

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **23 November 2022 at 2-4pm** in The Barracks Conference Centre, Stirling and via MS Teams

Please notify apologies for absence to:

fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

- | | |
|---|---|
| 1. NOTIFICATION OF APOLOGIES | For Noting |
| 2. NOTIFICATION OF SUBSTITUTES | For Noting |
| 3. DECLARATION(S) OF INTEREST | For Noting |
| 4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/
EMERGENCY ITEMS | |
| 5. DRAFT MINUTE OF THE INTEGRATION JOINT BOARD MEETING
HELD ON 21 SEPTEMBER 2022 | For Approval
(10 min) |
| 6. CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black, Chief Officer) | For Noting
(15 min) |
| 7. BUDGET AND FINANCE | |
| 7.1 FINANCE REPORT
(Paper presented by Ewan Murray, Chief Finance Officer) | For Noting & Approval
(10 min) |
| 7.2 CLACKMANNANSHIRE & STIRLING INTEGRATION
JOINT BOARD - 2021/2022 AUDITED ANNUAL
ACCOUNTS & INDEPENDENT AUDITORS REPORT
(Paper presented by Ewan Murray, Chief Finance Officer) | For Noting & Approval
(20 min) |
| a. 2021/2022 IJB ANNUAL ACCOUNTS | |
| b. ANNUAL AUDIT REPORT | |
| 8. PERFORMANCE | |
| 8.1 QUARTER 2 PERFORMANCE REPORT | For Approval |

(Paper presented by Annemargaret Black, Chief Officer) **(10 min)**

8.2 ANNUAL PERFORMANCE REPORT **For Approval**
 (Paper presented by Annemargaret Black, Chief Officer) **(10 min)**

9. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT

9.1 WORKFORCE PLAN **For Assurance**
 (Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) **(5 min)**

9.2 ALIGNMENT OF WIDER COMMISSIONING ARRANGEMENTS ACROSS THE HSCP **For Approval**
 (Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) **(10 min)**

9.3 WINTER PLAN **For Approval**
 (Paper presented by Carolyn Wyllie, Head of Community Health and Care) **(15 min)**

9.4 DELEGATION **For Approval**
 (Paper presented by Annemargaret Black, Chief Officer) **(5 min)**

10. FOR NOTING

10.1 ACTION LOG **For Noting**

10.2 DECISION LOG **For Noting**

10.3 MINUTES **For Assurance**

- a. Audit and Risk Committee - 31.08.2022
- b. Finance and Performance - Committee 23.02.2022
- c. Joint Staff Forum - 06.07.2022
- d. Strategic Planning Group - 10.08.2022

11. VIDEO CASE STUDY – LIVED EXPERIENCE **For Noting**

12. ANY OTHER COMPETENT BUSINESS (AOCB)

13. DATE OF NEXT MEETING

1 February 2023 2 - 4 pm

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held 21
September 2022

For Approval

Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	N/A
Author	Sandra Comrie, Business Support Officer
Exempt Report	No

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 21 September 2022 at 2pm in Stirling Council Chambers and MS 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 Stuart, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Robert Clark, Employee Director, NHS Forth Valley
Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council
Marie Valente, CSWO, Stirling Council
Dr Andrew Murray, Medical Director, NHS Forth Valley
Abigail Robertson, Staff Representative, Stirling Council
Sharon Robertson, CSWO, Clackmannanshire Council
Eileen Wallace, Service User Representative
Narek Bido, Third Sector Representative, Stirling

Advisory Members

Nikki Bridle, Chief Executive, Clackmannanshire Council
Carol Beattie, Chief Executive, Stirling Council
Lesley Fulford, Senior Planning Manager, HSCP
Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer, Clackmannanshire Council

In Attendance

Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Sarah Hugh-Jones, Head of Information Governance, NHS Forth Valley (Item 11.2)

Sandra Comrie, Business Support Officer (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:
Helen Macguire, Paul Morris, Louise Murray and Cathie Cowan.

2. NOTIFICATION OF SUBSTITUTES

There were no notifications of substitutes noted.

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 29 JUNE 2022

The Integration Joint Board approved the draft minute of the meeting held on 29 June 2022 as correct.

6. CHIEF OFFICER UPDATE

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

Ms Black thanked colleagues working across the HSCP, partners, Third Sector, unpaid carers and service users for their continued support and also welcomed the new IJB members.

Updates were provided including the ongoing pressures faced by social care and health services, due to workforce capacity and the demands on services. Ms Black highlighted significant improvements which were being made and evidenced by the HSCP's performance improvements with delayed discharges and reduction in occupied beds. Ms Black confirmed that following on from the decision made at the IJB meeting in March, recruitment was progressing with the 3 rapid assessment teams, one each for rural and urban

Stirling as well as Clackmannanshire, and a personal care team for rural Stirling.

The significant challenges being faced were outlined and the measures in place to significantly improve both this year as well as progressing into the next year, including unmet need and care at home capacity. Ms Black highlighted that following the query at the last IJB meeting regarding support for unpaid carers, work on a recovery plan was taking place with Carers Centres.

The Integration Joint Board discussed the pressures and challenges being faced and the ongoing work to address these. In response to a question regarding the projected level of unmet need for care at home and whether the IJB would have the opportunity to consider possible mitigations or responses as part of the review of the Strategic Plan, Ms Black advised of a range of ongoing actions in place which have been reviewed as we approach winter. The HSCP were also working on early intervention/prevention with Third Sector and a patch based approach to multi disciplinary team working. These actions would also be considered as part of the new Strategic Plan Delivery Plan. The IJB will consider this for approval in 2023.

Winter pressures were also discussed and when the planning for this winter would take place. Ms Black confirmed that planning had already commenced for the HSCP from July 2022 and the pan Forth Valley approach had now also begun. The Winter Plan will be presented at the next IJB. In response to the question raised about the vaccination transformation programme in rural areas, Dr Kathleen Brennan confirmed practices would continue to do vaccinations, but different options were being looked at.

The Integration Joint Board:

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

6. CHIEF OFFICER UPDATE

6.1 IJB APPOINTMENTS

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

It was noted that the NHS Health Board were still to confirm their membership of the Finance & Performance Committee (F&P). Due to this and advice received, the formal F&P Committee meeting scheduled for 9 September 2022 was not able to take place and was replaced with a briefing seminar on Winter Planning and finance.

The recommendations were discussed and whether it was appropriate for the NHS FV Chief Executive to be a member of the Audit and Risk Committee. It

was noted that the Scottish Government had been contacted by the Health Board regarding additional Non-Executive Board members to support the various committees of the NHS Board and both IJBs and had now been raised as a formal concern. However, it was noted that the lack of NHS capacity to take up membership was impacting the operations of the IJB's sub committees.

The Integration Joint Board:

- 1) Approved the recommendation that Cathie Cowan, NHS Forth Valley Chief Executive be appointed as a member of Audit and Risk Committee (section 1), noting the ongoing discussions with Scottish Government
- 1) Approved the review of the terms of reference for the IJB Finance and Performance and Audit and Risk committees
- 2) Approved Sarah Hughes Jones, Forth Valley, to be appointed as Data Protection Officer (DPO) (section 2)
- 3) Approved Lee Robertson, Clackmannanshire Council, to be appointed as Standards Officer (section 2) Sarah Hughes Jones and Lee Robertson were all welcomed.

7. BUDGET AND FINANCE

7.1 FINANCIAL REPORT

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

The Finance Report was set within the context of a health and social care system continuing to operate under extreme pressure. The report presented was based on financial performance up to 31 July 2022.

Mr Murray set out the draft final financial position with projected overspends of £1.259m on the Integrated budget and £1.623m on the set aside budget for large hospital services. The financial risk for the set aside is currently being met in full by NHS Forth Valley. The projection on the integrated budget excluded the impact of utilising the covid funding to meet estimated exceptional demand and cost increases attributed to covid, this would reduce the projected overspend on the integrated budget to £0.196 million. This was anticipated to be met through a combination of grip and control actions and increased focus of delivery of savings and efficiency programmes over the remainder of the financial year, where this could be achieved safely and without compromising the partnerships performance.

Significant financial issues and pressures were set out in section 3 of the paper and highlighted the level of uncertainty and potential for volatility in the projections over the remainder of the financial year as referenced in the report.

As previously agreed, an initial review of reserves had been conducted and reserves and expenditure plans would continue to be reviewed. As a result of the review, £0.237m earmarked reserves were not required for their earmarked purpose, and it was proposed to re-purpose these.

In response to a query whether this would provide a break-even position Mr Murray explained that due to the uncertainty and impact of the current economic conditions and high inflation, while this year should be manageable through financial grip and control actions and increased focus on savings delivery bigger challenges faced the partnership next year and the following financial years. Mr Murray went on to confirm there would be difficult choices around priorities and disinvestment to remain financially sustainable while still moving forward with services and improvements.

The Integration Joint Board discussed the covid reserves and Mr Murray explained the money which the Scottish Government had allocated to the IJBs could only be spent on delegated functions of the IJB, including the set aside budget for large hospital services. Mr Murray explained that the Q2 return and cost projections would be as accurate as possible so that the basis of any reclaiming excess funding by the Scottish Government did not compromise the IJB's own financial position in any way.

Further discussion took place around the reasons for the proposal to re-purpose some of the earmarked reserves with no current expenditure plans, to support the additional capacity required for preparedness for establishment of a National Care Service. To ensure appropriate discussion and due diligence it was proposed that recommendations 7 and 8 should be deferred.

The Integration Joint Board:

- 1) Noted the 2022/23 projection based on Financial Performance for the first 4 months of the financial year
- 2) Approved 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) Noted the Significant Financial Issues and Pressures.
- 4) Noted the updates in respect of Covid Reserves, Cost Projections and Considerations
- 5) Noted that Scottish Government will reclaim surplus Covid reserves from the IJB and this will be based on Quarter 2 financial returns.
- 6) Noted that an initial review of IJB reserves has been undertaken
- 7) Agreed to defer the approval of the re-purposing of an initial £0.237m of earmarked reserves for the earmarked purpose for additional capacity required to support preparedness for establishment of a National Care Service (NCS)
- 8) Agreed to defer the approval of delegating 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

8. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT

8.1 Draft Integrated Strategic Workforce Plan 2022-2023

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

Ms Forrest explained that the draft plan had been submitted to Scottish Government by 31 July 2022 as required with feedback still to be received. During the development of the draft Workforce Plan, feedback from a wide range of stakeholders had been sought including clinical and professional leads from both Councils and NHS Forth Valley, staff side/unions as well as Third and Independent Sector representatives and unpaid carers. In addition, a gap analysis had been undertaken regarding both Councils and NHS staff and those services/staff commissioned by the HSCP to provide care and support. This information would be used to inform the workforce required in the future to meet demand and needs of the people of Clackmannanshire and Stirling and then connect and align to the new Strategic Commissioning Plan which was due to be considered by the IJB in March 2023.

