seminars where appropriate (e.g. budget, NCS Consultation, unscheduled care) (ongoing) 4. Review of Governance and committee arrangements including reviews of committee structure (annually – Finance and Performance Review to IJB Nov 21 – Audit and Risk Planned 2022 post change of committee membership after Local Government elections) 5. Board Development Programme. (annually) 6. Ongoing Staff Engagement Programme (Ongoing) 7. Review of Integration Scheme (requirement for revised Integration Scheme to be reviewed) 8. Review and development of management and professional structures. (in place subject to ongoing development) 9. Investment in Enhanced Management and Professional Leadership Structures including Heads of Service posts. (in place and ongoing) 10. Development of Assurance Frameworks (ongoing informed by Internal Audit review) 11. Frontline Social Care Review and implementation (ongoing) 12. Continue to seek to have positive influence of competing organisational demands and resource priorities of constituent bodies. (ongoing linked to standing committees and panels and budget setting processes) 13. Ensure Chief Officer and IJB have single overview of integration functions and services through performance and financial reporting. (development ongoing including link to pan-FV Finance meetings) 14. Development of operational service plans (Sept 22) 15. Align HSCP transformation plan with partners corporate plans (initial mapping complete) 16. Continue to work with NHS Forth Valley to complete transfer of operational services and ensure compliance with Public Bodies Act. (ongoing – further consideration of options for Specialist MH/LD operational management arrangements under discussion and Set Aside work being progressed) 							

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSC 008	Information sharing process and practice (This relates to the risk of a lack of a structured common information provision across council social work areas and NHS, which is monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership).	1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'	Current (4) Target (3)	Current (4) Target (4)	Current (16) High Target (12) Medium	Chair of Data Sharing Partnership / Head of Service (SP&H)	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information. Risk re-assessed and considered higher than previously scored.	
Risk Reduction Action	1. Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term (complete) 2. Appropriate Information Sharing Agreements are in place and reviewed timeously (Annually) 3. Develop use of information systems to inform planning and benchmarking. (ongoing) 4. Memorandum of Understanding being progressed through constituent authorities which will allow LIST team easier access to appropriate information systems (in place) 5. Analytical Workplan (in place subject to regular review) 6. Ensure data sharing agreements are reviewed and refreshed periodically. (annually)							
HSC 011	Sustainability and safety of adult placement in external care home and care at home sectors Both Local Authorities utilise externally commissioned care home placements for adults, particularly older adults. External care homes are commissioned and inspected nevertheless	1. National Outcomes 'People are Safe' 'Positive Experience' 2. Quality of Life	Current (4) Target (2)	Current (4) Target (2)	Current (16) High Target (4) Low	Head of Service (SP&H) Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord,	Short term arrangements to take cognisance of fuel cost issues.	

	<p>risks arise from the sustainability of care homes as business models; having enough scrutiny at an earlier stage of any risks or concerns within a care home; reviews of adult placements by Local Authorities should take place at a minimum of once a year. Capacity to review is under significant pressure and an escalation method of concern needs put in place. Approach replicated, as appropriate for Care at Home providers.</p>							
<p>Risk Reduction Action</p>	<ol style="list-style-type: none"> 1. Provider forums are in place as is a commissioning and monitoring framework. (in place) 2. There is clear regulation and inspection. (ongoing) 3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) 4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group (ongoing). 5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence (in place) 6. Future consideration of mixed economy options for future models of care. (Per considerations within 22/23 Revenue Budget) 7. Business continuity planning arrangements. (In place – subject to ongoing review) 8. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues (as required) 9. Plan to undertake caseload review. (ongoing) 10. New Care and Support Framework (in place – requires monitoring) 11. COVID19 Provider Support arrangements. (in place) 12. Strengthening of management structures. (subject to ongoing review) 13. CHART Team input and Daily Care Home Assurance Tool. 14. Watching brief on inflation issues and impacts linked to national networks and National Care Home Contract (NCHC) (Ongoing) 							

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSC 012	Health and Social Care workforce demographic / resilience of service. This risk relates to the sustainability workforce due to challenges of demographics and recruitment/retention. Covid is assumed to increase this risk.	Health and Social Care Outcomes <ul style="list-style-type: none"> • People can live well at home for as long as possible • People are safe and live well for longer • People are satisfied with the care they get 	Current (4)	Current (4)	(16) High	Head of Services, CH&C and Professional Leads		
			Target (2)	Target (3)	Target (6) Low			
1. Proactively implement transformation programme working in partnership with staff side. (ongoing) 2. Review models of working and optimise opportunities of integration.(ongoing) 3. Proactive recruitment including opportunities for new roles (ongoing) 4. Explore opportunities with staff to optimise retention. Flexible working, training, education. (ongoing) 5. Consider organisational change opportunities to build workforce capacity. (ongoing) 6. Ensure staff welfare and development are clear priorities with action plans.(ongoing – wellbeing week is practical example) 7. Work with partners to promote Clackmannanshire and Stirling as a positive area to work and live. (ongoing) 8. Strategic Workforce plan including action plan (Sept 22)								
HSC 015 (added 21 Feb 2020)	Primary Care Sustainability: Risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services and across other parts of the the Health and Social Care system.	1. National Outcome 'Resources are Used Effectively and Efficiently, and 'People are safe'	Current (4) Target (3)	Current (4) Target (3)	16 High 9 Medium	Associate Medical Director Primary Care / GP Clinical Leads / IJB Chief Officer/ NHS Chief Exec	Risk re-articulated alongside NHS FV SRR including alignment of scoring.	

	1.	Primary Care Programme Board re-established (Nov 21)
	2.	Premises improvement funding in place including sustainability improvement loans (in place – NHS FV has responsibility for capital and assets)
	3.	PCIP being delivered so far as resources permit. +18- posts recruited (in place)
	4.	Expansion of community pharmacy services (ongoing)
	5.	Investment in quality clusters and cluster leads to ensure GPs and MDTs are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation.(complete)
	6.	Targeted recruitment to build GP and MDT capacity and capability (ongoing)
	7.	Strong and regular engagement with SG, BMA and national networks (ongoing)
	8.	Capital investment programme in Primary Care initial agreement completed and outline business cases will be commenced over coming year. (ongoing)
	9.	Roll out of ICT improvements including remote server solutions (remote server complete – ICT improvements ongoing)
	10.	Work with NHS Board to identify and implement options where there are specific recruitment and retention issues (eg Rural practices) (Ongoing)

Explanation of Scoring:

Likelihood and Impact are Scored on a 1-5 Rating. The scores are then multiplied to give an overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.

HSCP Balanced Scorecard Clackmannanshire

Performance for Clackmannanshire Locality

Th Outcome 1 Self Management
 People are able to look after and improve their own health and wellbeing and live in good health for long

Pls 1 0 2 0 3

Th Outcome 3 Positive Experience
 People who use health and social care services have positive experiences of those services, and have their dignity respected

Pls 1 0 8 0 7

Th Outcome 7 Safe
 People using health and social care services are safe from harm

Pls 0 1 0 0 10

Th Outcome 4 Centred on Improvement
 Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services

Pls 6 0 1 0 1

Th Outcome 8 workforce
 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Pls 4 0 0 3 8

Th Outcome 2 Live Independently
 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Pls 5 0 3 0 8

Th Outcome 6 Unpaid Carers
 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Pls 1 0 0 0 4

Th Outcome 9 Resources
 Resources are used effectively and efficiently in the provision of health and social care services

Pls 3 2 3 3
























Outcomes For People

Service Delivery

- Alert=
- Warning=
- OK=
- Unknown=
- Data Only=

PI Code	Description	April 2022		May 2022		June 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Target	
ADC ADA 008	Standard delayed patients waiting in hospital for more than 2 weeks for discharge to appropriate settings	4		1		3		0	Jun 22: 1 awaiting care package, 1 awaiting care home, 1 awaiting specialist care home,
ADC CUS 02b	% of reported indicators for Clackmannanshire Council Adult social services registered provision graded good or better by Care Inspectorate over previous 12 months			20%					2021-22: Menstrie House was inspected on 24/2/22. Graded 4 (good) for the theme 'How good is our care and support during the Covid-19 pandemic?' and graded 3 (adequate) for the theme 'How well do we support people's wellbeing?'.
ADC ADA 01sc	Length of wait (days) from community referral date to start of local authority reablement service. Clackmannanshire	9		102		13		11	Jun 22: 3 service users waited a significantly long time for POC to be sourced. This was due to them being referred when the hospital referrals were at their highest which took priority over community.
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	38.5%		16.7%		57.1%			Jun 22: 4 service users required an increase in care due to: Dementia diagnosis; receiving cancer treatment; previous stroke resulting in reduced movement / ability; recent surgery due to chronic illness.
ADC ADA 01q	% of clients receiving no care after local authority reablement in Clackmannanshire	31%		0%		0%			Jun 22: 0 service users did not require ongoing care after Reablement. All service users that completed their assessment required care ongoing due to health issues that may deteriorate over time.
ADC ADA 01sd	Length of wait (days) from hospital referral date to start of local authority reablement services. Clackmannanshire	11		11		9			Jun 22: 6 care package dates were confirmed and then delayed by the hospital wards
ADC ADA 008b	Number of Clackmannanshire people waiting for discharge to appropriate settings for standard and code 9. Quarter and annual figure are an average.	10		6		15			Jun 22: 8 standard delays and 7 code 9s. Of the standard delays: 4 awaiting care package for home, 3 awaiting care home, 1 assessment ongoing.
ADC CUS 02c	% of reported indicators for Clackmannanshire Council Adult social services registered provision graded 5 or better by Care Inspectorate over previous 12 months			0%					2021-22: Menstrie House was inspected on 24/2/22. Graded 4 (good) for the theme 'How good is our care and support during the Covid-19 pandemic?' and graded 3 (adequate) for the theme 'How well do we support people's wellbeing?'.
ADC ADA 036	% of assessment completed beyond 28 days of referral for critical and substantial cases. Monthly figure is for three months in each quarter.								
ADC ADA 002q	Average wait in weeks for assessment to be completed in local authority reablement care. Clackmannanshire	8		8		10			
ADC ADA 019b	Number of Adult Protection dip sample audits completed within Clackmannanshire locality								Apr: 1 out of a possible 3 completed
ADC ADA 019c	% of Adult Protection dip sample audits completed within Clackmannanshire LD/MH								Apr: 1 out of a possible 2 completed
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services	28.6%		14.1%		28.7%			

ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	0.0%		0.0%		0.0%			
ABS.01 .CSD.H DN	This indicator pertains to the % of hours lost through SICK LEAVE each month. District Nurse Hillfoots	8%		13%		14%			
ABS.01 .MED.C CH1	This indicator pertains to the % of hours lost through sickness each month - CCHC Ward 1	7.4%		4.51%		7.79%		4%	
ABS.01 .MED.C CH2	This indicator pertains to the % of hours lost through sickness each month - CCHC ward 2	9.3%		7.18%		8.25%		4%	
ADC ADA 002r	Average length of wait at end of local authority reablement care in Clackmannanshire for a Framework Provider (weeks).	16		7		10		3	
ADC ADA 002w	Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less). Clackmannanshire	25		15		19			
ADC ADA 01sb	% clients who have completed a reablement service (i.e. been enabled) in Clackmannanshire	92.31%		66.67%		63.64%			

HSCP Balanced Scorecard Stirling

Performance for Stirling Locality

Outcome 1 Self Management
 People are able to look after and improve their own health and wellbeing and live in good health for long

Pls ● 0 ▲ 0 ● 1 ? 0 📊 7

Outcome 2 Live Independently
 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Pls ● 1 ▲ 0 ● 1 ? 0 📊 18

Outcome 3 Positive Experience
 People who use health and social care services have positive experiences of those services, and have their dignity respected

Pls ● 2 ▲ 0 ● 3 ? 0 📊 6

Outcome 6 Unpaid Carers
 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Pls ● 0 ▲ 0 ● 0 ? 0 📊 6

Outcome 7 Safe
 People using health and social care services are safe from harm

Pls ● 0 ▲ 0 ● 1 ? 0 📊 10

Outcome 4 Centred on improvement
 Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services

Pls ● 3 ▲ 1 ● 2 ? 0 📊 4

Outcome 9 Resources
 Resources are used effectively and efficiently in the provision of health and social care services

Pls ● 0 ▲ 0 ● 0 ? 0 📊 10

Outcome 8 workforce
 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Pls ● 7 ▲ 0 ● 5 ? 0 📊 7



■ Outcomes For People

■ Service Delivery

● Alertx

▲ Warningx

● OKx

? Unknownx







📊 Data Onlyx

HSCP Exceptions Stirling 2022-23

Generated on: 24 August 2022



PI Code	Description	April 2022		May 2022		June 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Target	
SS_CC_NHS_03	This indicator reports the number of delayed hospital discharges and sets a target of zero for those delayed over the standard 2week planning period.	11		13		10			June 22: 1 allocated and assessment commenced, 7 await Move to Care Home, 1 awaiting care packages for home, 1 awaiting SW allocation.
SS_CU_S_017	Stage 2 complaints due and responded to within target timescales in adult social care. CLONE COMP016	0%		33.33%		100%			
SS_CU_S_022	Adult stage 1 complaint upheld/partially upheld for Stirling HSCP.	66.67%							
IJB.05.stir_ASP3	% of Adult Protection dip sample audits completed within Adult Health and Social Care LD/MH/Hospital Discharge Team Managers								Internal audits currently paused
IJB.05.stir_ASP4	% of Adult Protection dip sample audits completed within Adult Health and Social Care Locality Team Manager								Internal TM audits currently paused
SS_CC_NHS_09	The total number of delayed discharges for Adult Social Care clients by month. Compared to baseline average for 15/16.	25		28		27			
ABS.01.CSD.CCHCM	This indicator pertains to the % of hours lost through SICK LEAVE each month	13%		23%		21%		Not measured for Years	
ABS.01.CSD.CTAC	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. Community Treatment and Care Nurse	11%		7%		5%		Not measured for Years	
ABS.01.CSD.LMHRC	This indicator pertains to the % of hours lost through SICK LEAVE each month	8%		11%		10%		Not measured for Years	
ABS.01.SC.BCSSC	This indicator pertains to the % of hours lost through SICK LEAVE each month - Bellfield Castle Suite	16%		25%		17%		Not measured for Years	
ABS.01.SC.BWSSC	This indicator pertains to the % of hours lost through SICK LEAVE each month - Bellfield Wallace Suite	18%		15%		21%		Not measured for Years	

ABS.01. WCD.B CFDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nurse	2%		5%		9%		Not measured for Years	
HR025. 02	This indicator reports the equivalent annual number of days lost due to sickness absence per full time equivalent employee. The figure is an annualised figure, where the monthly figure is multiplied by 12. The monthly values displayed against the bars on the graph relate to the current reporting year.	21.28		20.91		20.80			

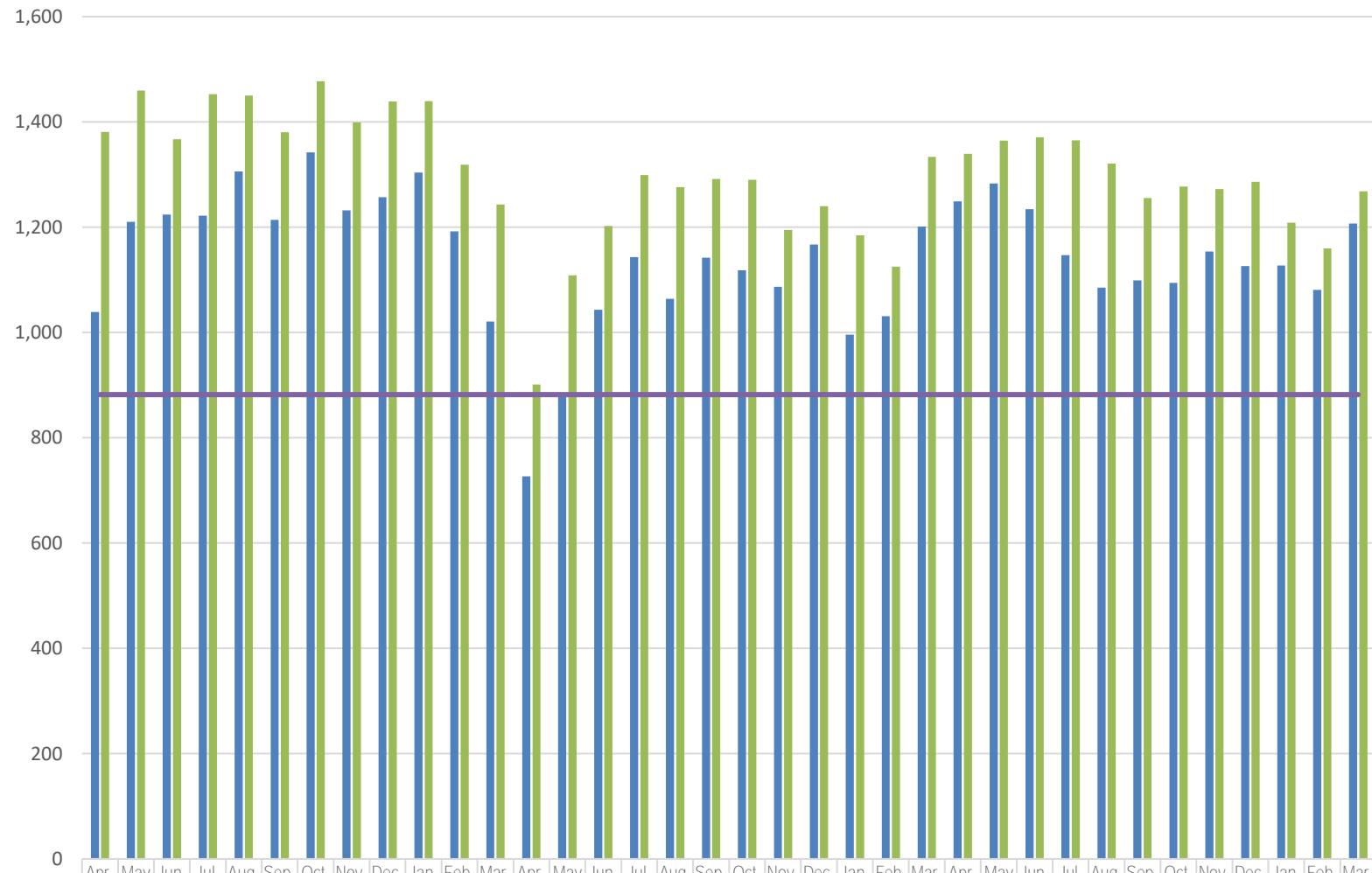
MSG Indicators

18+ age group

1. Emergency admissions

Baseline year	Baseline total	% change	Expected 2019/20 total
15/16	11,141	5% decrease	10,584
16/17		↑	11,082
17/18		↑	11,755
18/19		↔	11,700
19/20		↑	14,563
20/21	all months 97% and above complete but none 100%		12,604
21/22	to Mar 22 - Completedness issues		13,886

Number of Emergency Admissions Aged 18+

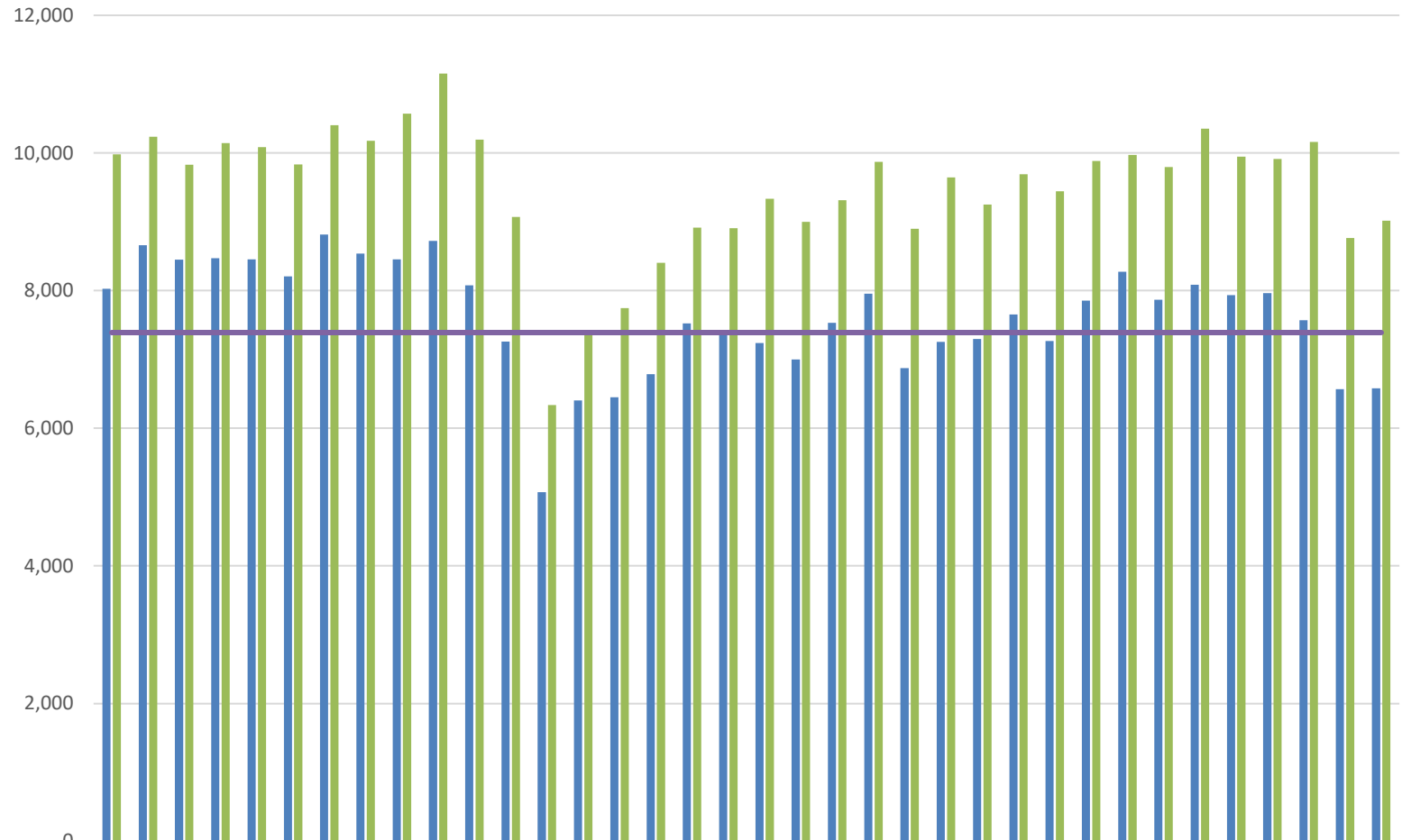


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Stirling and Clackmannanshire	1,03	1,21	1,22	1,22	1,30	1,21	1,34	1,23	1,25	1,30	1,19	1,02	727	885	1,04	1,14	1,06	1,14	1,11	1,08	1,16	996	1,03	1,20	1,24	1,28	1,23	1,14	1,08	1,09	1,09	1,15	1,12	1,12	1,08	1,20
Scot average	1,38	1,46	1,36	1,45	1,45	1,38	1,47	1,39	1,43	1,44	1,31	1,24	901	1,10	1,20	1,29	1,27	1,29	1,29	1,19	1,24	1,18	1,12	1,33	1,33	1,36	1,37	1,36	1,32	1,25	1,27	1,27	1,28	1,20	1,16	1,26
target	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882	882

2. Unplanned bed days

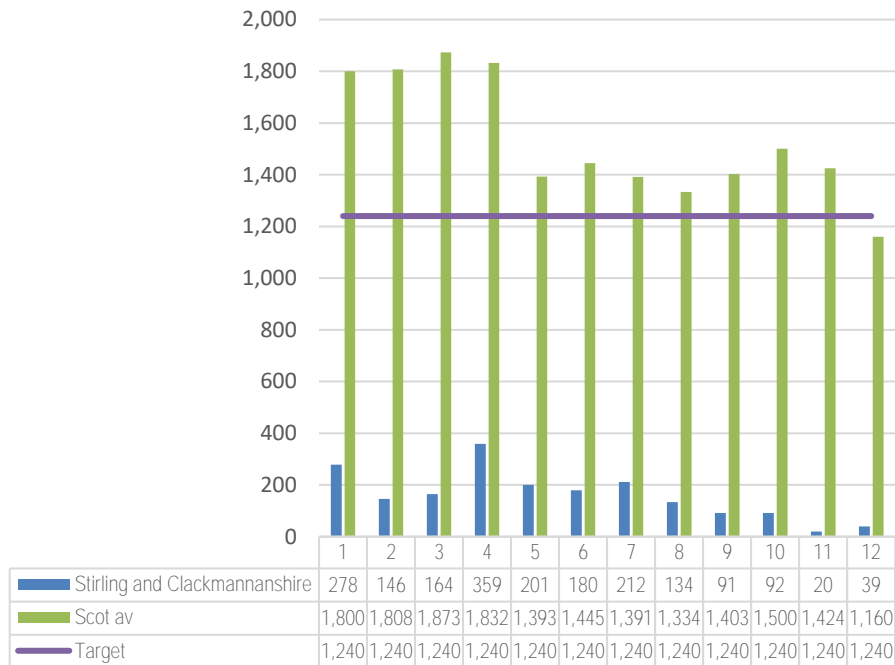
	Baseline year	Baseline total	% change	Expected 2019/20 total		Baseline year	Baseline total	% change	Expected 2019/20 total		Baseline year	Baseline total	% change	Expected 2019/20 total
	Acute	15/16	94,472	6% decrease		88,783	Geriatric Long Stay	15/16	18,109		18% decrease	14,884	Mental Health	15/16
16/17			↑	88,996	16/17				14,884	↓	24,599			
17/18			↑	90,043	17/18				14,151	↑	25,799			
18/19			↑	93,050	18/19	Coding issues affect this area			11,421	↑	25,743			
19/20			↑	100,126	19/20	Completedness issues			947	↓	22,627			
20/21		all months 97% and above complete but none 100%			83,509	20/21		Completedness issues		727		21,057		
21/22		to Mar 22 - Completedness issues			90,912	21/22		to Mar 22 - Completedness issues		242		16,696		

Number of unscheduled hospital bed days - acute specialities aged 18+

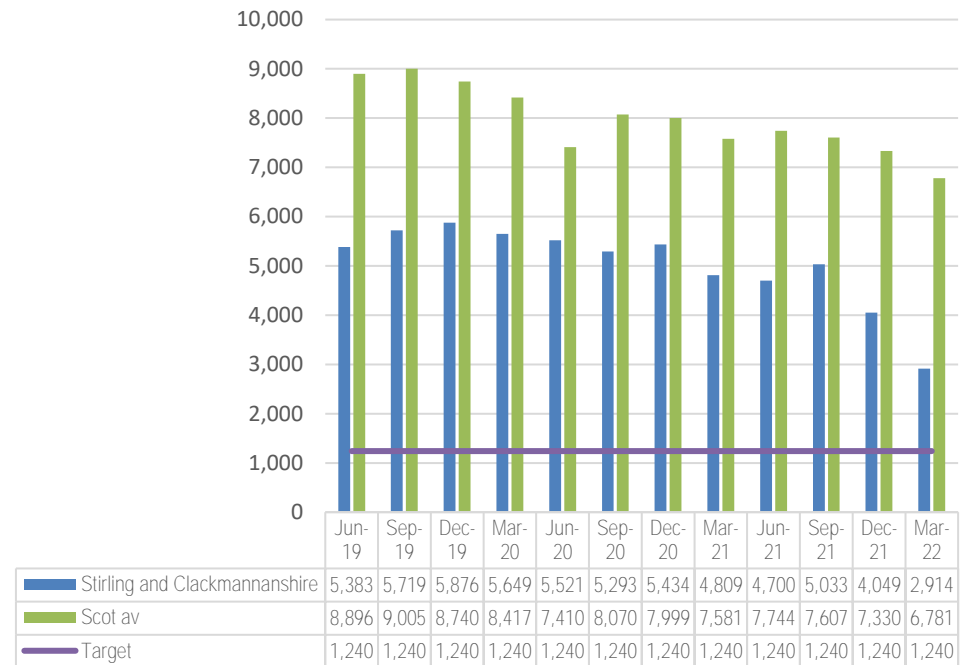


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Stirling and Clackmannanshire	8,02	8,65	8,44	8,47	8,45	8,20	8,81	8,53	8,45	8,72	8,07	7,26	5,07	6,40	6,45	6,78	7,52	7,42	7,23	6,99	7,53	7,95	6,87	7,25	7,29	7,65	7,26	7,85	8,27	7,86	8,08	7,93	7,96	7,57	6,56	6,57	
Scot av	9,97	10,2	9,82	10,1	10,0	9,83	10,4	10,1	10,5	11,1	10,1	9,07	6,33	7,38	7,74	8,40	8,91	8,90	9,33	9,00	9,31	9,86	8,89	9,64	9,25	9,69	9,44	9,88	9,97	9,79	10,3	9,94	9,91	10,1	8,76	9,01	
Target	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39	7,39