The Integration Joint Board discussed the age demographics of the current workforce and the importance of ensuring continuity. Ms Forrest highlighted the current recruitment campaign to attract younger people into community care.

The Integration Joint Board:

- 1) Noted the submission date for the first draft to Scottish Government of this Integrated Workforce Plan was met for 31st July 2022.
- 2) Agreed the approach to continue to seek feedback from stakeholders and partners on the draft Plan before final submission in October 2022.
- 3) Sought for officers to provide a final version following October 2022 submission deadline back to Scottish Government.

8.2 HSCP Transforming Care Board & Transforming Care Plan

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

Ms Forrest highlighted the significant amount of work undertaken and commitment to ensure compliance with policies and statutory requirements. This included using transformation to achieve best value and support primary care across the community and the Third Sector in relation to Link Workers. The significant transformation and change taking place was noted especially during such challenging times.

In response to a note of caution raised about the learning disability review Ms Black gave reassurance that the Transformation Care Board focussed on achieving better outcomes and better value. Any redesign of services would involve engagement and participation with staff, supported people and unpaid carers to ensure needs and requirements informed decisions. She highlighted that a programme of IJB seminars was being worked on to provide an opportunity to do deep dives on areas of concerns/interest.

In response to a query about recruitment timescales to the rural/rapid teams, Ms Wyllie provided an update on recent appointments and the continual campaigns in place for ongoing and future recruitment. Councillor Earl suggested sharing the recruitment campaign links with other Ward councillors to support and further promote into the community.

The Integration Joint Board:

- 1) Noted 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) Continued 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) Approved the presentation of annual assurance reporting on Transforming Care Board activity every September from this point forwards.

8.3 Update on the Delivery Plan for the Alcohol and Drug Partnership

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

Ms Forrest provided assurance in relation to the requirements of the Scottish Government and implementation of the Medication Assisted Treatment (MAT) Standards. Work continued to support the development of the strategic response to substance use harms and the leadership to ensure services continued to work collectively to meet increased demand for substance use services.

Ms Forrest noted that any areas of work required could be taken to the ADP for consideration and stressed that funding for those services/support which continued to make a difference to people's lives would not be removed.

The Integrated Joint Board:

- 1) Approved the content of the report.
- 2) Sought for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

8.4 HSCP Strategic Improvement Plan

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

Ms Forrest explained that this was a standing item and related to work brought forward from the 2018 Strategic Inspection and explained the strategic improvement plan was also aligned with the Transformation Plan for consistency. Ms Forrest explained a more detailed Improvement Plan would be developed to provide assurance on how the new Strategic Commissioning Plan due to come to the JIB meeting in March 2023 for approval would be delivered.

The Integration Joint Board:

- 1) Noted that completed actions have been removed from this report as we transfer these actions to the Transforming Care Board report.
- 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.

8.5 Update of the Carers' Investment Plan

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

Ms Forrest explained this update related to the previous work presented to the IJB and the Carers Recovery Plan to support both Carers organisations and wider organisations such as those who support people who are affected by dementia. It was noted that the Carers Lead post was at interview stage and a Short Breaks coordinator was now in post.

The Carers Planning Group was discussed and the importance of a wide range of membership to ensure the views of various carers were heard to inform services.

The Integration Joint Board:

- 1) Noted the progress made to implement the requirements of the Carers Act through the delivery of the Carers Investment Plan.
- 2) Agreed and supported the creation of a Carers Recovery Plan in response to the impact of the pandemic.
- 3) Approved for officers and carers' representatives to bring further reports during 2022/23 on progress against the actions outlined above.

9. PERFORMANCE

9.1 Quarter 1 Performance Report (April – June 2022)

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

Ms Forrest explained that this report gives oversight for board members on a quarterly basis around the work we are doing to report and manage our performance. Ms Forrest provided a brief outline of the pressures around the delivery of care and support and the increased capacity they have been able to draw on throughout the year. These papers highlight the measurement of their success in terms of what they have been able to achieve.

In response to a query regarding how effective our plans are to improve performance in areas such as care at home. Ms Forrest explained that the investment in rural and rapid teams is just in the recruitment process and going forward there would be increased capacity and community support working with 3rd Sector and independent sector colleagues.

The Integration Joint Board:

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

10. NATIONAL AND PERSONAL OUTCOMES

10.1 HSCP refreshed approach to Self-Directed Support

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

Ms Forrest explained this update is to offer assurance to the board about how seriously we take our refreshed approach to self directed support, commitment to choice and control and ensuring good outcomes for people. Ms Forrest explained the delivery of training over the next 3 months.

A query was raised regarding eligibility criteria and how this is changing. Ms Forrest explained the legislative requirements around eligibility criteria. In addition, a query was raised around information that's available to the public in respect of eligibility criteria and Self-Directed Support. Ms Forrest explained

that they are working on developing staff training, regarding Self-Directed Support and information that will be available to the public.

11. POLICY AND LEGISLATIVE REQUIREMENTS

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

The Integration Joint Board considered the paper presented by Ms Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer.

Ms Robertson explained the purpose of the Code of Conduct and members responsibility to adhere to it. Training will be put in place and dates will be submitted to the board for consideration.

In response to a query regarding having to complete multiple forms for different Board roles, Ms Robertson confirmed she would be happy to help with this.

The Integration Joint Board:

- 1) Approved the revised Code of Conduct for Members of the Board for submission to Scottish Government in Appendix A;
- 2) Noted the requirement for submissions of the Register of Interests as detailed in paragraph 3; and
- 3) Noted that the Standard's Officer will revert to the Board on training for the new Code of Conduct; and
- 4) Approved the appointment of Senior Manager and Monitoring Officer for Legal & Governance, Clackmannanshire Council, as Standard's Officer for the Board as detailed in the appointments paper.

11.2 Information Assurance Report

The Integration joint Board considered the paper presented by Sarah Hughes-Jones

Ms Hughes-Jones explained the purpose to provide assurance to the board that it is meeting its statutory responsibilities under data protection, freedom of information and records managements legislation.

The Integration Joint Board:

- 1) Considered and approved the Information Governance activity for the year 2021/2022
- 2) Noted 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 as detailed in the appointments paper.

11.3 Climate Change Report 2021/2022

The Integration Joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford advised the IJB on their statutory duty to produce a climate change report for the previous financial year and submit this to the Sustainable Scotland network. Ms Fulford explained the 3 elements of the public body climate change duties. These are mitigation in terms of reducing greenhouse gas emissions, adaptation in terms of adapting to impact of the change in the climate and acting sustainably in terms of sustainable development as a core value. Ms Fulford explained that in parts of the report we refer to constituent body reports for NHS Forth Valley, Clackmannanshire Council and Stirling Council. The approval of this report will ensure the board meets its requirements under the Climate Change Act.

The Integration Joint Board:

- 1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.
- 2) Approved the draft Climate Change Report 2021 / 2022 for submission to Sustainable Scotland Network.

11.4 IJB and Committee dates for 2023/2024

The Integration joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford apologised for an error in the report, the dates refer to next financial year not this financial year. Ms Fulford proposed new board meeting dates for approval for financial year 2023/2024.

The dates for the committees were identified as being out by a few days, Ms Fulford made a commitment to go back to committee members with revised dates.

The Integration Joint Board:

- 1) Approved the proposed Integration Joint Board programme of meeting dates for 2023/2024 set out in paragraph 3.1.
- 2) Approved March 2024 meeting is focussed on budget, associated directions and delivery plan only set out in paragraph 3.
- 3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2023/2024 set out in paragraph 4.1.
- 4) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2023/2024 set out in paragraph 5.1.

12. FOR NOTING

12.1 Action Log

Noted

12.2 Decision Log

Noted

12.3 Minutes

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

Noted

13. VIDEO CASE STUDY – Lived Experience

Ms Black introduced a short film of 2 frontline workers working across both council areas delivering social care and reablement. She also confirmed this would be used as a recruitment video where members of the public can access an application to apply for vacancies.

14. ANY OTHER COMPETENT BUSINESS (AOCB)

A question raised by Martin Earl, has the board considered having an HSCP board member sitting on the Active Stirling Board. He feels this would not be a huge commitment and would benefit both Bodies.

15. DATE OF NEXT MEETING

23 November 2022 at 2pm

Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 6

Chief Officer Update

For Noting

Paper Approved for Submission by:	Annemarget Black, Chief Officer
Paper presented by	Annemarget 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 detail in other Board reports.
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Recommendations:	<ol style="list-style-type: none"> 1. The Integration Joint Board is asked to note the content of the report. 2. The IJB agree to spending 2.5 days over the next 12-18 months on Board development as proposed at section 8.7 of this report.
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Key issues and risks:	<p>Today on the IJB agenda, are a range of important annual governance reports that focus on 2021-2022, for consideration by IJB members. These include the Annual Performance Report, the Audited IJB accounts and Independent Auditors Report, as well as the Annual Audit Report.</p> <p>The Chief Officer and Chief Finance Officer, statutory officers of the IJB, the wider Health and Social Care Partnership senior leadership and management team, alongside their teams, and our partners, have supported and delivered a range of work across 2021-2022 and continue to do so. IJB members will see this range of work carried out reflected in today's papers and are being asked to consider reports as part of their role as IJB members</p> <p>The last 12 months have been some of the most pressurised and challenging times colleagues have worked in and has been continuous since the start of the pandemic. Recognition and support should be given to all of our teams and leaders in Clackmannanshire and Stirling as they have continued to focus on the people we are here to serve, while under continued pressure due to service demands and staffing challenges across a number of different areas.</p> <p>Recognising the ongoing efforts of our collective workforce and that of partners, engagement is underway to ensure we can continue to support staff wellbeing in the best way we can.</p> <p>The IJB will be aware that winter planning commenced in Clackmannanshire and Stirling in July 2022 this year. The Plan has been developed with teams and partners and is for consideration at today's IJB. The development of this Plan is crucial to give our teams and wider system partners a clear view of our approaches</p>
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and activities to deliver services across Clackmannanshire and Stirling this winter.

Carers Centres have also been working with us on their recovery plans to support unpaid carers and formal funding letters have been issued in support of these Plans.

The vaccination programme for Flu and Covid 19 are underway. A high uptake of vaccinations will support and protect people through winter. Staff uptake is not as high as it was last year. This is a national and local issue. The NHS Forth Valley vaccination teams are considering how to take vaccine to peoples place of work to improve the uptake and to make it easier for people to access. The team within NHS Forth Valley monitor the uptake and report on the numbers to the Chief Officer and her team. Across Forth Valley at 4 November 2022:

Flu	% uptake
Care Homes	89.3%
Housebound	79.7%
Adults (65 years plus)	80.4%
Health and Social Care Staff	34.9%
COVID19	% uptake
Care Homes	87.3%
Housebound	79.5%
Adults (65 years plus)	81.8%
Health and Social Care Staff	34.9%

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.