Number of unscheduled hospital bed days - geriatric long stay 18+

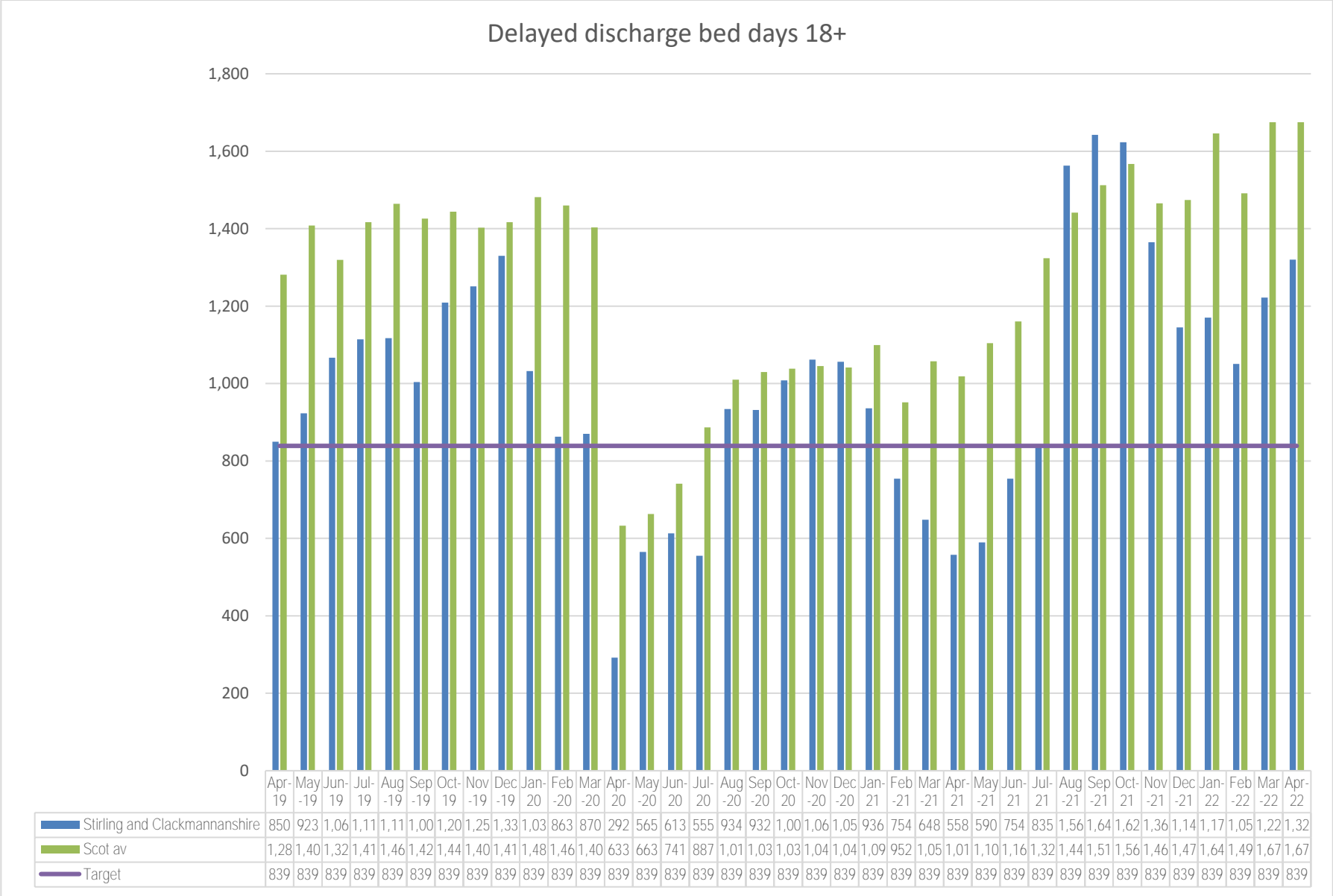


Number of unscheduled hospital bed days - mental health specialities









4. Delayed discharge bed days (18+)

All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total
	15/16	10,069	maintain baseline	10,069
	16/17		↑	11,851
	17/18		↓	8,054
	18/19		↑	11,016
	19/20		↑	12,630
	20/21	Covid?	↓	9,355
	21/22		↑	13,518



5. Percentage of last 6 months of life spent in community (all ages)

6. Proportion of 65+ population living at home (supported and unsupported)

Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
15/16	85.9%	4.10%	90.0%	15/16	96.5%	0.10%	96.6%
16/17			86.90%	16/17			96.60%
17/18			86.90%	17/18			96.80%
18/19			87.80%	18/19			96.90%
19/20			88.10%	19/20			97.20%
20/21			90.90%	20/21			97.40%
21/22			not published yet	21/22			not available

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 10.1

HSCP refreshed approach to Self Directed Support

For Assurance

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Emma Mitchell, SDS Lead 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 provide an update to the implementation of the Self-Directed Support Implementation Plan for the delivery of Self-Directed Support across the HSCP area.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note local progress against meeting the requirements of the Self Directed Support Act (2014). 2) Seek for officers to provide regular updates on the implementation of the Self Directed Support Implementation Plan.
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1. Background

- 1.1. The HSCP recognised and has re-stated its commitment to supporting those who wish to take advantage of the opportunities that self-directed support (hereafter referred to as SDS) provides; recognising that SDS is not a separate entity or service but rather an ethos and way of working.
- 1.2. The Social Care (Self-Directed Support) came into effect on the 1st April 2014 and introduced legal duties for local authorities. It has been widely acknowledged that the implementation of SDS nationally has been variable and that work is required to ensure SDS is fully implemented consistently across Scotland.
- 1.3. The IJB approved funding for a dedicated Self-Directed Support Lead Officer to ensure that the principles and practices of SDS are embedded across the HSCP and to make ongoing improvements to SDS.
- 1.4. The Self Directed Support Lead Officer post is delivering on;
 - 1.4.1. Refreshing current operational guidance for practitioners and staff, including reviewing current eligibility criteria;
 - 1.4.2. Reviewing assessment methodology and tools to comply with SDS legislation;
 - 1.4.3. Developing a Continuous Professional programme, practitioner learning and training opportunities across the whole system;
 - 1.4.4. Creating up to date public information on SDS options;

1.4.5. Fostering positive working relationships with a large number of services within the HSCP, the retrospective local authorities, external agencies and the communities of Clackmannanshire and Stirling.

1.4.6. Seeking opportunities for supported people to be key influencers in the delivery of the refreshed approach to SDS.

2. Framework to support the delivery of Self-Directed Support

2.1. The HSCP has established a multi-agency SDS Steering Group, to oversee this work, of supported people, carers, third sector provider, partners, trade union representation, HSCP senior managers, practitioners, and commissioners. This provides a forum for planning, reviewing, monitoring, and reporting on the progress of the work. The Steering Group will oversee the delivery of the SDS implementation plan, influence the re-design of the approach and provide regular reports on progress to the Transforming Care Board.

2.2. The Steering Group is scheduled to take place on the 25th August 2022. The Steering Group is co-chaired by Shubhanna Hussain-Ahmed (Carer Representative/Coalition of Carers) and Head of Strategic Planning and Health Improvement. It has been agreed that prior to every Steering Group the chairs will meet with Self-Directed Support Lead to set the Steering Group agenda, the next meeting will cover:

- 2.3.1 SDS joint training in partnership with SDS Forth Valley
- 2.3.2 Newly developed Asset-based Assessment Tool
- 2.3.3 Engagement of supported people, stakeholders, and key strategic partners
- 2.3.4 SDS Implementation Plan update on progress

2.4 The SDS Implementation Plan has been approved by the IJB in June 22. As a multi-agency group, there is constant scrutiny and review of the SDS Implementation Plan, to provide an opportunity for all parties to provide input and shape the direction of travel of the programme as well as ask questions/enable further discussion/reflection.

3. Self-Directed Support within Social Work and Locality Teams

3.1. It was widely recognised that there is a need to refresh the approach to SDS and a vital area of work is in the training and development of practitioners and staff across the HSCP and partners to ensure a confident workforce. The SDS Lead and the Chief Executive Officer of SDS Forth Valley have been working to develop a joint training session on SDS that will be made available to staff across the HSCP.

3.2. At this time, priority is being given to operational staff in the three Locality Teams Clackmannanshire, Stirling Urban and Stirling Rural alongside staff within the HSCP's Business & Finance Units and Commissioning Team.

- 3.3. The learning intentions from this session will include.
- 3.3.1 Understand the policy and legislative context of SDS
 - 3.3.2 Refreshed understanding of local pathways into Self-Directed Support
 - 3.3.3 Refreshed understanding of how to explain the four options of SDS in general and specific terms, and the nature/effect of each option
 - 3.3.4 Be knowledgeable of the values and principles in the Social Care (Self-Directed Support) (Scotland) Act 2013 and the legal duties you must evidence and demonstrate as a practitioner
 - 3.3.5 Understanding the context of Human Rights within the approach
 - 3.3.6 Identifying the difference between outcomes & outputs and how to explain this to the supported individual
 - 3.3.7 Refreshed understanding management of individual risk and risk enablement
 - 3.3.8 Refreshed understanding who makes the legal decisions
 - 3.3.9 Refreshed understanding of support planning and processes around that support the approach.
- 3.4 This training will be delivered in person, due to the volume of information, to promote active engagement and enable opportunities for relationship building within and across teams. A management session was held in August to agree the training session and enable the opportunity for feedback before delivering across HSCP staff. The session was informative and positive with approval given to roll out training across staff teams, including a focus on outcomes for staff in learning environment as well as on outcomes for supported people. SDS Lead is working with Organisational Development in both Councils to organise sessions. There are approximately 150 staff within HSCP who have been targeted to receive this training and dates have been agreed within Stirling in September and dates within Clackmannanshire in October & November. Additional training will be rolled out to providers and third sector in the new year as well as continued sessions for staff.
- 3.5 To support the continuous personal development and registered status of Social Workers across the HSCP, Social Work Forums have been established within both Clackmannanshire and Stirling. Some topics of discussion to date have included but not limited to the format/function of Forums, the SDS Implementation Plan and the Just Checking service. Topics for discussion include good conversations & outcomes led assessment, the National Care Service and opportunities to be involved in local research which could inform practice/service priorities. The SDS Lead and Trade Union representatives will be working together to agree how this can be taken to both the Social Work and Occupational Therapy Forums to gather their views.
- 3.6 As highlighted previously, there is a need to re-design the existing assessment documentation and processes to ensure compliance with the SDS legislation. It was reported during the Review of Social Work carried out by David Welsh that there was also a need for the HSCP to simplify the assessment processes, alongside ensuring that the assessment tool is strength and asset based to comply with the requirements and spirit of the legislation.

- 3.7 There have been initial discussions with all the Locality Managers on the type and level of supported person and carer information which needs to be incorporated within a new assessment based assessment tool. The development of the draft assessment document is underway, alongside a case study example of the document. The intention is that this document can be used as a starting point for consultation with staff and partners about what they would want from a refreshed tool. Following agreement, the newly refreshed tool will be piloted with operational teams, with engagement opportunities created with supported people and carers to enable feedback and to influence the final agreement assessment tool.

4. Engagement with Supported People and Partners

- 4.1. Engagement with supported people, carers and their families will continue to be a critical part of the SDS implementation approach, planning and delivery. There is a schedule of videos to be created where supported people can share their experiences of SDS, what it means to them and how they use their budget under SDS Option 1. Personal Assistants have also expressed an interest in sharing their views from a Personal Assistants perspective. There is hope to work with more supported people, carers and families to hear their stories directly. Through this we want to show how we value hearing their experiences and their feedback for what the HSCP needs to do to support the implementation of SDS. The expectation is that these videos can be used for various purposes including staff development/training, public awareness raising of SDS and connecting with real life experiences to inform/influence SDS implementation.
- 4.2. Alongside engaging with support people, it will be vital to the SDS implementation approach that we engage and work alongside our stakeholders. Contact has been made with the Forth Valley Advocacy to explore how we can work in partnership with the delivery of SDS across the wider third sector. An action to work in partnership with people and the third sector to design relevant information on SDS to made available to the public is a priority.

5. Conclusion

- 5.1 The HSCP will continue to drive the refreshed approach to SDS implementation alongside supported people, their families, carers and third sector partners. This will ensure compliance with the legislative framework and better outcomes for people with care and support needs. This will also be reflected work within the new Strategic Commissioning Plan currently under development.

6. Appendices

None

Fit with Strategic Priorities:	
Care Closer to Home	X
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	X
Mental Health	X
Supporting people living with Dementia	X
Alcohol and Drugs	X
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	X
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	There are no risks associated with approving this report
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 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 <u>does / does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 11.1

Code of Conduct, Register of Interest, Standard's Officer

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer
Author	Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer
Exempt Report	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:	The purpose of this report is to seek approval from the Clackmannanshire and Stirling Integration Joint Board ("Board") of the revised Code of Conduct for Members of the Integration Joint Board for submission to Scottish Government amongst others relating to the same.
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Recommendations:	<p>It is recommended that the Board:</p> <ol style="list-style-type: none"> 1) Approve the revised Code of Conduct for Members of the Board for submission to Scottish Government in Appendix A; 2) Notes the requirement for submissions of the Register of Interests as detailed in paragraph 3; and 3) Notes that the Standard's Officer will revert to the Board on training for the new Code of Conduct; and 4) Approves the appointment of Senior Manager and Monitoring Officer for Legal & Governance, Clackmannanshire Council, as Standard's Officer for the Board as detailed in paragraph 4.4
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1. Background

- 1.1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 introduced an ethical framework which required Scottish Ministers to issue a Model Code of Conduct for members of the devolved public bodies.
- 1.2. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 determined that integration joint boards are 'devolved public bodies' for the purposes of the Ethical Standards in Public Life etc (Scotland) Act 2000.
- 1.3. The Model Code for Members of Devolved Public bodies was first introduced in 2002 and has since been revised on a number of occasions, most recently in 2021. Following consultation, the new version was issued on 7 December 2021.
- 1.4. Each designated devolved public body, including this Integration Joint Board, is obliged to have a Code of Conduct for their Board Members adapted from the Model Code. These individual Codes are approved by Scottish Ministers.

2. New Code of Conduct

- 2.1. A revised Code of Conduct for Members of the Board is attached at Appendix A for approval to be submitted to the Scottish Government.
- 2.2. The aim of the Code is to set out clearly and openly the standards that all Board Members must comply with when carrying out their duties as a Board Member.
- 2.3. The key purpose of the Scottish Government's recent review was to make the Code easier to understand and to take account of developments in our society such as the role of social media. There was also an aim to strengthen the Code to reinforce the importance of behaving in a respectful manner and to make it clear that bullying and harassment is completely unacceptable and will not be tolerated.
- 2.4. The key changes to note are:
 - 2.4.1 A general rewrite changing the Code to the first person and adopting plain English wherever possible;
 - 2.4.2 A greater emphasis on addressing discrimination and unacceptable behaviour;
 - 2.4.3 Stronger rules around accepting gifts;
 - 2.4.4 A substantial rewrite of Section 5, establishing three clear and distinct stages to determine a declaration – Connection – Interest – Participation;
 - 2.4.5 Makes clearer the rules around access and lobbying.

3. Register of Interest

- 3.1 The Standards Officer is also responsible for ensuring the body keeps a Members' Register of Interests, in accordance with the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment (No. 2) Regulations 2021. The Standards Officer should ensure the Register of Interests is maintained and that a reminder to update entries on the Register of Interests is issued to members at least once a year.
- 3.2 Registration of Interest form will be circulated amongst members after this meeting for completion and return to the Standard's Officer.
- 3.3. The information from each registration of interest form will be incorporated into a publicly available Register of Interest for the IJB. At present the Register of Interest will be maintained as a paper record with a view to considering the opportunities for an online version.

4. Standard's Officer

- 4.1. While it is a member's personal responsibility to ensure they comply with the provisions in the Code, Standards Officers are expected to contribute to the promotion and maintenance of high standards of conduct by promoting awareness of the Code. Standards Officers can also provide advice and support to members on the interpretation and application of the Code.
- 4.2. The Standards Officer is responsible for ensuring that appropriate training is given to members on the ethical standards framework, the Code of Conduct for their public body's members, and the guidance issued by the Standards Commission. This includes ensuring training is provided on induction and also on a regular basis thereafter.
- 4.3. As Clackmannanshire Council has now assumed responsibility to support the IJB it is proposed that Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer is appointed as Standard's Officer for the Board. This is covered in the appointments paper.
- 4.4. Subject to approval of paragraph 4.3 the Standard's Officer will look to provide training to members of the Board and will revert back to the Board with dates and times for such training on the Code of Conduct.

5. Conclusions

- 5.1. The Members' Code of Conduct is required by statute and the Board would not comply if it did not approve a code.
- 5.2. The Members' Code is essential to the efficient running of the Board's meetings and is a key component of ensuring good governance and a transparent, accountable decision-making body.
- 5.3. The requirement for every member to declare any interests they may have to the Standard's Office of the Board in line with the Code and Standing Orders.

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:	None
Other Resources:	None
Legal:	The Members' Code of Conduct is required by statute and the Board would not comply if it did not approve a code. The Members' Code is essential to the efficient running of the Board's meetings and is a key component of ensuring good governance and accountable decision-making body
Risk & mitigation:	
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 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 <u>does not</u> require a Fairer Duty assessment.</p>

Model Code of Conduct for Members of Devolved Public Bodies

December 2021

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ANNEXES

Annex A Breaches of the Code

Annex B Definitions

Section 1: Introduction To The Model Code Of Conduct

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

Section 2: Key Principles Of The Model Code Of Conduct

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

Section 3: General Conduct

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) my public body, its committees; and
- b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to my public body;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

Section 4: Registration Of Interests

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.8](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

Section 5: Declaration Of Interests

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

- a) The matter being considered by my public body is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

Section 6: Lobbying And Access

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Annex A: Breaches Of The Code

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make

submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

Annex B: Definitions

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.



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Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 11.2

Information Assurance Report

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Sarah Hughes-Jones, Head of Information Governance
Author	Sarah Hughes-Jones, Head of Information Governance
Exempt Report	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:	<p>This report is to provide assurance to the Board regarding the arrangements for information governance that are applicable to the Board as a public body, along with the information governance arrangements in place within its partners, Clackmannanshire, and Stirling Councils (the Councils) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Integration Joint Board (IJB).</p> <p>Good information governance ensures that organisations handle information legally, securely, efficiently and effectively in order to support delivery of the best possible care. The 3 information governance areas in which the Board, and its partners, have statutory responsibilities are:</p> <ul style="list-style-type: none"> • Freedom of Information • Data Protection • Records Management
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider and approve the Information Governance activity for the year 2021/2022 2) Note that Sarah Hughes-Jones has joined NHS FV as their Head of Information Governance and approve she will be the Data Protection Officer for the Clackmannanshire and Stirling IJB.
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1. Background

- 1.1. The Board holds a range of information and records. These records primarily relate to its business, its members and any operational matters which come to its attention, such as complaints and information requests). Its partners hold a far broader range of information, particularly personal information, about the delivery of services and those using them.
- 1.2. The Board is supported in its information governance responsibilities by information governance specialists in NHS FV and the Councils. The Head of Information Governance in NHS FV is the nominated Data Protection Officer

for the Board. NHS FV also administers information requests on behalf of the Board.

- 1.3. The Partners have their own information governance teams. Over the last year, NHS FV has augmented its Information Governance Team to respond to the increased demands of data protection legislation

2. Information Governance Assurance Report 2021/22

- 2.1. This section of the report provides the Board with an overview of the statutory processes for which they are responsible as a public body, and sets out the activity over the reporting period for the following areas:

Freedom of Information (FOI)

- 2.2. The Board is subject to the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, as are its partners.
- 2.3. All partners can receive FOI requests which relate to integrated services. The Board directly receives very few FOI requests, and most of these relate to information which is held by one of the partners. When an information request asks for information held by a partner rather than the Board, the legislation requires the Board to respond explaining that the information is not held, and to direct the requester to the relevant partner for the information.
- 2.4. Four Freedom of Information Requests were received by the Board in 2021/2022. Of these requests, one was withdrawn, one was answered in full, and two asked for information which was not held by the Board. All requests were responded to within the 20-day statutory time limit.
- 2.5. The Board received no requests for environmental information in the relevant period. This is to be expected as the Board does not generally hold environmental information.
- 2.6. The Board makes information available to the public on a proactive basis by publishing a Guide to Information, based on a Model Publication Scheme issued by the Scottish Information Commissioner. This was last reviewed in December 2018 and will be reviewed again when there any changes to the Model Publication Scheme.

Data Protection

- 2.7. Like its partners, the Board is subject to data protection legislation (UK GDPR and the Data Protection Act 2018). The Board is required to pay a small annual fee to the Information Commissioner's Office (ICO) because it is a data controller.
- 2.8. In contrast to its partners, the Board processes minimal personal data, primarily about its members, and details of anyone making information

requests or complaints. Personal data relating to employees and service users/patients is normally held by its partners.

- 2.9. A key element of data protection legislation is “accountability”. Data controllers must be able to evidence compliance with the legislation. As services directed by the Board are delivered in partnership with NHS FV and the Council, the Board must have assurance that appropriate arrangements are in place to process and protect personal data lawfully. The ICO has issued an Accountability Framework to assist data controllers in monitoring their compliance with the legislation.
- 2.10. NHS FV and the Councils have information security policies and procedures in place to protect personal data, including data incident management, for the assurance of the Board. The partners have their own processes in place to deal with any data breaches relating to integrated services and to ensure that all staff who handle personal data undertake appropriate training.
- 2.11. There were no data breaches involving Board information in 2021/22. This is to be expected given the Board holds limited personal data.
- 2.12. Data controllers must also take a “privacy by design” approach to new projects involving personal data. This includes ensuring data protection impact assessments are carried out and information sharing agreements are in place. NHS FV and the Councils have procedures in place to ensure new projects are supported by appropriate governance documentation.
- 2.13. Work is underway between the partners, with the support of the Joint Forth Valley Information Governance Group, to review existing information sharing arrangements and supporting documentation. Regular monitoring will be established and reports to the respective HSCP management teams.
- 2.14. Under data protection legislation, individuals have the right to access personal data an organisation holds about them. These are known as Subject Access Requests. All partners can receive requests under data protection legislation in relation to integrated services however, the Board received no Subject Access Requests in 2021/22. This is to be expected given the limited personal data held by the Board.
- 2.15. The Board is asked to note that Sarah Hughes-Jones, NHS FV Head of Information Governance, is the IJB Data Protection Officer following the retirement of Deirdre Coyle.

Records Management

- 2.16. The Board is subject to the Public Records (Scotland) Act 2011, as are its partners. The Act requires certain public authorities to prepare and implement a records management plan which sets out proper arrangements for the management of its records. The plan consists of 15 key elements, and must be submitted to the Keeper of the Records of Scotland (Keeper) for assessment and approval.

- 2.17. The Board holds limited records in its own right, but has an interest in ensuring its partners are properly managing their records relating to integrated services in line with their approved plans. The partners' records management arrangements therefore impact on the Board's plan.
- 2.18. The Board's plan was assessed the Keeper in June 2019. The Keeper's [assessment](#) of the plan is available on the National Records of Scotland website. It identified the following areas for improvement:
1. Business classification – the records of the delivery of the integrated services (as opposed to the records of the operational administration of the Board) are held under the business classification scheme of the partners. The plans of both of the partners were agreed by the Keeper under “improvement model” terms for this element, and accordingly the Board plan was approved on the same basis.
 2. Retention schedule – the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
 3. Destruction arrangements - the plans of both of the partners were agreed by the Keeper under “improvement model” terms for this element, and accordingly the Board plan is approved on the same basis. The issue is primarily around destruction of electronic records, in common with many Scottish public authorities.
 4. Archiving and Transfer - the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
 5. Business continuity and vital records - the plan for the Council was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
 6. Audit trail - the plan for the Council was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
 7. Assessment and review – the Act requires an authority to keep its plan under review. At the time of submission of the plan to the Keeper there was no agreed mechanism for review. However, discussions are underway with a records manager at another Council to carry out reciprocal review of the Councils' and Boards' plans by way of review. The Keeper has agreed to this element under “improvement model” terms.
 8. Shared Information – the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
 9. Since completing the assessment, the Keeper has introduced element 15, which relates to records held and managed by third parties who undertake functions on behalf of the Board.
- 2.19. Since 2019, various work has been undertaken by NHS FV and the Councils in relation to their own plans. Over the last year, the focus has been on progressing a Memorandum of Understanding (MOU) with the University of Stirling to agree appropriate arrangements for the archiving and transfer of Board records for long term preservation. It is anticipated that the MOU will be agreed shortly.

- 2.20. In addition, NHS FV is in the process of voluntarily re-submitting its plan for re-assessment. This work will inform a future Progress Update Review (PUR) to be submitted by the Board in Spring 2023.

3. Conclusions

- 3.1. There are appropriate arrangements in place to ensure the Board's compliance with its information governance responsibilities.
- 3.2. In relation to data protection responsibilities, the partners need to ensure that information sharing agreements are in place for any operational data sharing relating to integrated services.
- 3.3. In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plans. This will assist the Board to ensure it can demonstrate improvement on its own plan.

4. 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:	None to note
Other Resources:	The Board relies on specialists from its partner organisations in relation to information governance. There is no formal agreement in place for these support services.
Legal:	See below.
Risk & mitigation:	The Joint Forth Valley Information Governance Group meets regularly and oversees the information governance

	requirements of the Board and will support the Leadership Team to comply with legal and risk implications
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 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 <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 11.3

Climate Change Report 2021 / 2022

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
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:	<p>To advise IJB on statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.</p> <p>To present the draft Climate Change Report 2021 / 2022 for approval.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009. 2) Approve the draft Climate Change Report 2021 / 2022 for submission to Sustainable Scotland Network.
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1. Background

- 1.1. As a public body the Integration Joint Board (IJB) has a statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.
- 1.2. As the Clackmannanshire & Stirling IJB has no direct responsibility for staff, buildings or fleet cars the report does not contain a significant level of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

2. Climate Change (Scotland) Act 2009 Requirements and Background

- 2.1. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a *“public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland’s climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable”*.
- 2.2. The three elements of the public bodies climate change duties are:
 - **Mitigation - Reducing Greenhouse Gas Emissions**
 - The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to delivery of the Act's greenhouse gas emissions

reduction targets. Reducing emissions is referred to as climate change *mitigation*.