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)

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.

The risks associated are:

- If vaccination rates remain low for health and social care staff, this could lead to reduction in staff available to support our population when the system is already facing unprecedented challenges. NHS Forth Valley are putting out significant communications about getting vaccinated to mitigate the risk to both communities and Health and Social Care Staff, as well as looking at targeted approaches as described above.

Nationally we are aware that delays to people's discharge is a cause for concern both for the individuals involved and also for the efficient and effective management of whole system of care.

Clackmannanshire and Stirling continue with a significant work programme to reduce delays to peoples discharge and support people to their own homes or homely settings.

The latest data available (September 2022) from Public Health Scotland¹; on the date of writing this report states delays for standard reasons (health & social care or patient & family related) at census point were 16 people across the HSCP area. With total delays (including code 9's – AWI and other reasons) standing at 29 people.

Appendix 1 (Public Health Scotland data) illustrates delayed discharges occupied bed days lost and demonstrates how we compare with the rest of the country.

The HSCP presented business cases to the Board in March 2022 for a permanent rural care at home team to compliment rural care providers and a RAPID model of care.

The RAPID model of care pulls together discharge to assess, reablement, crisis care and discharge while people await a framework provider. There has also been a recruitment campaign alongside the recruitment to the rural care at home service.

The Rural Team Leader started on 3 October and Care Co-ordinators for Clackmannanshire were appointed and due to start in post in middle of November 2022. The resource planners in Clackmannanshire started in post on 29 September 2022.

¹ [Delayed discharges in NHSScotland monthly - Figures for September 2022 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland](#)

	Interviews are in place for Care Support Workers throughout November onwards but we unlikely to start seeing significant capacity until Jan / Feb 2024 due to PVGs and training time. We are looking for opportunities to accelerate recruitment and have reached out to Human Resources colleagues.
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1. Background

- 1.1. As always, there are a number of other key issues within this report, these are:
- Clackmannanshire and Stirling Strategic Plan - Needs Assessment
 - Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR) and
 - IJB Development session on 1 February 2023.
- 1.2. Verbal updates on time sensitive items will be provided at the Board meeting.

2. System Pressures

- 2.1. As above, the whole system of care is facing unprecedented challenges and the key focus of the Health and Social Care Partnership is to continue with whole system working and to use data to help us understand pressure points, demands and also service redesign opportunities.
- 2.2. Both Forth Valley Chief Officers, NHS Forth Valley Medical, Nurse and AHP Directors and the Associate Director of Primary Care are establishing a programme of work to review current intermediate care and reablement services. The aim is to reduce unscheduled care, improve experience of staff and supported people and to shift the balance of care to the community. This will include reducing avoidable costs by providing more care in the community in a modernised model of care centred on working with GP practices. Further reports will be available as the work rolls out.

3. COVID19

Care Homes

- 3.1. At the time of writing (14 November 2022) there are no care homes in the partnership area closed to admissions due to COVID 19. Coming into the Winter months this could change, and updates will continue to be provided.
- 3.2. Care assurance oversight continues to be in place led by NHS Forth Valley Nurse, Medical and Public Health Directors, Chief Social Work Officers and IJB Chief Officers from across Forth Valley.

- 3.3. Teams who support residents and staff in care homes continue their work and have moved to a preventative approach using early indicators of harm. This work has been highly successful, and these arrangements will remain in place as a result and will continue to be reviewed.

4. Alcohol and Drug Partnership Update

- 4.1. The ADP delivery plan update will report to the Strategic Planning Group and will be provided to the Board every six months going forward. Quarterly reports will be available if IJB members require more frequent updates as they will be prepared for the Strategic Planning Group

5. Strategic Plan 2023/24 to 2033/34

- 5.1. In April 2022 work began on developing the next Strategic Plan for 2023/24 to 2033/34.

- 5.2. In April 2022, a Short Life Working Group (SLWG) was established to produce an updated Strategic Needs Assessment (SNA) for the partnership, which was to be developed for 2023-2033. The purpose of an SNA is to assess the current and future needs of health and social care within the partnership localities. The group membership included Clackmannanshire and Stirling HSCP Planning & Policy, Local Intelligence Support Team (LIST) from Public Health Scotland, Health Improvement and Information Services – there was also engagement with other key service areas in the drafting of the document.

- 5.3. The SLWG encountered some limitations to the data it required. Such as:

- Systems not developed to produce required data locally
- Not available for extraction from system
- Not documented in the system
- Not reportable locally
- Not as up to date as required
- Not input to the system and therefore cannot be extracted
- Not the same as national data (which was provided from local systems)
- Other areas are unable to get usable data out of the system, manual calculations are required, which can lead to human error.

- 5.4. This all leads to challenges in accessing data to develop intelligence to inform service delivery.

- 5.5. The response to these limitations was to use national data for a few areas such as, residential care, telecare and care at home figures to enable us to look at health and care needs for the population.

- 5.6. The SNA has now been completed and it has identified a number of key points.

- Every age group in Stirling is projected to increase - particularly the older adult population (those aged 75 and over by 74%). This means that at the same time as demand for services could be increasing it could be more challenging to employ the workforce to meet this demand. Both Clackmannanshire and Stirling's older population, particularly those aged 75 and over, is expected to increase substantially and as older people are generally high users of services this could impact significantly on demand for services.
- The dependency ratio (ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population) is projected to increase by 5.9% by 2043 in Scotland, it will rise significantly by 10.2% in Clackmannanshire
- More people in Clackmannanshire live in the most deprived communities (52% in quintiles 1 and 2) and more people in Stirling live in the least deprived communities (59% in quintiles 4 and 5).
- The Burden of Disease standardised estimates of ill-health and early death in a composite measure called Disability-Adjusted Life Years (DALYs), also referred to as health loss. In 2019, the overall rate of health loss in Scotland is estimated to be 32,093 disability-adjusted life years (DALYs) per 100,000 population. Health loss in Clackmannanshire is 10% higher than the Scottish rate, whereas Stirling is 5% lower than the Scottish rate.
- In 2019, the leading causes of DALY's for males in Scotland were Ischemic heart disease, drug use and lung cancer. The leading causes for females in Scotland were Alzheimer's and dementias, ischemic heart disease and lung cancer.
- A national deprivation analysis for 2019 is not currently available. However, the 2016 Deprivation Report showed that more deprived areas in Scotland have double the rate of illness or early death than less deprived areas.
- In Psychological therapy services more people are waiting a longer period of time
- The rates of suicide across the Partnership are high compared to Scottish rates, however particular attention should be paid to Clackmannanshire with a European Age Sex Standardised (EASR) rate of 23.6 per 100,000 population for males; this compares to 21.2 per 100,000 of the Scottish population. Along with 9.4 per 100,000 population for females, which compares to 7.5 per 100,000 of the Scottish population. The Scottish rate for all genders being 14.1 per 100,000 of the population.
- Employment and Economic Measures - In 2020 62.0% of Clackmannanshire's and 64.2% of Stirling's population were of working age (aged 16-64). Clackmannanshire had a job density (the ratio of total jobs to population aged 16-64) of 0.51 compared to 0.86 in Stirling and 0.80 in Scotland.
- In 2019/20, 1 in 5 children in Clackmannanshire were living in poverty and for the past six years this has been consistently above the national average. In Stirling 15% of children were living in poverty, consistently below the national average.
- Fuel Poverty
 - The latest figures show that 24% of households in Clackmannanshire and 21% in Stirling are fuel poor, the equivalent of approximately 6,000 and 8,000 households respectively (SCHS 2019, average of 2017-19). This compares to 24% in Scotland.

Rates of fuel poverty are higher in the Social Housing sector (Clackmannanshire=40%, Stirling=41%)

- Around 9% of households in both Clackmannanshire and Stirling are in extreme fuel poverty (Scotland=12%).
 - This picture will have significantly changed in recent months.
 - In relation to end of life care and admissions to hospital, the average number of bed days in the 6 months prior to death for 2015/16 and 2020/21 for Clackmannanshire and Stirling has reduced from 8.6 to 6.3. This was trending this way and is not attributable to COVID pandemic.
- 5.7. The SNA has presented these key findings to each of the three locality planning groups and the Strategic Planning Group. Each group discussed the output and broadly agreed its findings.
- 5.8. The IJB is reliant on partners collating data on equalities such as ethnicity and disability. This will now be considered for inclusion in the SNA.
- 5.9. Work is ongoing with regards to engagement with communities around the new Strategic Plan for 2023 / 2024 to 2033 / 2034.

6. Independent Review of Inspection, Security and Regulation of Social Care in Scotland

- 6.1. On 21 September a letter was received from Kevin Stewart, Minister for Mental Wellbeing and Social Care, announcing the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR). This letter included the terms of reference for the review. See appendix 2.
- 6.2. The report will be published in June 2023 and the review will cover:
- a) explore how regulation and inspection of social care services and partners who contribute to care and wellbeing can be effectively supported to improve outcomes and experiences for the people of Scotland.
 - b) ensure regulation, scrutiny and inspection of social care arrangements have a basis in human rights.
 - c) ensure appropriate scrutiny of all aspects of the National Care Service (NCS).
- 6.3. The review will include a call for evidence and include a programme of stakeholder engagement in the coming months to ensure input from a wide range of voices, including those seldom heard, to help support the review process. The call for evidence has been received and will be responded to by the deadline.
- 6.4. The review is independent of the Scottish Government, but it will be supported by secretariat from the Regulation and Improvement Unit in the Social Care and NCS Development Directorate.

7. IJB Development Sessions

- 7.1. The IJB have already completed a getting to know you session on 12 September 2022, which was helpful in getting to know Board members outside of the IJB.
- 7.2. A range of development sessions have been identified by officers, from code of conduct, governance, planning, performance / outcomes, service provision and public protection.
- 7.3. The first of these will be around the Code of Conduct which members are expected to comply with. This session will be delivered for an hour before the 1 February 2023 IJB meeting, with a break for lunch then onto the IJB meeting.
- 7.4. The [revised Code of Conduct](#)² for Members of the Board was published on 7 December 2021. 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. Further communications on this session will be issued later this year.
- 7.5. Future seminars will also be delivered for an hour before the IJB with a sandwich lunch between.

Further IJB member development

- 7.6. Over the past year the composition of the Clackmannanshire & Stirling Integration Joint Board (the IJB) has changed. The local authority elections brought new councillors onto the Board; new non-executive members of NHS Forth Valley joined the IJB and an experienced IJB board member was appointed as Chair.
- 7.7. As part of our proposed IJB development programme for Board members we wish to commission 2 and a half days of development work, focusing on Effective governance and leadership, Powerful Boardroom Conversations, Collaborative Board Dynamics, and Boards in High Stakes.
- 7.8. The IJB board members are asked to consider if this development proposal would be of value to IJB board members and if they have the capacity to commit to the proposed sessions.