- The Act has set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.

- **Adaptation - Adapting to the Impacts of a Changing Climate**

- The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statutory adaptation programme. The first statutory adaptation programme – Scotland’s Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will have varying degrees of influence in relation to adaptation, all public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably - Sustainable Development as a Core Value**

- The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

2.3. The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes ‘An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)’.

3. Historical Climate Change Reports

3.1. Previous climate change reports for the Clackmannanshire & Stirling IJB can be found here:

<https://sustainablescotlandnetwork.org/reports/clackmannanshire-and-stirling-ijb>

3.2. All three of the Constituent Authorities submit reports to the Sustainable Scotland Network (SSN) and these are published online. Links to all three partners’ plans are available in sections 3.3 to 3.5.

3.3. Clackmannanshire Council

<https://sustainablesotlandnetwork.org/reports/clackmannanshire-council>

3.4. Stirling Council

<https://sustainablesotlandnetwork.org/reports/stirling-council>

3.5. NHS Forth Valley

<https://sustainablesotlandnetwork.org/reports/nhs-forth-valley>

4. Integration Authority Climate Change Report 2021 / 2022

4.1. In July 2022 the template has been updated to enable reporting on new requirements introduced by the [Climate Change \(Duties of Public Bodies: Reporting Requirements\) \(Scotland\) Amendment Order 2020](#).

4.2. The changes are:

- How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emissions reduction targets?
- How will the body publish, or otherwise make available, its progress towards achieving its emissions reduction targets?
- Where applicable, what contribution has the body made to helping deliver the programme?

4.3. Organisations should make best efforts in responding on these new requirements, specifically on targets and aligning spend/resources with national net zero targets, see [Public sector leadership on the global climate emergency: guidance](#).

4.4. As the Clackmannanshire & Stirling IJB has no direct responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

4.5. In some sections readers are directed to read the three constituent partners Climate Change Reports.

4.6. The Integration Joint Board is asked to approve the Clackmannanshire & Stirling IJB draft Climate Change Report 2021 / 2022 for submission to SSN by the end of November 2022. This can be found in appendix 1.

5. COVID-19

- 5.1. On 11 March 2020 the [World Health Organisation](https://www.theguardian.com/world/2020/mar/11/who-declares-coronavirus-pandemic) declared COVID-19 was a pandemic.¹ As a result of an increasing infection rate of COVID-19 and to protect the countries health and care services from being overwhelmed with demand, 'smoothing the curve', the country was placed in 'lockdown' on 23 March 2020².
- 5.2. As a result of the above Scottish Government guidance and route map the Integration Joint Board will continue to meet virtually through MS teams whilst investigating community venues to host future IJBs.
- 5.3. The method of virtual meetings will undoubtedly have had some climate change benefits in terms of for example, reduced travel and less paper use for Board papers.

6. Conclusions

- 6.1. The approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2021 / 2022 will ensure the Board are able to meet its requirements under the Climate Change (Scotland) Act 2009.

7. Appendices

Appendix 1 - Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2021 / 2022

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	

¹ <https://www.theguardian.com/world/2020/mar/11/who-declares-coronavirus-pandemic>

² <https://www.gov.scot/news/effective-lockdown-to-be-introduced/>

Finance:	None to note
Other Resources:	None to note
Legal:	Approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2021/2022 will ensure the Board is able to meets its requirements under the Climate Change (Scotland) Act 2009.
Risk & mitigation:	<p>If the Board do not approve the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2021/2022 they will be in breach of statutory requirements.</p> <p>Approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2021/2022 will ensure the Board is able to meets its requirements under the Climate Change (Scotland) Act 2009.</p>
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>

Public Bodies Climate Change Duties Compliance Reporting Template 2021/22



1. Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions may not be accepted for analysis and may be classed as non-compliant with Public Bodies Duties legislative reporting requirements.

2. Guidance

1. Please save-as this workbook with your organisation's name in the title before completing
2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b,
3. If you need to add more rows please email the file to ccreporting@ed.ac.uk
4. Hybrid/homeworking emissions - please include an estimate of FTEs working remotely - hybrid/home in the designated row provided in table 3b
In order for this to be calculated correctly the total no. of FTEs must be entered in Q1c
5. Local Authorities completeing the recommended tab should select their local authority region at the top of the sheet and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Clackmannanshire and Stirling Integration Joint Board

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

0 **THIS MUST BE COMPLETED**

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			Not relevant to IJB
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget

227.346m

Budget Comments

Available here <https://clacksandstirlinghsc.org/wp-content/uploads/sites/10/2022/07/Clackmannanshire-and-Stirling-Integration-Joint-Board-IJB-Draft-Annual-Accounts-21-22.pdf>

1f Report type

Specify the report year type

Report type

Financial

Report year comments

2021 / 2022

THIS MUST BE COMPLETED

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Integration Joint Board is responsible for the services as outlined in the Public Bodies (Joint Working) Scotland Act 2014.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

<Insert Diagram Here or Attach File>

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

<Insert Diagram Here or Attach File>

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation				No these are the responsibilities of the employing bodies
Business travel				No these are the responsibilities of the employing bodies
Staff Travel				No these are the responsibilities of the employing bodies
Energy efficiency				No these are the responsibilities of the employing bodies
Fleet transport				No these are the responsibilities of the employing bodies
ICT				No these are the responsibilities of the employing bodies
Renewable energy				No these are the responsibilities of the employing bodies
Sustainable/renewable heat				No these are the responsibilities of the employing bodies
Waste management				No these are the responsibilities of the employing bodies
Water and sewerage				No these are the responsibilities of the employing bodies
Land Use				No these are the responsibilities of the employing bodies
Other (please specify in comments)				
Please select from drop down box				
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2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

Further information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year
 Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's (a) No information is required on the effect of the body on emissions which are not from its estate and operations.
 (b) This refers to "the greenhouse gas protocol: A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1 IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial					- tCO ₂ e	
Year 1 carbon footprint	0	Financial					- tCO ₂ e	
Year 2 carbon footprint	0	Financial					- tCO ₂ e	
Year 3 carbon footprint	0	Financial					- tCO ₂ e	
Year 4 carbon footprint	0	Financial					- tCO ₂ e	
Year 5 carbon footprint	0	Financial					- tCO ₂ e	
Year 6 carbon footprint	0	Financial					- tCO ₂ e	
Year 7 carbon footprint	0	Financial					- tCO ₂ e	
Year 8 carbon footprint	0	Financial					- tCO ₂ e	
Year 9 carbon footprint	0	Financial					- tCO ₂ e	
Year 10 carbon footprint	0	Financial					- tCO ₂ e	
Year 11 carbon footprint	0	Financial					- tCO ₂ e	
Year 12 carbon footprint	0	Financial					- tCO ₂ e	
Year 13 carbon footprint	0	Financial					- tCO ₂ e	
Year 14 carbon footprint	0	Financial					- tCO ₂ e	
Year 15 carbon footprint	0	Financial					- tCO ₂ e	

3b Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the "Comments" column to explain what is included within each category of emission source entered in the first column. If there is no data

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year 2021

The emission factor year is auto-assigned based on your answer to Q1f. If it is incorrect please contact SSN.

You can now filter emission sources by "type" in column C to enable quicker selection of emission source in column D.

Use defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require extra rows in the table please send the template to ccreporting@ed.ac.uk.

Emission	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO ₂ e)	Comments
Please select from drop down box	Please select from drop down box	Please select from drop down box						-
Please select from drop down box	Please select from drop down box	Please select from drop down box						-
Please select from drop down box	Please select from drop down box	Please select from drop down box						-
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Please select from drop down box	Please select from drop down box	Please select from drop down box						-
Please select from drop down box	Please select from drop down box	Please select from drop down box						-
Please select from drop down box	Hybrid/Homeworking emissions	Scope 3		100.00%	percentage of total FTEs	0.30000	tCO ₂ e/FTE/annum	-
Please select from drop down box	Other (please specify in comments)	Please select from drop down box						-
Please select from drop down box	Other (please specify in comments)	Please select from drop down box						-
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Please select from drop down box	Other (please specify in comments)	Please select from drop down box						-
Please select from drop down box	Other (please specify in comments)	Please select from drop down box						-

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the body (MWh)	Total exported (MWh)	Total consumed by the body (MWh)	Total exported (MWh)	
Please select from drop down box					
Please select from drop down box					
Please select from drop down box					
Please select from drop down box					
Please select from drop down box					

Targets

3d Organisational targets

List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments
	Please select from drop down box	Please select from drop down box	Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	
	Please select from drop down box	Please select from drop down box	Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	
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	Please select from drop down box	Please select from drop down box	Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	

3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

3db How will the body publicly, or otherwise make available, its progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 4 Adaptation

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4d Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Further information

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Lesley Fulford
Role in the body:	Senior Planning Manager
Date:	02/09/2022

Recommended Reporting: Reporting on Wider Influence

Wider Impact and Influence on GHG Emissions

Q1) Historic Emissions (Local Authorities Only)

Please indicate emission amounts and unit of measurement (e.g. tCO₂e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).
Please note: These statistics cover territorial emissions of carbon dioxide (CO₂), methane (CH₄) and nitrous oxide (N₂O), although not fluorinated gases, which are also included in the UK territorial greenhouse gas emissions statistics. Prior to the 2005 to 2020 publication the statistics covered emissions of carbon dioxide only
(1) UK local and regional CO₂e emissions: **subset dataset** (emissions within the scope of influence of local authorities)
(2) UK local and regional CO₂e emissions: **full dataset**
<https://data.gov.uk/datasets/723-2134-2f1a-1477-8b61-cdb93e5b10ff/emissions-of-carbon-dioxide-for-local-authority-areas>

Local Authority (Please State)		Please select from drop down box												Units		Comments
BEIS Dataset (full or sub-set)		Please select from drop down box												tCO ₂ e		
Source	Sector	2009	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020				
BEIS Sectors	Total Emissions															
	Industry and Commercial															
	Domestic															
	Transport total															
Other Sectors	Per Capita															
	Please select from drop down box															
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2a) Targets
Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target	Target/End year	Saving in latest year measured	Latest Year Measured	Comments
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2b) Does the organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q3) Policies and Actions to Reduce Emissions
Please detail any of the specific policies and actions which are underway to achieve your emission reduction targets

Sector	Start year for policy/action implementation	Year that the policy/action will be fully implemented	Latest Year measured	Saving in latest year measured (tCO ₂ e)	Status	Metric/indicators for monitoring progress	Delivery Role	During project/policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity.	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for implementation of Policy/Action	Comments
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Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communications and Capacity Building
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments
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Other Notable Reportable Activity

Clackmannanshire & Stirling Integration Joint Board

21 September 2022

Agenda Item 11.4

IJB and Committee Dates for 2023/2024

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
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 request Board approval of the Programme of Meeting Dates for the Integration Joint Board for 2022 / 2023.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the proposed Integration Joint Board programme of meeting dates for 2022 / 2023 set out in paragraph 3.1. 2) Approve March 2023 meeting is focussed on budget, associated directions and delivery plan only set out in paragraph 3. 3) Approve the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2022 / 2023 set out in paragraph 4.1. 4) Approve the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2022 / 2023 set out in paragraph 5.1.
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1. Background

- 1.1. Section 7 paragraph number 7.1 in the Clackmannanshire & Stirling Integration Joint Boards Standing Orders states “the IJB will operate a quarterly cycle of meetings and will keep its meeting frequency under review. All meetings will be held on days, at the times and in the places fixed by the IJB and then published in its Programme of Meetings. These are published here <https://clacksandstirlinghscp.org/about-us/meeting-schedule/>
- 1.2. Section 22 of the Standing Orders allows for Committees to be established and there are currently two in place:
 - Audit and Risk Committee
 - Finance and Performance Committee
- 1.3. Due to the COVID-19 pandemic; meetings have been held virtually by Microsoft Teams since March 2020 and in line with Scottish Government guidance to reduce social contact this may continue for some time. To support Board members to attend a protocol for Virtual Meetings was developed (available here <https://clacksandstirlinghscp.org/about-us/meeting-schedule/>) and training

offered for those who wished to test Microsoft Teams ahead of the Board meeting.

2. 2023 / 2024 IJB Meeting Dates

2.1. Due to the uniqueness of the Clackmannanshire and Stirling Health and Social Care Partnership there are a significant number of commitments to consider. For example:

- Clackmannanshire Council and CMT meetings
- Stirling Council and CMT meetings
- NHS Forth Valley Health Board and SLT meetings
- Falkirk Integration Joint Board
- Locality Planning Groups
- Transforming Care Board
- Summer recess

2.2. With the addition of a Transforming Care Board the Partnership is operating in an increasingly complex landscape, which the HSCP team support.

2.3. Planning of dates has actively tried to avoid the above commitments (paragraph 2.1) to enable the attendance of Integration Joint Board & Committee members.

2.4. Details of meetings held previously by the Clackmannanshire & Stirling Integration Joint Board and Committees are set out below:

Table 1 – Previous year's meetings

Financial Year	Integration Joint Board	Audit & Risk Committee	Finance & Performance Committee
2016 / 2017	6	3	N/A
2017 / 2018	6	3	N/A
2018 / 2019	4	4	4
2019 / 2020	6 ¹	4	5
2020 / 2021	5	4	5
2021 / 2022	5	4	5
2022 / 2023	5	4	4

3. Proposed 2023 / 2024 IJB Meeting Dates

3.1. The Integration Joint Board is asked to approve the proposed IJB meeting dates in table 2 for the year 2022 / 2023. Venues (or MS Teams links) will be sought after confirmation of the dates.

¹ This includes two special IJB's

Table 2 – Proposed Programme of Meeting Dates

Date	Time
Wednesday 28 June 2023	1400 – 1600
Wednesday 27 September 2023	1400 – 1600
Wednesday 29 November 2023	1400 – 1600
Wednesday 7 February 2024	1400 – 1600
Wednesday 27 March 2024*	1400 – 1600

- 3.2. Members should note the 28 June 2022 is the beginning of summer recess.
- 3.3. These meeting dates align with the proposed Committee dates listed in sections 4 and 5 of this report and will allow scrutinised papers to be brought forward for the Board's decision.
- 3.4. It is proposed the March meeting* is a focussed meeting on the budget, associated Directions and delivery plan only.
- 3.5. Board members are asked to approve this proposed Integration Joint Board dates in table 2.

4. Proposed 2023 / 2024 Audit and Risk Committee Dates

- 4.1. The Integration Joint Board is asked to approve the proposed Audit and Risk Committee meeting dates in table 3 for the year 2022 / 2023. Venues (or MS Teams links) will be sought after confirmation of the dates.

Table 3 – Proposed Audit and Risk Committee Meeting Dates

Date	Time
Wednesday 21 June 2023	1400 – 1600
Wednesday 20 September 2023	1400 – 1600
Wednesday 7 December 2023	1400 – 1600
Wednesday 22 February 2024	1400 – 1600

- 4.2. Board members are asked to approve the proposed dates for Audit and Risk Committee in table 3.

5. Proposed 2023 / 2024 Finance and Performance Committee Dates

- 5.1. The Integration Joint Board is asked to approve the proposed Finance and Performance Committee dates in table 4 for the year 2023 / 2024. Venues (or MS teams links) will be sought after confirmation of the dates.

Table 4 – Proposed Finance and Performance Committee Meeting Dates

Date	Time
Wednesday 1 June 2023	1400 – 1600
Wednesday 2 November 2023	1400 – 1600
Wednesday 21 December 2023	1400 – 1600
Wednesday 1 March 2024	1400 – 1600

5.2. Board members are asked to approve the proposed dates for Finance and Performance Committee in table 4.

6. Conclusions

6.1. The above proposals will allow Integration Joint Board and Committee members to robustly discuss business, take decisions and agree directions (where required).

6.2. The paper also sets out the uniqueness and complexity the HSCP operates within.






7. Appendices

None to note

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:	Financial and performance reporting as well as reporting on the transformation programme will be key features of the reporting to the IJB and Committees.
Other Resources:	Time commitment from Board members to prepare for and attend the meetings.

	Officer and support services resources in preparation and consultation on business brought forward.
Legal:	Will provide the IJB and Committees with an opportunity to discuss business, take decisions and agree directions (where required).
Risk & mitigation:	<p>The proposed schedule is significantly more comprehensive and complex than has been previously in place. This will be challenging to deliver within existing, albeit enhanced capacity.</p> <p>If the Integration Joint Board wish to meet more regularly:</p> <ul style="list-style-type: none"> • This will place additional work on officers, operational staff and professional advisors. • There will be a risk that key people will not be available to input to development of Board agenda items or attend the Board, due to other commitments. <ul style="list-style-type: none"> ○ There will be additional costs in terms of; officers, operational staff and professional advisors and members time and potentially venue hire. <p>To mitigate these risks consideration of further additional resource will be required.</p>
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 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 <u>does not</u> require a Fairer Duty assessment</p>



Status/Progress					
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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
No outstanding actions carried forward from previous meetings.						

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
29 June 2022	Chief Officer Update	Ewan Murray	Ewan Murray	N	1) Noted the content of the report and updates.
29 June 2022	Year End Financial Report to 31 March 2022	Ewan Murray	Ewan Murray	N	1) Noted the fiscal outlook and update in relation to the Scottish Government Spending Review. 2) Noted the breakeven position on the Integrated Budget after drawing funding from further Covid allocations provided by Scottish Government and the overspend in relation to the Set Aside budget for Large Hospital Services, met by NHS Forth Valley 3) Noted the above position reflected the guidance and agreement with Scottish Government in relation to financial year 2021/22. 4) Noted the indicative month 1 financial position. 5) Approved the issuing of final directions in respect of 2021/22 financial year to the constituent authorities.
29 June 2022	IJB Draft Accounts	Ewan Murray	Ewan Murray	N	1) Considered and commented on the 2021/2022 Draft IJB Annual Accounts and approved them for issue.
29 June 2022	Strategic Improvement Plan -Update	Wendy Forrest	Wendy Forrest	N	1) Noted the volume of activity underway and completed within the HSCP 2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities 3) Asked for officers to provide an update at Integration Joint Board meeting against the actions outlined in the Plan.
29 June 2022	Development of new Strategic Commissioning Plan	Wendy Forrest	Wendy Forrest	N	1) Approved the approach to develop the 10-year Strategic Commissioning Plan for April 22 / March 23 to April 32 / March 33.
29 June 2022	Self-Directed Support Improvement Plan	Emma Mitchell	Wendy Forrest	N	1) Approved the content of the attached Self-Directed Project Plan. 2) Sought for officers to provide regular updates on the implementation of the Self Directed Support Implementation Plan.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
29 June 2022	Developing Integrated Strategic Workforce Plan 2022-2025	Kelly Higgins	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the submission date for the first draft to Scottish Government of this Integrated Workforce Plan is 31 July 2022. 2) Approved approach to meeting the tight deadline out with meeting cycle of IJB. 3) Approved that officers provide an updated final draft for IJB at September 2022 meeting.
29 June 2022	Alcohol and Drug Partnership Delivery Plan – Update	Simon Jones	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approved the content of the report. 2) Approved the extension of the GCL Contract for a further 12 months from October 2022 for the reasons set out at section 2.20. 3) Sought for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan
29 June 2022	FVRH ED Culture and Governance: Progress Update	Cathie Cowan	Andrew Murray	N	<ol style="list-style-type: none"> 1) Noted the progress update on actions undertaken by the Health Board. 2) Requested quarterly updates on progress from NHS Forth Valley as previously agreed by the IJB 3) Noted the oversight and scrutiny in place in NHS Forth Valley.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
29 June 2022	Primary Care Improvement Plan – End of Phase Report	Lesley Middlemiss	Kathy O’Neill	N	<ol style="list-style-type: none"> 1) Noted the progress of the Primary Care Improvement Plan (Appendix 1) 2) Noted the Primary Care Improvement Fund Overview (Appendix 1, page 33). This outlined the programme spend for year 2021/22. This also outlined the impact of cost of the existing plan updated for 2022/3 including the anticipated funding uplift from Scottish Government. 3) Approved the programme funding plan with an ongoing non-recurring budget risk of £1,299m, similar to previous year, noting that NHS Forth Valley agreed to continue hold this financial risk. This enabled minor programme revisions to occur in order to manage risk around skill mix review, re-banding of health care support workers, pharmacy service resilience and to increase to the number of care homes supported by the urgent care team. (See finance section of paper). 4) Approved the draft PCIP5 Scottish Government Reporting Tracker summarising service cover, workforce and spend. (Appendix 1, page 40-41) submitted as required to government at the end of April 2022.
29 June 2022	Primary Care Premises Initial Agreement: Final Submission	Lesley Middlemiss	Kathy O’Neill	N	<ol style="list-style-type: none"> 1) Endorsed the Primary Care Initial Agreement document. 2) Noted that, following approval by the Scottish Government, work would commence to progress with 4 locality based outline business cases. 3) Noted that the first outline Business Case would focus on the Stirling City, with the Eastern Villages, Bridge of Allan and Dunblane locality.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
29 June 2022	Primary Care Submission to Mental Health and Wellbeing – Draft Plan	Lesley Middlemiss	Kathy O’Neill	N	<ol style="list-style-type: none"> 1) Approved the submission to the Scottish Government (Appendix 1). 2) Noted the contents of the funding letter (Appendix 2). 3) Noted that release of funding is subject to review and approval of the submission by the National Oversight Group.
29 June 2022	Q 3 Performance Report (Oct-Dec 2021)	Carol Johnson	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Reviewed the content of the report. 2) Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports. 3) Approved quarterly reports that were normally presented first at the Finance & Performance Committee and subsequently at the next available Board meeting.

<p>29 June 2022</p>	<p>IJB Vice Chair and Committee Membership 2022/2024</p>	<p>Lesley Fulford</p>	<p>Lesley Fulford</p>	<p>N</p>	<p>1) Approved the following nominations:</p> <p><i>Integration Joint Board (Section 2)</i></p> <p>a) Stirling Council confirmed their nomination of Councillor Danny Gibson for the Vice Chairperson of the IJB on the 29 June meeting</p> <p><i>Audit and Risk Committee (Section 3)</i></p> <p>b) The Integration Joint Board nominated Councillor Martin Earl as Chairperson for Audit and Risk Committee</p> <p>c) The Integration Joint Board nominated Martin Fairbairn for Vice Chairperson of Audit and Risk Committee</p> <p><i>Finance and Performance Committee (Section 4)</i></p> <p>d) The Integration Joint Board nominated Councillor Wendy Hamilton for Chairperson of Finance and Performance Committee</p> <p>e) The Integration Joint Board nominated Gordon Johnston for Vice Chairperson of Finance and Performance Committee</p> <p><i>Membership of Committees (Section 5)</i></p> <p>Approved the nominated membership for the Audit and Risk Committee and Finance and Performance Committee and noted NHS Forth Valley still required to confirm the further one Health Board non-executive for the Audit and Risk Committee and the three Health</p>
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Date of IJB	Report Title	Author	Presenter	Exempt	Decision
					<p>Board nonexecutives for the Finance and Performance Committee.</p> <p><i>Programme of Meeting dates (Sections 7 and 8)</i></p> <p>f) Approved the proposal for Audit and Risk Committee dates laid out in table 2.</p> <p>h) Approved the proposal for Finance and Performance Committee dates in table 3.</p>
<p>23 March 2022</p>	<p>Financial Report</p>	<p>Ewan Murray</p>	<p>Ewan Murray</p>	<p>N</p>	<ol style="list-style-type: none"> 1) Noted the 2021/22 projection based on Financial Performance for the first 10 months of the financial year to 31 January 2022. 2) Noted the Significant Financial Issues and Pressures. 3) Noted the updates on Scottish Government funding support for ongoing impacts of Covid 19. 4) Noted the projected level of savings delivery and projected expenditure in relation to approved investments. 5) Noted that year end IJB reserves are likely to be significantly in excess of target levels at 31 March 2022 and a projected reserves position is incorporated within the 2022/23 Revenue Budget paper.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
23 March 2022	Revenue Budget	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Approved the initial 2022/23 IJB Revenue Budget. 2) Noted 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) Noted 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) Approved the development of an updated Carers Investment Plan for consideration and approval (Section 4.7 to 4.10). 5) Considered and approved 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) Approved the proposals in relation to Transformation Funding and the Transformation Fund Investment Plan (Section 9 and Appendix 4). 7) Approved the proposed revision to the reserves strategy and policy (Section 13.6) and approve the proposals in relation to reserves (Section 13.10) 8) Delegated authority to the Chief Officer to issue initial directions for 2022/23 (Section 12).

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
23 March 2022	Primary Care Premises Programme Initial Agreement Development	Lesley Middlemiss	Kathy O'Neill	N	<ol style="list-style-type: none"> 1) Noted the need to optimise primary care premises across Forth Valley in order to deliver modern and sustainable community services within localities. 2) Agreed the approach taken toward developing the initial agreement, including the model of care options. 3) Noted 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.
23 March 2022	Strategic Improvement Plan Update	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the volume of activity underway and completed 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 Integration Joint Board meeting against the actions outlined in the Plan.
23 March 2022	Scheme of Delegation – Draft Revised Scheme	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Approved the revised Scheme of Delegation 2) Noted the background to the extant Scheme of Delegation 3) Noted 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) Agreed 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) Noted that any revisions to the Scheme of Delegation required the approval of the Board.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 January 2022	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 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<p>4) Reviewed the content of the report.</p> <p>5) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.</p> <p>6) Approved quarterly reports that normally be presented first at the Finance & Performance Committee and subsequently at the available Board meeting.</p>
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	<p>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.</p> <p>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).</p>

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	<ol style="list-style-type: none"> 1) Noted that the proposed Forth Valley-wide approach would provide equitable Independent Advocacy services across both HSCPs and NHS Forth Valley. 2) 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. 3) 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.
22 September 2021	Information Governance Assurance Report 2020/2021	Dierdre Coyle	Dierdre Coyle	N	<ol style="list-style-type: none"> 1) Noted the Information Governance activity for the year 2020/2021 2) Approved the Progress Update Review for submission to the Keeper of the Records (appendix 1) 3) Approved that the Chair meets with the Archivist at Stirling University to agree records for permanent preservation.

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"> 1) Noted the external review report, actions and scrutiny undertaken by the Health Board. 2) 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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> <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 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.
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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
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.

Minute of the Clinical and Care Governance Group meeting held on Thursday 31 March 2022, at 2.30pm, via Microsoft Teams

Present: James King, GP Clinical Lead and Locality Coordinator, HSCP (Chair)
Lorraine Robertson, Chief Nurse, HSCP (Vice Chair)
Marie Valente, Chief Social Work Officer, Stirling Council
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Bob Barr, Locality Manager, HSCP
Nicola Cochrane, MH&LD Service Manager, HSCP
Judy Stein, Locality Manager, HSCP
Caroline Robertson, Locality Manager, HSCP
Linda Melville, Service Manager, HSCP
Lesley Fulford, Senior Planning Manager, HSCP

In Attendance: Annemargaret Black, Chief Officer IJB/HSCP
Sonia Kavanagh, Business Manager, HSCP (minute)

Rapid Response Service and Rural Care at Home Team

Carolyn Wyllie and Judy Stein provided a brief update on the business cases for the new teams which had been approved by the IJB meeting on 23 March 2022 following consideration in February by the Finance and Performance Committee. These 2 key investments reinforced the commitment of the IJB and HSCP to the redevelopment/redesign and improvement of intermediate care services within localities and building the capacity of care in rural areas of Stirling.