8. Self-Directed Support (SDS)

- 8.1. The HSCP continue to progress towards delivery and implementation of their Self-Directed Support Project Plan. At present there are the following key developments which will support SDS implementation across the HSCP:
 - The HSCP Steering Group of supported people, carers, partners, HSCP, commissioners, Third Sector organisations continues to provide a forum for planning, reviewing, monitoring and reporting. The group continue to meet on

² [Members of devolved public bodies: model code of conduct - December 2021 - gov.scot \(www.gov.scot\)](#)

an 8 weekly basis where attendees are provided with the opportunity to be updated on developments in respect of the project plan alongside providing a forum for attendees to give input, influence and contribute towards the progression of the SDS project plan.

- The SDS Lead and the Chief Executive Officer of SDS Forth Valley have begun the process of delivering SDS re-fresher training to staff across the HSCP. At this time priority has been given to operational staff in the three Locality Teams, alongside staff within the HSCP's Business Finance and Commissioning Services. 78 staff have received re-fresher training so far, with positive feedback/engagement at each session. The intention is that the SDS refresher training is the first step in what will be part of a bigger training programme. Once SDS refresher training has been completed there will be time taken to map out what learning is still required, next steps and how to ensure recurring refresher training for staff.
- It has been identified that there is a need to re-design the existing assessment documentation to ensure compliance with SDS legislation. Two documents have been designed for staff consultation. Following initial consultation, the SDS Lead will work with Team Leaders/Management to review all information from consultation and consider what the proposed pilot version of the tool will be. At this stage input will be required from other departments including Finance, Data Analysts, Commissioning and IT who will further influence the proposed pilot tool.
- Engagement with supported people, carers and their families will continue to be a critical part of the SDS implementation approach, planning and delivery. Supported people are sharing their experiences and stories; to provide opportunities for people to feel listened to and their story valued.

A paper is currently being written which will propose the HSCP's position on set rates for Option 1 and 2. This paper will also propose the HSCP position on the level of budget available to individuals, who have been assessed as requiring residential care but wish to utilise their budget to remain within their own home.

- 8.2. This work will be linked to the 2023/24 budget setting process and will set out the model and approach for setting individual budgets.

9. Conclusions

- 9.1. This report provides the Integration Joint Board with updates on key developments.
- 9.2. 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.

- 9.3. Wellbeing resources continue to be available to staff from each employing organisation and also an integrated offer is being developed by HSCP. In addition, supplementary support has also been made available nationally which colleagues are regularly signposted to and encouraged to participate in.
- 9.4. There is a National wellbeing hub established which can be found [here](#)³.

10. Appendices

Appendix one - Delayed discharges occupied bed days lost and Scotland comparison

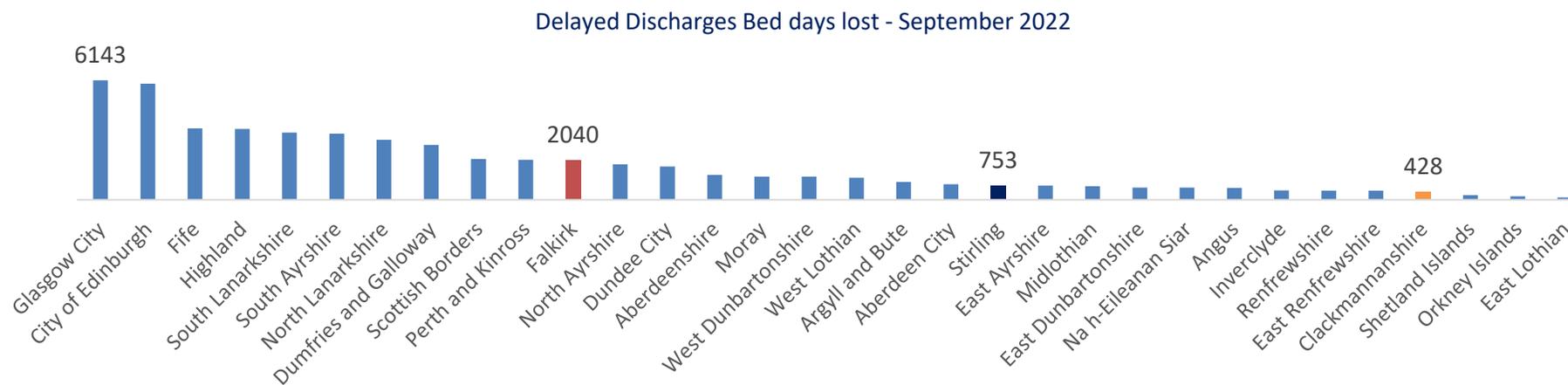
Appendix two - Independent Review of Inspection, Security and Regulation of Social Care in Scotland

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒
Implications	
Finance:	None
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	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to)

³ [Home - National Wellbeing Hub for those working in Health and Social Care](#)

	<p>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 assessment.</p>
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Appendix 1 – Delayed Discharge Bed Days Lost



Minister for Mental Wellbeing and Social Care
E: scottish.ministers@gov.scot



To:
Social Care Sector

21 September 2022

Dear Colleague,

Letter of notification regarding the commencement of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland.

I am writing to inform you that I have commissioned an Independent Review of Inspection, Scrutiny and Regulation (IRISR) across social care support services. Dame Sue Bruce has been appointed as the Chair of the IRISR and will be supported in her role by Mr Stuart Currie who has been appointed as Vice Chair.

The IRISR will:-

- (a) explore how regulation and inspection of social care services and partners who contribute to care and wellbeing can be effectively supported to improve outcomes and experiences for the people of Scotland.
- (b) ensure regulation, scrutiny and inspection of social care arrangements have a basis in human rights.
- (c) ensure appropriate scrutiny of all aspects of the National Care Service (NCS).

The social care support landscape and skills requirements of the workforce continue to evolve, including through the introduction of Self-Directed Support. As recognised in the Independent Review of Adult Social Care (IRASC), we now require a more flexible approach that is not fully supported by the current regulatory system; an approach that is firmly in line with the person-centred and human rights aspirations of the National Care Service. The full terms of reference for the IRISR can be found in **Appendix A** and I have asked Dame Sue Bruce to report by June 2023.

Two advisory panels will be appointed to strengthen and assist the IRISR by providing specialist advice to the Chair, and to inform any recommendations that may be made regarding social care regulation, inspection and scrutiny. We anticipate IRISR to report in June 2023.

The review will include a call for evidence and include a programme of stakeholder engagement in the coming months to ensure input from a wide range of voices, including those seldom heard, to help support the review process.

I would like to stress that this is not a review of our current regulatory and improvement organisations but rather how regulation and inspection can best support improved outcomes for people and ensure there is a system that meets the needs of the NCS.

The review is independent of the Scottish Government, but it will be supported by secretariat from the Regulation and Improvement Unit in the Social Care and NCS Development Directorate. If you have any questions relating to this correspondence, the terms of reference in **Appendix A** or the Independent Review, please do not hesitate to contact Kerry Brooks, at IRISR@gov.scot. Kerry and members of the secretariat will be in regular contact with you and your organisation during the progress of the IRISR.

While I recognise that this is a challenging period for the social care sector I hope you share my ambition that the IRISR presents an invaluable opportunity to address some of the current challenges in the regulation system that we have discussed on many occasions over the last year.

As the IRISR progresses we will continue to provide you with regular updates, however, if you have any questions relating to the review please direct them to the IRISR Inbox, IRISR@gov.scot. We will look forward to working with you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Stewart', with a stylized flourish extending from the end.

Kevin Stewart

Appendix A - Terms of Reference

The key terms of reference of the review are proposed as follows:

The key aims:

- To make recommendations as to how inspection, scrutiny and regulation of social care, and linked services, have a basis in human rights and trauma informed practice, is inclusive of people with lived and living experience and how best to ensure continuous improvement is standard practice.
- To consider what the inspection, scrutiny and regulation of social care, and linked services landscape needs to look like to ensure it meets the requirements of the National Care Service (NCS).
- To consider how any new arrangements will meet the needs of and interface with services that are not part of the NCS.
- To ensure that any new approach to inspection, scrutiny and regulation of social care, and linked services is future proofed and flexible.
- To consider what data will be needed for regulation and improvement and how data sharing can be improved, standardised and tied into wider work considering the data requirements for the NCS in line with the UKGDPR.
- To be inclusive of wide ranging engagement with stakeholders including people with lived and living experience and unpaid carers.
- To consider if there is a need for an independent scrutiny body for inspection and regulation of social care and support services in Scotland similar to that of the [Professional Standards Agency](#) in England or otherwise, taking account of the reserved nature of professional regulation of the clinical professions.
- To complete the Independent Review and publish findings and make such recommendations you think appropriate across all considered areas and any other recommendations as you consider appropriate in accessible formats.

Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 7.1

Finance Report

For Noting & 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 6 months of the financial year 2) Note the significant financial issues and pressures, key assumptions and risks. 3) Agree that the Chief Officer and Chief Finance Officer seek confirmation from NHS Forth Valley in meeting the set aside risk and report an update to the December IJB Finance and Performance Committee. 4) Note the position in relation to Covid Earmarked Reserves and Scottish Governments intention to reclaim the balance of further Covid funding currently held in IJB earmarked reserves. 5) Note the update in respect of the development of the 2023/24 Revenue Budget and approve delegated authority to the IJB Finance and Performance Committee to scrutinise the IJB Business Case and approve its submission to the constituent authorities.
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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 also continues to be

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 two quarters/6 months of the financial year to 31 September 2022.
- 2.2. This indicates a projected overspend of £3.765m on the Set Aside Budget for Hospital Services and a projected overspend on the Integrated Budget of £0.154m as summarised in the table below.



Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2022-23
M6

	Annual Budget £m	Annual Forecast £m	Forecast Variance £m
Integrated Budget			
Health Services	140.658	141.020	(0.362)
Adult Social Care Total	74.266	74.058	0.208
Integrated Budget Projected Outturn	214.924	215.078	(0.154)
Set Aside Budget for Large Hospital Services	29.713	33.478	(3.765)
Strategic Plan Budget Outturn	244.637	248.556	(3.919)

- 2.3. The financial pressures in relation to the set aside budget have to date been 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. The NHS Forth Valley Director of Finance has been asked to formally confirm this position will remain for 2022/23 financial year and this is the current planning assumption. There is a need to clearly reach agreement on this matter and the IJB are asked to agree that the Chief Officer and Chief Finance Officer

seek formal confirmation from NHS Forth Valley and report an update to the December IJB Finance and Performance Committee meeting.

- 2.4. The projected overspend in relation to the set aside budget has increased significantly since the previous report to the IJB. There are two key reasons for this being:
- Covid related costs which IJBs are not now expected to take funding decisions in relation to; and
 - Ongoing costs of additional staffing and bed capacity within set aside services as a result of a health and social care system under continued and extreme pressure.
- 2.5. As detailed in previous financial reports we continue to model the estimated exceptional Covid related costs within the Integrated Budget and are confident that sufficient evidence exists to justify utilising a degree of this funding to bring the integrated budget into financial balance for the year. Estimates for this continue to be reflected within financial submissions to Scottish Government on a monthly basis.

3. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 3.1. The set aside budget is reporting an £1.813 m overspend for the first four months of the financial year and is currently projected to overspend by £3.765m for the year. Many of the set aside services are under significant pressure from demand levels and increasing acuity of care. This includes Covid driven costs within these services.
- 3.2. In the first six months of the financial year the financial pressures on the set aside budget were across Accident & Emergency Services, General, Geriatric, and Rehabilitation Medicine, Learning Disability Inpatient Services and Mental Health Inpatient Services.
- 3.3. Contrary to the understanding reported to the IJB within the September financial report Scottish Government finance officers have now clarified that IJBs will not be expected to make funding decisions in relation to Covid driven costs within the set aside budget from the further Covid funding earmarked within IJB reserves. NHS Forth Valley are expected to deal with such costs from the Covid funding allocation provided to them directly by Scottish Government.

Integrated Budget

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

Within Operational & Universal Health Services: Family Health Services (FHS) Prescribing, Complex Care packages, the Westmarc Wheelchair Contract and Community Equipment. These are partially offset, as in previous years with underspends across other community services. Less than full projected delivery

of savings and efficiency programmes 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.
- Significant 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

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

The specific areas of focus are:

- Cost and volumes of drugs and other therapeutics in Primary Care, including potential price volatility in relation to Brexit and tariff adjustments.
- Further increases in demand, complexity and costs of service provision.
- Transitions from Childrens services and Learning Disability and Mental Health inpatients facilities and requests for high cost community care packages which cannot always be foreseen.
- Remodelling Future Demand & Profiling of bed capacity.
- Costs associated with legislative changes including the Carers Act.

- Risks associated with the provider market including sustainability issues.
- Primary Care / GP Sustainability.
- Whole system performance issues including delayed discharge linked to developing approaches to Early Intervention and Prevention.
- Filling of critical vacant posts and maintaining safe staffing levels within services.

Family Health Services Prescribing

- 3.6. Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £1.420m 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.
- 3.7. 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. An increase in average costs on prescribed items has been observed since the last IJB reports illustrating inflationary and other pressures including increases of short supply of generic drugs meaning higher cost branded items are prescribed more often. Given the general economic conditions this area of spend will be closely monitored and there is scope for additional upward financial pressure over the remainder of the year.

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.
 - A share of additional Scottish Government funding support to Local Government to contribute to pay awards will be passed through to the IJB and funding for the cost of the NHS Agenda for Change 22/23 pay award, when settled, will be provided.

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 2 cost estimate for 2022/23 Covid costs in relation to Operational and Universal services for Clackmannanshire and Stirling totalled £4.901m. The largest single element of these costs at £1.597m is in relation to adult social care provider support arrangements including the Social Care Staffing Fund.
- 5.4. The cost estimates for Clackmannanshire and Stirling are sense checked against the Falkirk partnership submission and Scotland as a whole when comparative data is made available through finance networks.

Using the bases for financial allocations to IJBs Clackmannanshire and Stirling is around 2.49% of Scotland and the total estimated Covid spend for HSCPs in Scotland at Quarter 2 was £196.619m. 2.49% of the Scotland total is £4.896m which gives some further confidence in the reasonableness of our local estimates.

- 5.5. As reported to the previous meeting of the IJB Scottish Government have written to set out intent to reclaim the balance of further Covid funding. It is understood they will seek to do this based on Quarter 2 financial returns. Per the IJBs final accounts the balance of Covid funding at 1 April 2022 was £12.999m meaning that Scottish Government will seek to reclaim £8.098m.
- 5.6. At the time of writing further formal communication with Scottish Government on the reclaim of funding was awaited. Discussions are ongoing, locally and nationally in relation to the implications of this including legal implications, required decision making processes and assurance on a 22/23 financial year end reconciliation process to ensure IJBs are not subject to additional financial risk as a result of actual expenditure being in excess of best estimates at Quarter 2. A further update on this will be provided to the Finance and Performance Committee in December and the Chair and Vice Chair will be kept informed of discussions.
- 5.7. Meantime it is key to continue to reduce reliance on Covid funding.

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 the next Grip and Control session will focus on this and 2023/24 planning.
- 6.6. The IJB agreed business cases for investment and whilst these business cases are being implemented there is also a significant degree of slippage in year which is assumed to offset under-delivery of savings and efficiency programmes on a non-recurrent basis.
- 6.7. Given the above it the recurrent financial deficit on the IJB Revenue Budget, with the business cases fully implemented, on a full year effect basis is in the region of £1.7m and this forms part of the basis for 2023/24 Revenue Budget planning.

7. 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. An initial review of reserves was completed and included in the financial report to the September IJB meeting. At this point a projected reserves position at 31 March 2023 of £6.798m and on the basis of the key assumptions stated at 7.5 and the ongoing considerations as detailed at section 7.4 a projected year end reserves position in the region of £7m is currently forecast. This will be kept under ongoing review linked to development of the 2023/24 IJB Revenue Budget.
- 7.4. The financial report to the September IJB meeting included some proposals to repurpose some earmarked reserves, decisions upon which were deferred by the Board. Considerations in regard to such proposals are ongoing and no further proposals are brought forward for decision at this time.
- 7.5. The key assumptions used for these projections were:
- 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.

8. Financial Reporting

- 8.1. Linked to the recommendation within the Annual Audit Report and a recommendation made by the IJB Chief Internal Auditor in his annual report work is ongoing to review and further develop the approach to Financial Reporting.
- 8.2. The Chief Internal Auditor within his annual report recommended that members be surveyed on the style and level of detail they would wish to see within financial reporting, to help them undertake their roles, before implementing changes.
- 8.3. In order to do this a short survey will be issued to IJB members shortly and responses analysed and considered before implementing and substantive changes to format and style of financial reporting.

9. 2023/24 Revenue Budget Planning and Development of IJB Business Case

9.1. Work is ongoing on developing the potential scenarios for the 2023/24 IJB Revenue Budget and an IJB Business Case based on the methodology and requirements set out in the Integration Scheme. The issues set out in this report and high levels of uncertainty on both resources, costs, workforce and other supply side factors is making planning increasingly difficult however it is imperative we plan for what we know and adapt planning scenarios as further intelligence and better information emerges.

9.2. Unsurprisingly the economic context will be very challenging and resource availability will become clearer post the UK Autumn Statement on 17 November and Scottish Draft Budget on 15 December. The Scottish Draft Budget is anticipated to be a single year budget for 2023/24.

9.3. The Auditor General set out some of these challenges in his briefing entitled Scotland's Public Finances: Challenges and Risks published on 17 November 2022. The key messages within this briefing were:

- Rising costs and increasing demands mean that the Scottish Government has to closely and carefully manage its position, to avoid the real risk that it will overspend on the 2022/23 budget.
- The Scottish Government has limited room for manoeuvre to make changes to balance the 2022/23 budget, and will face difficult choices setting the 2023/24 budget.
- The pace and scale of reform required across the public sector needs to increase.

9.4. It is anticipated that the Scottish Draft Budget will be accompanied by

- Updated economic projections from the Scottish Fiscal Commission (SFC)
- Local Government Finance Settlement
- Indicative NHS Board Allocation
- Minimum payments from Councils and NHS Boards to IJBs and any significant policy investments to be passed through to IJBs (if any)

It is also hoped there is clearer understanding of implications for existing and future policy commitments and intentions through the Budget itself and the parliamentary scrutiny process.

9.5. Although the Scottish Governments Resource Spending Review published in May 2022 set out a position of relative protection for the Health, Sport and Social Care portfolio spending the combination of general economic conditions, high inflation, workforce challenges, provider sustainability challenges and other issues such as short supply of generic medicines will undoubtedly require significant financial savings requirements and pursuit of increased efficiency.

9.6. Using national assumptions on savings requirements through the Scottish Government led Sustainability and Value Programme and local intelligence from demand trends in previous years early scenario planning indicates a potential savings requirement for the Integrated Budget ranging from £6m to

£10.5m including a baseline recurrent deficit of £1.7m as detailed within the report. Savings requirements in respect of the Set Aside Budget for Large Hospital Services, again taking account of the 22/23 projected overspend are estimated in the region of £5m for 2023/24. It will be very challenging to produce savings of this magnitude across the services within the accountabilities of the IJB without significant risks and impacts on performance. We do, however, require to focus on identifying, within a whole system context, where financial savings and efficiencies can be found and where investment in community supports and services can reduce reliance on more expensive, particularly bed based, options.

- 9.7. The IJB Business Case will be developed and documented in the next few weeks using the methodology set out in the Integration Scheme and presented to the IJB Finance and Performance Committee in December. The Integration Scheme requires that the business case is submitted to the constituent authorities therefore the IJB is asked to delegate authority to the Finance and Performance Committee to scrutinise the draft business case and approve its submission to the constituent authorities in line with the requirements of the Integration Scheme.
- 9.8. The business case will be further updated for the impacts of the Scottish Draft Budget and updates on this will be provided to the next meeting of the IJB. There is also likely to be merit in an IJB briefing session on the budget develop in January 2023 and with the IJBs agreement this will be scheduled.

10. Financial Risk

- 10.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR).
- 10.2. The key financial risks facing the partnership are set out in the table below along with risk rating on a RAG (Red/Amber/Green reflecting High/Medium/Low assessed risk levels) basis:

Risk	Risk Rating (RAG)
There is a risk that the savings and transformation programme will not deliver the required level of recurring savings, increasing the underlying deficit in future years.	Red
There is a risk that areas of service sustainability / levels of demand pressures will require additional recurrent financial resources to maintain safe and effective services for service users.	Red
There is a risk that sufficient workforce cannot be recruited and/or retained to maximise impact of available budget 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

11. Conclusions

- 11.1. The projections detailed in this report reflect the projected financial impacts of a health and social care system under significant pressure 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.
- 11.2. 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.
- 11.3. 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.
- 11.4. 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.
- 11.5. 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.

12. Appendices

Appendix 1 – Copy of Letter from Richard McCallum dated 12 September – Update on Covid Reserves

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>



T: 0131-244 3475
E: richard.mccallum@gov.scot

HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance
LG Directors of Finance

via email

12th September, 2022

Dear Colleagues

UPDATE ON COVID RESERVES

I am writing to provide an update on IJB Covid reserves balances after the Quarter one review. I would like to thank colleagues for the timely return of this information and ongoing engagement with Scottish Government.

There have been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes. In response to this, the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The detail of this will follow at an IJB level and the process and timetable will follow through further communications.