The Clinical and Care Governance Group

- **Noted the update provided**

1. WELCOME AND APOLOGIES FOR ABSENCE

Dr King welcomed Annemargaret Black to the meeting. Apologies for absence were noted on behalf of Shiona Hogg.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 27 JANUARY 2022

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 an update highlighting the staffing budget overspend for Menstrie which was rated as red. Carolyn Wyllie noted the aging workforce and particular absences which were also impacting on this.

Ashford Care Home was discussed, and Bob Barr outlined the background and significant capital investment required to make the building safe and fit for purpose. The Senior Leadership Team had recently approved the Business Case to start consultations with residents and families regarding alternative accommodation and to close the home. However, as a possible buyer had come forward this was on hold until the position was confirmed.

The use of Ludgate was raised and the scoping exercise to understand requirements/opportunities, including out of hours cover. It was also noted that a wider review of accommodation and available space was taking place and the potential development of an integrated Hub in Clackmannanshire Community Health Centre which Caroline Robertson was leading on.

4.2 Clackmannanshire Locality

The report provided relevant details and updates. Caroline Robertson raised a concern regarding the lack of appropriate IT/mobile equipment for staff which was also impacting on their morale. Although IT had been contacted regarding smart phones and laptops they had been informed that there were no resources. Carolyn Wyllie advised that the Chief Finance Officer had approved funding for this at the end of 2021 so was unsure why this was the case. Annemargaret Black advised she and Carolyn Wyllie would look into this further. The wider IT issues and importance of smart phones in relation to lone working was also discussed.

Nicola Cochrane provided relevant updates and further information on:

4.3 Integrated Mental Health Service

Organisational development support was ongoing in the Clackmannanshire Community Health Centre and a team development day was being arranged.

4.4 Riverbank & Streets Ahead Learning Disability Service

Learning Disability services continued to work with the supported living developments in Clackmannanshire to ensure appropriate models of care and support were provided, feedback from families was positive.

4.5 The Whins

Capital funding had been agreed to repair and update the building. Clackmannanshire Council's Health and Safety department were also carrying out checks on all buildings to inform work and support development eg changing places toilets etc.

The Clinical and Care Governance Group agreed to discuss Items 4.6,4.7, 4.8, 4.9 and 4.11.

Reablement & TEC, Community Nursing, Wallace and CCHC, Immediate Care Areas

There were no major concerns within the Reablement and TEC teams who were both supporting patient flow. Capital funding from Clackmannanshire had been confirmed for the analogue to digital programme and it was expected similar would be received from Stirling Council in June.

Judy Stein raised a specific incident which had occurred with the Mobile Emergency Care system (MECS) where the alarm raised didn't go through. This highlighted a risk and it was being reviewed to understand the cause and mitigation required. She noted the person involved was not injured.

There were a number of areas rated as amber for District Nursing and in particular staffing absences due to covid, maternity leave and sickness as well as a number of vacancies. These continued to be managed.

There had been 2 falls with harm; 1 in Wallace and 1 in Ward 2 at CCHC. Swarm was undertaken to determine causes and how they could be prevented from happening again. No sub optimal care was identified in either case. Judy also highlighted a significant event in Ward 1 at CCHC in relation to a missed dose of medication. Although formal feedback was still to be received staff had been complimented on the excellent documentation throughout the episode of care.

In relation to the Bellfield, staffing challenges in Wallace were noted with a number of long term absences and the formal ASP Inspection feedback which had been received. Organisational development (OD) work across all disciplines regarding roles, remit and relationships was also taking place to support staff. Although an overspend was noted for Period 11 this had significantly improved compared to the previous year.

Marie Valente noted that despite the number of staff absences the care being provided continued to be good, evidenced by the high number of compliments and no complaints.

Annemargaret Black advised that a 'Meet the IJB Chair' session had been held with the Bellfield staff who had also highlighted the need for further OD work to ensure everyone felt valued. She also noted that the Bellfield was operating at 100% capacity which was above the operating model. The recent business cases approved by the IJB regarding the Rural and Rapid Response teams would help to reduce the pressures and ensure people continued to be supported appropriately.

4.10 Adult Social Care – Stirling Locality

Bob Barr provided a verbal update. A similar position regarding absences was noted which were high due to covid and he also highlighted the impacted this had on other staff. The Older Adults Mental Health service access/redesign work had commenced in consultation with staff and unions

The significant overspend noted for the Care at Home budget due to care home demands had been raised at the Grip and Control meeting. On a positive note a number of Occupational Therapists had now been recruited which would support the ability to discharge and the Large Scale Investigation regarding a care provider had been closed.

In response to a query regarding accommodation for the service, Sonia Kavanagh advised that while she and the Estates manager had mapped out the current use within the hospital in the Stirling Health and Care Village wider discussions were required as some services were outwith those delegated to the HSCP.

4.12 Speech & Language/ Rehabilitation Services

Report provided and Carolyn Wyllie advised that Shiona Hogg was now fully within the HSCP. She would lead on a number of projects including JLES, AHP pathway from client perspective and support for Occupational Therapists.

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

A review of the Improvement Tracker would take place to ensure fit for purpose.

6. ASP IMPROVEMENT TRACKER

Carolyn Wyllie advised that the new Adult Support Protection Lead was due to start. Her initial priority would be the recent ASP Inspection undertaken by the Care Inspectorate and resulting actions and improvements required.

7. ITEMS FOR OVERSIGHT AND ASSURANCE

- 7.1 Noted the Non-Clinical Claims report – no claims up to end of Feb 2022**
- 7.2 Noted the HSCP Complaints report: NHSFV and draft Local Authorities**
- 7.3 Noted the Mental Welfare Commission: Authority to Discharge Action Plan**

8. ANY OTHER COMPETENT BUSINESS

Nicola Cochrane provided an update on an SBAR to cease the filing of G2 digital dictation letters within Adult Mental Health and Learning Disabilities services. This was introduced to provide a more efficient service to clinicians, streamlining the process and reducing duplication. Admins would now not need to print letters and file them in casenotes as these were already available on the clinical portal to view.

9. DATE OF NEXT MEETING

- **Thursday 26 May 2022 at 2pm**

Strategic Planning Group

Minute of meeting held on 11 May 2022@ 2pm via MS Teams

Name	Position
Allan Rennie	Integration Joint Board Chair and Chair of Strategic Planning Group
Wendy Forrest	Health and Social Care Partnership Head of Strategic Planning and Health Improvement
Liz Rowlett	Third Sector HSCP Partnership Officer
Agnes McMillian	Central Carers
Abigail Robertson	UNISON Rep
Hazel Meechan	NHS Forth Valley Public Health
Janette Fraser	NHS Forth Valley Head of Planning
Annemargaret Black	Health and Social Care Partnership/IJB Chief Officer
Ewan Murray	Health and Social Care Partnership/IJB Chief Finance Officer
Jennifer Baird	Health and Social Care Partnership Commissioning Manager
Lesley Shaw	Health and Social Care Partnership Service Improvement Manager
Lesley Fulford	Health and Social Care Partnership Senior Planning Manager
Michelle Duncan	Health and Social Care Partnership Planning and Policy Development Manager
Ryan Waterson	Health and Social Care Partnership Planning and Policy Development Manager
Kelly Higgins	Health and Social Care Partnership Senior Organisational Lead
Anthea Coulter	Clackmannanshire Third Sector Interface
Alan Clevev	Stirlingshire Voluntary Enterprise Board Chair
Bob Barr	Health and Social Care Partnership Locality Manager
Steven Irvine	Police Scotland
Tony Cain	Interim Head of Housing, Clackmannanshire Council
Colleen McGregor	Stirling Carers
Elizabeth Ramsay	Carers Representative
Carolyn Wyllie	Health and Social Care Partnership Head of Community Health and Care
Anne Knox	Interim CEO Stirling Voluntary Enterprise & Third Sector Interface
Emma Mitchell	Health and Social Care Partnership Self Directed Support Lead
In attendance	
Fiona Norval	Minute taker / PA

Apologies	
Judy Stein	Health and Social Care Partnership Locality Manager
Elaine Lawlor	NHS FV
Marie Valente	Chief Social Work Officer Stirling Council
Pam Robertson	UNISON Rep
Marjory Mackay	Strathcarron Hospice
Simon Jones	Health and Social Care Partnership Alcohol and Drug Partnership Lead Officer
Joanne O'Suilleabhain	NHS Forth Valley Health Promotion / Public Health
Julie Anne Moore	Alzheimer Scotland
Clare Copeland	NHS Forth Valley

1. Welcome from Chair, Apologies & Declarations of Interest

Allan Rennie welcomed all to his inaugural meeting as Chair of Integration Joint Board and the Strategic Planning Group. It is hoped that in the future, that some these meeting be arranged as in person.

Apologies noted above and there were no declarations of interest.

2. Draft Minute of meeting held on 16 February 2022

The note of the meeting held on 16 February 2022 the meeting was approved as an accurate record, with one alteration, Elizabeth Ramsay to be added to attendance.

3. Matters Arising & Rolling Action Log

Updated Action log attached:

4. New Strategic Commissioning Plan

Wendy Forrest shared a presentation around the development of the new Strategic Commissioning Plan, advising Strategic Commissioning is the process by which health and care services are planned, purchased and monitored, including needs analysis, service planning and design, procurement and performance / quality monitoring. Wendy provided an update on the work streams linking to the development of the plan and time line and the need for financial planning to align to the new Plan. The Scottish spending review is due May/ early June, also Scottish Government have a commitment to refresh the medium term financial framework.

Lesley Fulford will provide an update and time line around the Strategic Needs Assessment at the next meeting. Public Health Strategic Needs Assessment offered critical support and around performance, how we get data, and how it will be supported.

The role of this this group will be to assist in getting the message out to stakeholders and Wendy advised she would encourage all to be involved in and around the discussions.

Key groups to support engagement and participation:

- Strategic Planning Group
- Locality Planning Groups
- Carers Planning Group & Carers' Forums
- Alcohol and Drug Partnerships and sub-groups
- Self-Directed Support Steering Group
- Dementia Friendly Communities
- Provider Forums
- Joint Staff Forums
- Community Justice Partnerships
- Strategic Housing Forums

Events are being planning for September/October for staff, partners, provider and communities, these will be a range of on line and in person. If members are aware of any one else that should be invited please forwarded details on to Wendy or any member of the team.

Group discussion took place and going forward we will get national people on board as critical friends and support around this. Hazel Meechan advised that she was interested to hear about Public Health Scotland, advising she is keen to offer local support to and work with Public Health locally.

There will be some key assumptions around health and social care resources and spending and the impact around some of the key policy changes, it is key we align to these national documents.

Discussion took place around engagement and communication, and how we are going to get the message out to all so they have a voice, ensuring we are inclusive as possible. When the last Plan was written HSCP did not have the same capacity, therefore we were not sure if we managed to get out into the heart of the different communities. The team will work with third sector colleagues who are a great support around this. In addition Locality Planning Networks have been established. Work ongoing working across homelessness services, the recovery community and mental health & well-being where are working with 3rd sector to identify people who do not naturally engage.

Short life focus groups have been formed to ensure we get to the voice of people who are challenged, it is about our approach to inequalities. We will be also included a piece around inequalities and right based approach, which will move the direction of the conversation and dialogue. The HSCP is working with public health, justice services and wider partners, to look at how do we open the door and create a position for people to tell their story, what are the difficulties they experience, trying hard to work and find a voice across the totality of our communities

Anthea Coulter provided an update around the Pre Employability Programme advising there is a lot being uncovered, need to get in and about this group as it is about understanding their trauma, and the inequalities they face, this will be a large big piece of work. Also key would be the Providers Forum; independent sector how are we engaging with them as they work alongside the 3rd sector therefore we need to ensure we work with them.

There is a large piece of work to be undertaken, we have established partnership arrangements with independent providers but need to look at formalising some of our strategic partnerships. Jennifer Baird is supporting provider's forum and keeping them up to date.

Annemargaret Black advised we need look at formalising our engagement and she will pick this up with Alan Rennie as chair of the IJB.

Action:	Annemargaret Black will liaise with Alan Rennie regarding the formalisation of our engagement.
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Further discussion took place around health exclusion with people experiencing homelessness in Scotland, <https://www.gov.scot/publications/health-homelessness-scotland/>. The housing contribution statement needs to focus on where we know people are excluded from services, and how we change this which would actively change the health outcomes and housing benefits for this group.

Anthea Coulter updated the meeting on the PEC interim report which gives some really interesting information and advised she can share this with the group. There might be a possibility of using the Wellbeing Workshops that PEC hold, which could provide some opportunity for engagement.

It was noted that the Travelling Community Liaison Worker attended the Clackmannanshire Locality Planning. The travelling community were the focus group for the last round of the Community Mental Health and Wellbeing Fund, along with the two third sector organisations who are working with them especially through the pandemic. A request has been received to do some extended work within this community so they would be key groups to be used.

Tony Cain advised that Clackmannanshire Council are at an early stage of a significant redevelopment of the Gypsy/Traveller accommodation at Bridgehaugh, and will be engaging with the community throughout that process and there will clearly be an opportunity to build relationships and strengthen conversations on wider services including health. Wendy Forrest thanked colleagues and advised that the HSCP is keen to link in with key workers to include travellers, advising we will be using the rights based approach, and how do we ensure people access health and care, especially for people are in need. This will be part of the work Dr Emma Baird will be leading on and Tony to be invited to be part of this work, as his insight would be welcome.

5. HSCP Locality Networks Clackmannanshire, Stirling Urban & Stirling Rural

Lesley Shaw provided an updated recapping on progress to date advising the first Locality Planning Group for Clackmannanshire took place on 5th May (via MS Teams). Approx. 45 attendees from a wide range of representatives across the locality met to discuss what the strengths are of the locality, what supports good health & social care and what opportunities are there for improvements. Les Sharp was voted in as Chair of Clackmannanshire Locality Network. The Next Locality Planning Meeting for Clackmannanshire is Thurs, 7th July 10am – noon via MS Teams.