In order for the sector to have sufficient levels of Covid funding, compliance with current policies is required. As per the letter from the Minister for Mental Wellbeing and Social Care on 13 June, there has been a significant reduction to eligible costs under sustainability payments and we will communicate further deadlines for any outstanding claims to be made shortly. We will review consistency of reporting through regular monitoring to ensure the overall trajectory towards balance.

This is an in year adjustment to reserves and is not an approach that will impact on future years. It is therefore vital that colleagues continue to drive forward savings delivery across core and Covid expenditure through the Covid Cost Improvement Programme.

The scale of financial challenge is significantly greater than previous years, and while the overall Covid forecast has reduced and work will continue on the Covid Cost Improvement Programme, it is important that the Covid reserves held by IJBs are utilised in full in 2022-23. Future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023-24 and beyond. The financial outlook over the Resource Spending Review period shows a growing pressure, and ongoing action must continue to reduce these costs to ensure a sustainable route to financial balance.



I appreciate the ongoing work across the sector and will continue to discuss and monitor this position as the year progresses.

Yours faithfully

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke underneath.

Richard McCallum
Director of Health Finance and Governance

Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 7.2

Clackmannanshire & Stirling Integration Joint Board – 2021/22 Audited Annual Accounts & Independent Auditors Report

For Noting & Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	Not exempt

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:	The purpose of this report is to present the 2021/22 Audited Annual Accounts to the Integration Joint Board for Approval, Signing and Publication and the Independent Annual Audit Report from the IJBs External Auditors – Audit Scotland
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note that the 2021/22 Annual Accounts and Annual Audit Report were considered by the Audit and Risk Committee on 16 November 2022. 2) Note that, subject to some relatively minor amendments to wording and a change to some target dates in the Governance Action Plan, the Audit and Risk Committee recommended the approval, signing and publication of the Annual Accounts. 3) Note the content of the Annual Audit Report from the IJBs current External Auditors – Audit Scotland including the management responses.
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1. Background

- 1.1. The Local Authority Accounts (Scotland) Regulations 2014 places a statutory obligation on the Integration Joint Board to approve and publish the final accounts normally by 30 September each year. There has been scope to delay approval and publication of Annual Accounts and Annual Performance Reports in 2020/21 and 2021/22 however it is anticipated these will be completed and published within regulation timescales from 2022/23 onwards.
- 1.2. The annual accounts were prepared by the Chief Finance Officer in line with the guidance on accounting for the integration of health and social care published by the Local Authority Scotland Accounts Advisory Committee (LASAAC).

2. Considerations

- 2.1. The Clackmannanshire & Stirling Integration Joint Board Audited Annual Accounts 2021/22 are appended to this paper for approval.
- 2.2. The accounts detail the financial performance of the partnership alongside an overview of wider performance through the Core Suite of Integration Indicators.

It is therefore suggested the accounts are read in conjunction with the Annual Performance Report also being considered by IJB today.

- 2.3. The IJB considered the unaudited accounts in June 2022 and Audit and Risk Committee considered the audited accounts on 16 November 2022. There were a number of revisions between the unaudited and audited accounts which were mainly narrative in nature. The key changes included:
 - 2.3.1. Development of the management commentary including incorporation of and overview of performance from the published Annual Performance Report.
 - 2.3.2. Development of the Annual Governance Statement including reflection of the assurance drawn from the Annual Internal Audit Report
 - 2.3.3. Updating the governance action plan and agreeing this with the Partnership Senior Leadership Team.
 - 2.3.4. Adjustments to core financial statements to reflect adjustments during the audit processes of the IJB and constituent authorities. As a result of these adjustments the Integrated Budget remains balanced and the Covid earmarked reserve reduced from £13.209m to £12.999m.
- 2.4. The Annual Audit Report (AAR) is also presented to the November Integration Joint Board meeting and the issues and recommendations contained therein should be considered alongside the accounts. The management responses contained within the report were considered and agreed by the Senior Leadership Team. A progress report on the management responses will be presented to the next meeting of the IJB Audit and Risk Committee.
- 2.5. The Audit and Risk Committee considered the accounts on 16 November 2022 and, subject to some relatively minor amendments to wording and a change to some target dates in the Governance Action Plan, recommended the approval, signing and publication of the accounts by the Integration Joint Board. These changes have been made within the version appended to this report.

3. Appendices

Appendix A – 2021/22 Clackmannanshire & Stirling IJB 2021/22 Audited Annual Accounts

Appendix B – 2021/22 Independent Auditors Report

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
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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:	The Annual Accounts detail the financial performance of the partnership for 2021/22
Other Resources:	The management commentary within the accounts details principal activities and key performance issues within the financial year within the context of delivering the aims of the Strategic Plan.
Legal:	The preparation and publication of the Integration Joint Boards Annual Accounts is a statutory requirement.
Risk & mitigation:	The Annual Accounts contains commentary in relation to current and future financial risk for the Integration Joint Board.
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 and Stirling Integration Joint Board
2021/22 Annual Accounts**



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Management Commentary

Introduction & Purpose

This publication contains the financial statements for the financial year from 1 April 2021 to 31 March 2022.

The Management Commentary outlines the key messages in relation to the IJBs financial planning and performance for the year 2021/22 and how this supports delivery of the IJBs strategic priorities as defined in the 2019-2023 Strategic Commissioning Plan. This commentary also takes a forward look and outlines future plans for the IJB and the challenges and risks we will face as we endeavour to meet the needs of the population of Clackmannanshire and Stirling.

Understandably, the continuing impacts of the Covid 19 pandemic features heavily in the commentary.

The IJB is responsible for the strategic planning and commissioning of Adult Social Care Services, Community and Family Health Services, and strategic plan of large hospital services with NHS Forth Valley and Falkirk Integration Joint Board. These large hospital services continue to be operationally managed by NHS Forth Valley as part of pan Forth Valley arrangements.

The IJB and the Health and Social Care Partnership (HSCP) Senior Management Team would wish to take this opportunity to convey thanks for the tremendous work that staff, both directly employed and commissioned through providers of health and social care services, have done to continue delivery of services to our citizens during what has been another very challenging year.

Role and Remit of the Clackmannanshire and Stirling Integration Joint Board

The Clackmannanshire and Stirling Integration Joint Board (IJB) was formally established in October 2016 through the legal partnership agreement between NHS Forth Valley and Clackmannanshire and Stirling Councils known as the Integration Scheme.

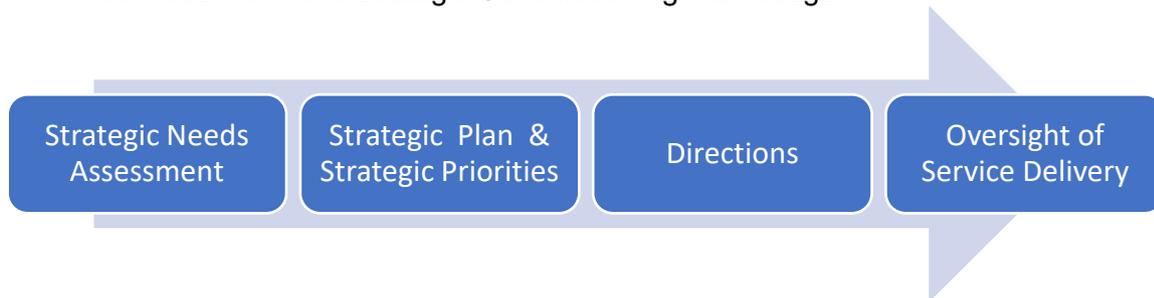
The IJB has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Clackmannanshire and Stirling area. The functions delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) are detailed within the Integration Scheme <https://clacksandstirlinghscp.org/about-us/integration-scheme/>.

Clackmannanshire and Stirling IJB is unique in Scotland as the only IJB consisting of 2 local authorities and one NHS Board.

IJB Business Model

The role of the IJB is to plan health and social care services for the population it covers. The IJB discharges this role through

- Preparing a strategic needs assessment
- Developing and agreeing a Strategic Commissioning Plan including defined priorities to pursue improvement against the 9 National Health and Wellbeing Outcomes that seek to measure the impact that integration is having on peoples lives.
- Directing Clackmannanshire and Stirling Councils and NHS Forth Valley to deliver services within the Strategic Commissioning Plan budget



There is therefore a distinction between the Integration Joint Board as the public body and governance board and the Health and Social Care Partnership as the mechanism or 'delivery vehicle' for delegated integration functions covered by the Integration Scheme. These functions are delivered by means of the IJB directing the constituent authorities to deliver services on the IJBs behalf using the resources available to deliver the Strategic Commissioning Plan

Review of Integration Scheme

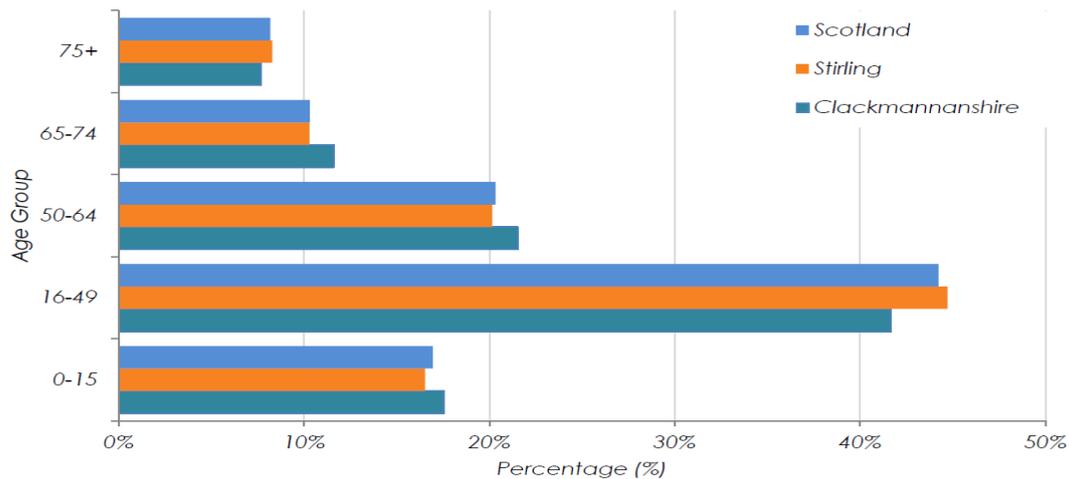
Under the requirements of the Act, Local Authorities and NHS Boards are required to review Integration Schemes within five years of the scheme being approved in Parliament. An initial review of the Integration Scheme has been undertaken, however due to ongoing service pressures, and changes to the Board membership post the May 2022 Local Government elections consideration of a revised scheme has not yet been taken forward. This will be revisited during the course of 2022/23.

Clackmannanshire and Stirling Health and Social Care Partnership

The Clackmannanshire and Stirling Health and Social Care Partnership population is approximately 146,000 and the partnership provides services over an area of 1454 square miles with urban centres around Stirling and Alloa and very rural areas to the North and West of Stirling including a significant element of the Loch Lomond and Trossachs National Park.