Upcoming Locality Meetings:-

Urban Stirling Locality Network, Thurs, 26th May, 10am – noon, MS Teams

Rural Stirling Locality Network, Friday, 27th May, 10am – noon, MS Teams

All at the meeting gave a commitment to take this work forward, and the meeting was positive and well attended, discussion took place around collaborative work going forward. These meetings are an opportunity for all to learn a bit more about each other and how we can work with each other. A lot of feedback from the breakout rooms, some of the feedback below:-

- Clackmannanshire have a lot of green space, seen as a key asset, along with active travel routes
- third sector work was acknowledged
- Culture and heritage of the area
- Support and wellbeing going forward – support for carers, around impact of pandemic and cost of living – concern around isolation – what was shown hard to adjust to life as before and how can we work around with people
- Importance of linking up with different groups ie. over a cuppa
- Improvements; more focus work around suicide prevention, health and equalities

- Key thing ; access keeping people closer to home ensuring design is there i.e. lower dropped kerbs,
- Challenges; if funding is stopped who/what do we support

Lesley Shaw provided further update on other projects advising the H&SCP newsletter is now going out community wide, with a group working on updating the website to make it more user friendly and easier to navigate, it is hoped there will be an engagement platform which once up and live will be a place to show surveys.

Focus group for community engagement work will be set up also, and we would look to “piggy back” on other events, supporting and expanding our reach into the community.

6. HSCP Integrated Workforce Plan Guidance update

Kelly Higgins provided an update advising Scottish Government guidance was received in March, thereafter a series of meetings have taken place with a core group of stakeholders. The report is due to be submitted to Scottish Government by the end of July 2022, thereafter feedback expected in August, with final amendments made prior to full publication in October 2022.

Our Integrated Workforce Plan will align with other local strategic, service and financial plans. A workshop will take place in June, in line with the 5 pillars and ongoing engagement will continue with professional and clinical leads as well as teams throughout the summer and into autumn.

7. HSCP Self Directed Support Steering Group

Emma Mitchell provided an update advising the SDS Steering Group had its first meeting on 28 April 22. The purpose of this group is to provide oversight, it will be co-chaired by Wendy Forrest and Shubhanna Hussain-Ahmed, the Terms of Reference and membership were agreed at this meeting.

These meetings will provide space to plan, review, and monitor and ensure we have active engagement enabling us to shape and influence the implementation plan and provide an update to the Transformational Care Board. It will also provide an opportunity for all stakeholders to come together to influence the approach, including those with lived experience.

- Steering Group meeting will be arranged after the summer holiday and thereafter be held 8 weekly.
- Good conversations and relations continue with local communities and stakeholders, continue to link in with operational colleagues.
- Social Work Forum: continue to take place on a 8 weekly basis in Clackmannanshire and Stirling.
- Self-directed Support Project Plan to be shared with all parties
- Self-directed Support Training to be organised for all staff across HSCP
- Development of an asset based assessment tool.

8. Update on Community Link Workers

Anthea Coulter provided an update advising that interviews are scheduled for 19 May 2022. Discussion took place around forthcoming £2m funding over the next 4 years within the FV Mental Health & Wellbeing in Primary Care. This commits us to have all practices accessing a link worker. The current thinking is to front load this programme and build on the link workers over the first 2 years, which would enable locality work to be undertaken as we know that link workers are well received.

Hazel Meechan advised that Public Health are interested in work and it would be helpful to tie in with work started in Health and Well-being hubs as there is a lot of connections and funding streams looking to do this.

9. Financial update

Ewan Murray provided an update advising work on going to finalising the year end position for 21/22, which will be a break even on IJB revenue, with the balance of further COVID funding from Scottish Government being carried forward to support IJB COVID delegated functions in 22/23 set side budgets.

Additional COVID funding provided by Scottish Government late in the finance year has been confirmed by UK treasury as the only covid funding across H&SCP. This gives us challenges around financial recovery around covid recovery. Reducing these cost will require difficult decisions from Scottish Government and we are working closely with peer colleagues and Scottish Government.

Due to see Scottish spending review, the Integration Joint Board Medium Term Financial Plan required to be reviewed, it looks like a challenge outlook going forward.

10. AOB

None

11. Date of Next Meeting –10 August 2022 @ 2pm – 4m

An in person meeting and or hybrid model, but PH suggested we wait until near the time, in principle it was agreed at an appropriate venue

i. Proposed topics for future meeting:

- Model of care for hospital team & discharge planning team, Phil MacDonald
- Update on Drug Related Deaths – “so what have we done”, Simon Jones
- Update HSCP Commissioning Consortium – Dementia and Mental Health, Jennifer Baird
- Update on SNA – Lesley Fulford
- Update on SDS – Emma Mitchell

**Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held
on Thursday 21 April 2022 via Teams**

Present:

Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Nicola Cochrane, Service Manager, MH, LB, HSCP (NC)
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)
Karen Morrison, Unison, NHS Forth Valley (KM)
Hilary Nelson, RCN, MHS Forth Valley
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)
Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)
Pam Robertson, Co-Chair JSF, Secretary, Clacks Unison, (PR) (Chair)
Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)
Brian Wilson, GMB. Stirling Council (BW)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

1. Welcome and Introductions

Pam Robertson chaired the meeting and welcomed everyone.

2. Apologies for Absence:

Apologies for absence were intimated on behalf of:

Annemargaret Black, Chief Officer, HSCP (AB)
Bob Barr, Locality Manager, Stirling, HSCP (BB)
Linda Guy, HR Manager, NHS Forth Valley (LG)
Vicki Leonard, GMB, Scotland Organiser (VL)
Karen Morrison, Unison, NHS Forth Valley (KM)
Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)

3. Minute of Meeting of 10 February 2022

This minute was approved

4. Matters Arising

IJB Statement to Providers WF

Discussion took place around fair work providers. Both Councils are fully signed up to the Ethical Care Charter

LT raised concerns regarding rising fuel costs. At the moment staff are paid £0.28 per mile.

WF advised that in terms of those pressures she would think that there would be a national response. She will speak to Ewan Murray CFO and report back to next meeting.

Community Wealth Building work in Clackmannanshire PR

No further update from last meeting PR had spoken with Chris Alliston and had asked him to provide information to Annemargaret

Community Wealth Building

No update

IJB Business Cases

Business Cases had been presented to the IJB on 23 March. These are for Rural Care at Home Team and Redesign of current Reablement and MECS Teams to a Rapid Response Service. Work will be commencing on these areas as soon as possible. The business cases can be viewed on the Partnership website.

Bellfield Peripatetic Staff Issues Update CW

Bellfield Domestic Staff Uniforms CW

The above two issues were not addressed at the meeting. It was decided to convene a meeting out with the Joint Staff Forum. Although most of the issues seemed to be Unison concerns it was decided to extend an invite to other trade union colleagues. **AR** to organise a meeting

5. Management Update/Service Pressures

Wendy Forrest & Carolyn Wyllie provided an update on behalf of management.

Business Continuity

Ongoing service pressure/ challenges.

There are pressures around recruiting social care staff across the Partnership
There are also financial pressures as covid money will not continue; a full finance budget report was presented to the recent IJB

Other pressure across system – CW

Main pressures are from hospital admissions and front door, pressures to create flow, which is not as good as we would like. We will continue to look at flow and redesign processes and pathways. Pressures around waiting lists for social work and occupational therapists are large. People are being referred and the acuity of referrals are much higher. Ongoing problems of recruiting of staff into roles, we are looking at a number of initiatives with Stirling University, Forth Valley College and local schools. We are also working on retaining staff.

CR advised that staff resilience is not robust and all staff are working extremely hard and there are significant pressures. We need to look at this across the board.

AR agreed with **CR** that the levels of service pressures are significant. Not being able to recruit staff has an impact on current staff. Staff are taking concerns to **AR** and she will feedback to management. **AR** advised that another element is the pressure on discharge which links back to the Bellfield. No appropriate risk assessments are being carried out and the Bellfield are picking them up. All service users should be risk assessed before admittance to the Bellfield and staff should be included. Staff are not trained or adequately confident in dealing with this issue.

RC advised that he and **HN** had recently met with staff and they are feeling

that the pressures are relentless.

RC also queried if the providers were still having problems recruiting & retaining are they still giving back packages?

CW advised that the rural area is slowly stabilizing out. Work ongoing to see how we can make that role attractive to school leavers and work on a career pathway in collaboration with providers and school leavers.

RC welcomed the combination of the colleges and providers to maintain their staff.

LT would like a commitment to supporting staff on certain paygrades to pay SSSC fees.

AR wished to make a point on staff resilience whilst she acknowledged that the Partnership throughout the pandemic has recognised that staff have been under pressures, this feels like lip service. If something is missed there is high level criticism. Staff voices need to be heard.

CW is keen to take discussion to a locality manager meeting as she is not hearing what **AR** is hearing and she would like the granular detail as this is not coming up through the structures

AR advised that staff are demoralized, things have happened that they would have challenged but they do not have the energy to deal with that and also the pressures they are working under.

HN noted that visibility with managers is sporadic. Needs to become normal, rules are relaxing this would be a great opportunity to speak face to face and to see senior strands of management in the workplace.

LT welcomed the feedback from **HN & RC**. Maybe a joint walk around with **AR** & management at Bellfield would give context around issues.

LT also noted that around exit interviews we need feedback from them. This can help to formulate the recovery plan around recruitment & retention.

Wellbeing Week & Organisational Development Update

KH provided an update on the recent Wellbeing week (28th March to 1st April). We had received additional funding in Nov and after a short consultation had decided on a wellbeing week.

There were a number of sessions held over the week with a mix of in person and teams sessions. There were different times of day for sessions, including after 6pm. For the 6pm sessions attendance was low and Kelly will be looking into that

104 people across the Partnership attended the sessions. Feedback from the week has been phenomenal. We also have a step challenge ongoing for the month of April and we have seventeen teams of four.

There are a number of engagement sessions planned. The Chair & Chief Officer have been out meeting teams at the Bellfield, Livilands MH, CCHC and the Learning Disability teams. These meetings have been on line and in person.

Standing Brief is 30 mins once a month and are on line but numbers have been low. **CW** will now be going out once a year to every team. A newsletter is compiled bi-monthly and is circulated to all staff, if staff are not receiving it can they please let Kelly know.

AR wished to raise that Stirling Council have a policy that staff can complete a personal wellbeing form – staff can identify particular stresses etc. What has been done with these forms as staff have not had any follow up?

FN advised that the forms are looked at. If **AR** can advise of the names she will follow this up

RC thanked **KH** for all the good work. Would like to see the demographics of who had attended the wellbeing week.

KH is currently pulling all the data together, and will be provided for the next meeting. **Matter Arising for next meeting**

6. COVID 19 Update

In general we continue to respond to the pandemic although restrictions are lifting. Testing facilities continue for staff and carers across all the areas. Care Home Group is still meeting and the CHART team are responding to any outbreaks as before. Respite & Day Services are up and running.

RC noted that the expectations of the public are high, covid has not gone away.

7. National Care Service Update

There will be no detailed information until after the election as to what it may look like.

8 Service Updates

Stirling Locality

No update provided as Bob had given apologies

WF advised that the SDS Steering Group has been set up and Shubhanna Hussain Ahmed will be the co-chair as local carer.

WF also advised that there are lots of ways that staff can get in touch with management and we are working hard to share information. We are hoping to have a temporary HQ by the end of May.

Clackmannanshire Locality

Significant demands across the Partnership. We are looking at refining the process of front door services. Working hard on this and that should streamline demand, signposting people onwards and allowing us to respond through Early intervention and Prevention.

A review team has been implemented for 6 months, additional funding was received to address issues and free up care at home patch base working CHART team up and running and having very successful interaction with care homes. There are LSI pressures on care homes. Helen & team have gelled well and have also take on the ASP work from the Care Homes. There is a lot of good work going on

Hospital, Reablement & District Nursing

No update as Judy had left the meeting

Mental Health & Learning Disability

No update as Nicola had left the meeting

HOMH post has not yet been appointed to and there are ongoing discussions re recruitment.

Can we go back to have a short written report from locality manager colleagues. **MR** will advise Locality Manager that written report is required.

9. **STANDING ITEMS**

H & S

No update as the next meeting H & S meeting is this afternoon

H & S Partnership Group Minutes

None for noting

H & S Terms of Reference

The terms of Reference for the Health & Safety Group had been provided to the group. The following comments were made.

section 3 bullet point 5 ref – *Uphold the principles of the NHS & Social Service codes and other Professional Bodies*

not clear why that is there would welcome an explanation

BW – Codes should reflect the employers code of conduct etc; quorum needs to be looked at four members – should be reflective across the employers.

Quorum should be six should be one person from each area

RC – There should be a flow chart around the governance structure around this committee.

WF & CW will feedback comments to **JS**.

10. **Proposed Update on Integrated Workforce Plan**

Kelly had provide a written update on the way forward with the Integrated Workforce Plan.

Key dates to note are as follows:

Consultation May – June

First draft middle end of June

July for submission

KH also advised that there will be a meeting of the Strategic Workforce Planning group on 26 April. Key stakeholders have been identified but if you would like to attend please contact KH on kelly.higgins2@nhs.scot

11. **AOCB**

Climate emergency, sustainability & environmental issue's are we sure they are represented

WF advised that the Partnership has to submit a climate change report for the IJB and we have been reporting on this for wider work. **WF** also co-chairs Anchor Organisations with Susan Bishop (NHS FV) and this is front & centre of work. **WF** also advised that the New Office Accommodation has a lot of green activity; living walls, healthy workspaces etc. We are also creating green spaces around Bellfield and CCHC.

JSF JOINT MEETING WITH FALKIRK

MR advised that the date of Thursday 4 August had been offered to Falkirk to hold a joint meeting. This was already a scheduled meeting for Clackmannanshire & Stirling JSF. Falkirk will check at their next JSF and advise. All were in agreement with this.

12. **Date of Next Meeting**

Thursday 23 June 2022 via Microsoft Teams