The age distribution of the population of Clackmannanshire and Stirling compared to Scotland is illustrated below.

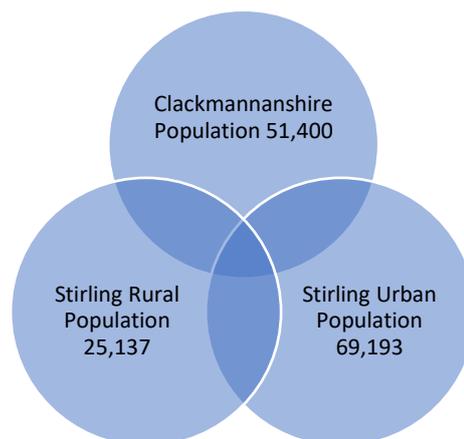


Our Strategic Needs Assessment highlights a number of key messages for the partnership population.

A number of key messages emerged from analysis of our Strategic Needs Assessment

- We have an ageing population
- It is projected that Clackmannanshire and Stirling will have growing numbers of individuals living with long term conditions, multiple conditions and complex needs.
- Supporting unpaid carers is a priority.
- Reducing unplanned, emergency, hospital care will benefit the service as well as the individual
- Reducing behaviours such as smoking, alcohol consumption, drug use and poor diet could have a positive effect on an individual's health.
- There are significant differences in the issues affecting health and social care within each locality including socio-economic issues

There are 3 localities within the partnership:



We have developed locality profiles with key findings for each of our localities to better understand the differing needs and challenges in each and target responses in each.



Integration Joint Board Vision, Strategic Commissioning Plan and Priorities

The vision of Clackmannanshire and Stirling Health and Social Care Partnership is:

**To enable people to live full and positive lives
within supportive communities**

The vision is based on the Partnership Principles, which are to ensure that services are provided in a way which:



The Integration Joint Board approved the 2019-2022 Strategic Commissioning Plan in March 2019 and has since agreed to extend the life of the plan to March 2023. Financial year 2021/22 therefore reflects the third year of four of the current plan. The plan built on the priorities within 2016 to 2019 Strategic Plan informed by focused refresh of the Strategic Needs Assessment for the adult population and an extensive consultation and engagement process with the public and stakeholders.

The IJB has agreed the next Strategic Commissioning Plan will be a 10 year plan covering 2023 to 2033. Work is ongoing in developing the plan, agreeing priorities and wide public engagement during 2022/23 to allow the IJB to approve the plan by March 2023. The 2023 to 2033 Strategic Commissioning Plan will be subject to substantive review at least every 3 years to comply with extant legislation and statutory guidance and progress on delivering the plan will be the focus of annual performance reports (APRs) during the lifecycle of the plan.

As a result of this the approved key priorities for 2019 to 2023 are:



The partnerships 'plan on a page' below illustrates how the partnership vision, priorities, enabling activities and strategies and initiatives to deliver change align with the partnership principles detailed above.

Vision	Priorities	Enabling Activities			Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Intermediate Care Strategy
	Primary Care Transformation				Primary Care Improvement Plan
	Caring, Connected Communities				Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health				Mental Health Strategy
	Supporting people living with Dementia				Dementia Strategy
	Alcohol and drugs				Forth Valley ADP Strategy

Delivery plans continue to be developed and implemented to deliver against the priorities in a sustainable manner aligned to the Transforming Care Programme. The Strategic Commissioning Plan is supplemented by regular reports to the Integration Joint Board on Transforming Care, Governance, Finance and Performance.

The Strategic Commissioning Plan can be found here:
<https://clacksandstirlinghscp.org/about-us/strategic-plan/>

Covid 19 – Ongoing Responses and Re-mobilisation

The financial year 2021/22 continued to be dominated by the impacts of the Covid 19 pandemic for the partnership including significant increases in service demand and complexity.

The focus in year was continuing to deliver safe and effective services in line with Public Health Guidance. Over the course of the year staff recruitment and retention both in directly employed workforces of the constituent authorities and of commissioned independent providers become an increasing challenge. We constructively worked with Scottish Government in response to these challenges thus influencing the additional support for pay and capacity contained within the £300m Winter Support Package for Health and Social Care.

Specific Challenges and Actions in response to Covid during the year included

- Agreeing, actioning and monitoring a Covid remobilisation plan
- Administration of Social Care Provider Support arrangements including the Social Care Staff Support Fund in line with Scottish Government guidance
- Reviewing business continuity arrangements
- Responding, as far as available capacity allowed, to increased demand for services
- Supporting establishment of a permanent Care Home Assurance Team (known locally as CHART team) to support Care Home providers and provide assurance on standards and quality of care
- Monitored additional cost implications associated with Covid, reported these to Scottish Government and secured funding support.

Our ongoing approach was presented to the IJB in March 2021 within a cohesive Re-Mobilisation Plan which was further reviewed and updated in November 2021. The re-mobilisation plan reiterated that the continuing responses to the pandemic do not constitute a shift in the strategic direction of the HSCP but a need to be agile, responsive and continue to rapidly redesign aspects of service delivery.

Principal Activities & Key Achievements in 2021/22

During 2021/22 the key activities and achievements of Clackmannanshire and Stirling Integration Joint Board included:

- Continuing our responses to the Covid 19 pandemic to continue to delivery safe high quality services to our citizens. Responding to operational service delivery pressures in the face of significant increases in demand and complexity was our primary focus as a partnership during the year.
- Developing, approving and implementing an updated Covid 19 Remobilisation Plan
- Developing, periodically updating and monitoring the Strategic Improvement Plan (SIP) as a consolidated, cohesive and comprehensive single partnership improvement plan
- Continuing to significantly progress implementation of the Primary Care Improvement Plan (PCIP) incorporating implementation of the General Medical Services Contract Arrangements and Mental Health Action 15 plans.
- Working with Forth Valley Health Board and Falkirk IJB to develop and agree an initial agreement for required improvements to Primary Care Premises to complement the PCIP

- Continuing to develop and progress delivery of Transforming Care Programme overseen by the Transforming Care Board as the key delivery vehicle to modernise and transform integrated service delivery to improve outcomes for citizens. This included agreeing with the IJB key investments including support for improving and modernising our approach to Self Directed Support and Technology Enabled Care
- Agreeing our future approach to Rural Models of Care
- Refreshing our approaches to Locality Planning and Engagement and Participation.
- Further developing strategic relationships including the partnership's role in leading on the Community Wellbeing Agenda in Community Planning Partnerships.
- Developing Integrated Commissioning Arrangements and our approaches to commissioning consortia
- Developing and agreeing a Carers Investment Plan
- Securing sufficient financial support from Scottish Government for the financial implications of Covid 19 to achieve a breakeven position on the Integrated Budget.

Forward Look: Policy Landscape Reform

Further to the Independent Review of Adult Social Care published in September 2020 Scottish Government agreed policy intent to establish a National Care Service (NCS) over the current parliamentary term.

The 2021-22 Programme for Government states that the NCS will be the ***'Biggest reform of health and social care since the founding of the NHS'***.

Scottish Government published the National Care Service Bill on 21 June 2022 accompanied by a financial memorandum. The Bill was a framework for the design and establishment of the National Care Service and significant further clarity on structural and service design was awaited at the time of writing.

2021/22 Annual Accounts

The Accounts report the financial performance of the Integration Joint Board. Its main purpose is to demonstrate the use of the public funds available for the delivery of the Integration Joint Board's vision and priorities as set out in the Strategic Commissioning Plan.

The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2021/22 Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting and the Local Authority Accounts (Scotland) Regulations 2014.

For financial year 2021/22 a surplus of £14.035m has been declared reflecting the net increase in reserves held between 1 April 2021 and 31 March 2022.

At 31 March 2022 the Integration Joint Board holds £28.248m of reserves which are earmarked for use in future years.

The level of reserves held at 31 March 2022 requires to be viewed as exceptional and temporarily high as a result of:

- Further Covid funding from Scottish Government received in February 2022 including a balance to be carried forward to support Covid costs for delegated integration functions in 2022/23. This further Covid funding is anticipated to exhausted during 2022/23 and it has been confirmed no further Covid consequential funding shall be forthcoming.
- Slippage on expenditure in relation to Scottish Government policy priorities including Primary Care Transformation
- Other Scottish Government allocations received relatively late in the financial year where related expenditure will fall during 2022/23.

The table below summarises the movement in reserves from 2020/21:

	£m
Reserves at 1 April 2021	14.212
Net Increase in Reserves	14.035
Reserves at 31 March 2022	28.248

The reserves held at 31 March 2022 are across three broad categories as summarised in the table below:

	£m
General Reserves	3.323
Earmarked Reserves: Further Scottish Government Covid Funding	12.999
Other Earmarked Reserves	11.925
Reserves at 31 March 2022	28.248

A full analysis of reserves and movements therein is provided within Note 10 to the financial statements.

The reserves position at 31 March 2022 is exceptionally high due to the issues detailed above. It is anticipated that reserves will fall significantly and towards target during the course of 2022/23.

It should, however, be viewed as a positive that the IJB continues to hold a degree of general or contingency reserves for future financial risks or unforeseen events with financial consequence. Given the increasing future financial risk profile of the IJB it is particularly important to hold sufficient reserves and maintain a prudential reserves strategy.

Performance Reporting

The Integration Joint Board continues to further develop its performance management culture throughout the Partnership through developing over time ways to demonstrate improved outcomes for citizens, best value for the use of public money and evidence of progress in relation to the agreed Strategic Plan Priorities.

The Integration Joint Board receives a performance report at each meeting which along with financial reports and reporting on the Transforming Care Programme, gives a rounded view of the overall performance, financial sustainability and progress in implementing the Strategic Plan priorities of the Partnership.

Taken together information on key performance indicators, measurable progress in delivering the priorities of the Strategic Plan and financial performance collectively aim to demonstrate best value within a culture of continuous improvement.

The published Annual Performance Reports for the Partnership, including those for previous years, can be found here <https://clacksandstirlinghscp.org/performance/>

The 2021/22 report represents the 6th Annual Performance Report for the Partnership. It is acknowledged the approach to, and quality of performance reporting will continue to develop over time.

The 2021/22 Annual Performance Report, details progress in relation to the partnership priorities along with summary and detailed performance information.

The partnerships 2021/22 Annual Performance Report will be approved by the IJB and published in November 2022.

The partnerships core performance indicators, from the Annual Performance Report, is provided in the following pages.

Core Performance Indicators

Outcome Indicators

Indicator	Title	15/16	17/18	19/20	21/22
NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	93.6%	91.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	82%	82% Not comparable with 19/20	76.1%	72.5%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	76%	74%	74.4%	64.3%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	73%	76% Not comparable with 19/20	68.8%	61.7%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78% Not comparable with 19/20	75.2%	67.8%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87% Not comparable with 19/20	78.8%	67.3%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	79.1%	79.2%
NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38% Not comparable with 19/20	29.6%	25.6%
NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86% Not comparable with 19/20	83.5%	75.3%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	No data	No data	No Data	No Data

The 'outcome' indicators above are normally reported every 2 years from the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years.

The Health and Care Experience survey for 2021/22 was published by the Scottish Government on 10 May 2022 with local-level results available via interactive dashboards on the PHS website. Please note that the figures presented in the Core Suite Integration Indicators may differ from those published.

Clackmannanshire & Stirling IJB – Annual Accounts for the year ended 31 March 2022

Indicator	Title	Partnership						
		Baseline 15/16	Current					
			16/17	17/18	18/19	19/20	20/21	21/22
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429	459	440
NI - 12	Emergency admission rate (per 100,000 adult population)	9,985	10,703	10,467	12,660	11,940	12,605	12,758
NI - 13	Emergency bed day rate (per 100,000 population)	116,465	113,592	110,147	113,022	106,429	93,593	97,710
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	107	107	104	133	146	134
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.0%	87.2%	87.4%	87.6%	90.9%	89.6%
NI - 16	Falls rate per 1,000 population aged 65+	14.2	16.3	18.5	20.7	22.3	20.9	23.6
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.0%	88.3%	96.2%	93.4%	91.0%	91.1%	87.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	69.7%	70.0%	66.7%	66.7%	69.8%	69.2%	71.2%
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	665	448	761
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.9%	20.9%	22.7%	23.7%	23.2%	No Data	No Data
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data	No Data	No Data	No Data	No Data	No Data	No Data
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data	No Data	No Data	No Data	No Data	No Data	No Data
NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data	No Data	No Data	No Data	No Data	No Data	No Data

Indicators 12, 13, 14, 15, 16, and 20 are based on patient level hospital activity information called Scottish Morbidity Records (SMRs) which are submitted to PHS by NHS Boards.

Indicator 20 - Health costs used within this indicator are calculated during the patient level costing (PLICS) process: <https://www.isdscotland.org/Health-Topics/Health-and-Social->

Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/Method-Sources.asp

June 2022 update - data not presented beyond financial year 2019/20. Indicator 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. Information for this indicator was previously released up to calendar year 2020 but is now presented to financial year 2019/20 only. PHS have recommended that Integration Authorities do not report information for this indicator beyond 2019/20 within their Annual Performance Reports.

Indicator 20 relies on the Patient Level Information Costing System (PLICS) which requires cost information at hospital/specialty level. Due to changes in service delivery during the COVID-19 pandemic, NHS Boards were not able to provide information at this level for financial year 2020/21. As a result, PHS are not able to produce cost information for that year. The latest year for which costs are available in the required format is financial year 2019/20. Normally costs from the previous year could be used as a proxy for costs in future years but given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate due to the potential impact on interpretation of the data.

Key Partnership Performance Issues

From the core performance indicators it can be observed that:

- The percentage of adults able to look after their health very well or quite well continues to fall year on year though remains high in terms of the overall population at 91.7%
- The percentage of adults supported at home who agreed that they are supported to live as independently as possible fell from 76.1% to 72.5%
- Total % of adults receiving any care or support who rated it as excellent or good fell from 75.2% to 67.8%
- The percentage of adults supported at home who agree services and support had an impact on improving and maintaining their quality of life was maintained at over 79%.
- The premature mortality rate per 100k population aged under 75 reduced from 459 to 440
- Readmissions to hospital with 28 days of population reduced from 146 to 134 per 1000 population.
- The proportion of last 6 months of life spend at home or in a community setting remained relatively constant at around 90%
- The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections remained high (87%)
- The number of days people aged 75+ spend in hospital when they are ready to be discharged increased from 448 to 761 days (per 1000 population).

Whilst there are clear performance challenges for the partnership to focus on addressing going forward this was in the context on continued impacts of the Coronavirus pandemic (particularly the Omicron wave in late 2021) and significant labour market challenges across Health and Social Care locally and nationally.

Financial Performance and Outlook, Risks and Plans for the Future

Financial Performance

The Partnership has continued to face significant financial challenges in 2021/22 requiring the development and implementation of options for financially sustainable service delivery aligning, as far as possible, to the priorities agreed within the Partnerships Strategic Commissioning Plan 2019-2023.

The challenges included:

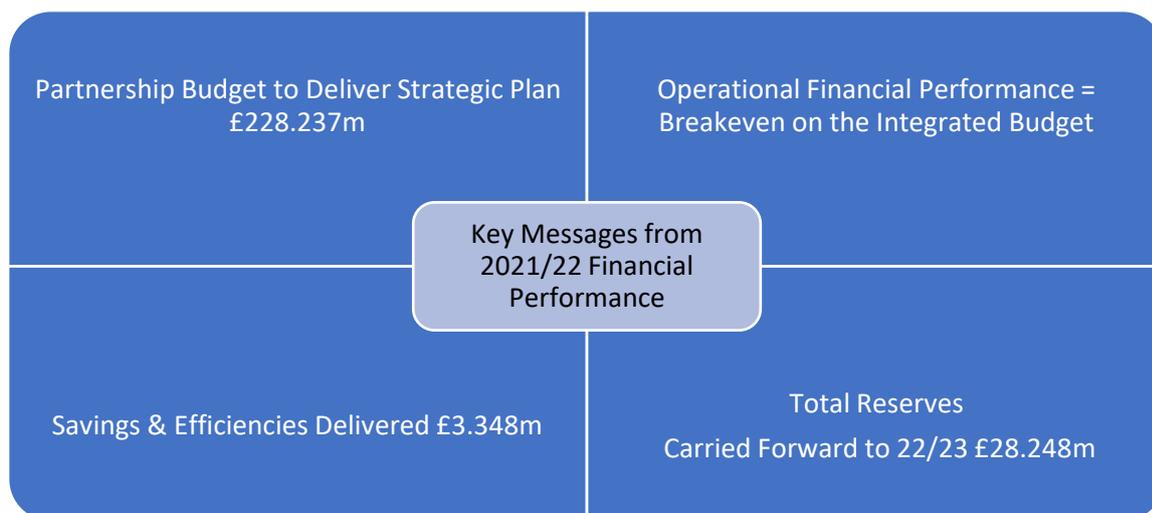
- Balancing the multiple challenges of safe service delivery with resources available whilst continuing to support public health measures in response to Covid-19
- Significantly increasing demand for health and social care services including impacts of 'latent demand' not presenting during 2020/21
- Linked to the point above, increased acuity and complexity of care requirements with associated increased costs
- Increasingly competitive labour markets and scarcity of appropriately skilled and trained workforce
- Delivery of local transformation programmes including Scottish Government supported policy initiatives e.g. Primary Care Transformation
- Linked to the point above, delivery of sufficient savings and efficiency programmes to maintain a balanced budget position

The 2021/22 Revenue Budget was initially considered by the Integration Joint Board on 24 March 2021 and, after further development approved by the IJB on 11 May 2021. The plan was predicated on a savings requirement of £4.289m with risk assessed plans in place to deliver these. The budget also contained business cases for investments to support acceleration of process in delivering the Transforming Care Programme and modernisation of service delivery totalling £0.957m.

£3.348m of the planned savings and efficiencies programme were achieved in the year.

The operational financial position on the Integrated Budget (the partnership budget excluding set aside budget for large hospital services) was net breakeven. £0.941m of further Covid funding from Scottish Government was utilised to achieve this position consistent with the terms set out by Scottish Government with regard to this funding.

No additional financial contributions from the partners were required in reaching this position.



Key factors Impacting Financial Performance in 2021/22:

- Scottish Government financial support for the financial impacts of Covid including support to achieve a net breakeven position on the Integrated Budget and balance of further Covid funding carried forward through earmarked reserves
- Underspends across several areas of Community Health Services including predominantly staffing related underspends in
 - District Nursing
 - Addictions
 - Allied Health Professionals
 - Community Learning Disabilities
 - Community Mental Health Services
- Family Health Services Prescribing remained the most significant cost pressure area within the partnership
- Reductions in costs of residential adult social care
- Levels of staffing underspends across adult social care services

The accounts illustrate a surplus of £14.035m for the Partnership for the 2021/22 financial year. This largely as a result of further Covid funding and other financial allocations from Scottish Government being received relatively late in the financial year and carried forward for future use via earmarked reserves in line with terms set out by Scottish Government.

The largest element of this surplus is a balance of further covid funding received for future use of £12.999m

Whilst this is a positive financial position the Partnership will continue to face significant financial challenges to deliver the current and future Strategic Plan priorities and improved outcomes for service users, unpaid carers and communities in a climate of growing demand, cost and complexity.

Set Aside Budget for Large Hospital Services

The Set Aside budget covers the in-scope integration functions of the NHS that are carried out in a large hospital settings providing services to the population of more than one Local Authority and/or Partnership area. For the Clackmannanshire and Stirling Partnership this includes services provided at the Forth Valley Royal Hospital site including the Lochview Learning Disability Inpatient facility and at Bellsdyke hospital in Larbert (Mental Health

Inpatients). This covers areas such as emergency department, geriatric and general medicine, palliative care, learning disability and mental health inpatient services.

For financial year 2021/22 NHS Forth Valley met the pressures associated with the set aside budget and therefore the financial risk does not currently lie with the Integration Joint Board. As a result, the figures disclosed in the accounts reflect the budget position for the Set Aside element. However, financial reports to the Integration Joint Board include information on the actual estimated expenditure against the Set Aside budget, noting that NHS Forth Valley currently meets the financial pressure associated. A summary of the position is as follows:

	£m
Set Aside Budget	24.736
Estimated Expenditure	25.212
Overspend Met by NHS Forth Valley	0.476

Arrangements for the Set Aside budget continue to be under review. Work on completing this review has not been concluded during 2021/22 due to the focus on managing the Covid pandemic and significant operational pressures across the whole Health and Social Care system. The further work required to complete the review and agree future arrangements in line with extant legislation and the partnership action plan in response to the Ministerial Strategic Group recommendation on Progress on Integration is planned to be completed by October 2022 with recommendations being made thereafter to the IJB and NHS Board. This, along with the review of the Integration Scheme, may impact how this is financed and accounted for in future years.

Financial Outlook

The impact of the Covid 19 pandemic, Brexit and world events including the Russia's invasion of Ukraine is having significant impacts on Scottish, UK and the global economy. The longer term impacts of these remain very uncertain and issues such as high general inflation, energy prices and disruption to international supply chains will have ongoing effect on economies, public expenditure and costs.

The IJBs 2022/23 Revenue Budget, approved in March 2022, incorporated a budget gap of £2.651m, in relation to the IJBs Strategic Plan budget requiring to be addressed through efficiency and savings programmes to achieve financial balance.

Changing Scottish Government policy in relation to Health and Social Care and particularly the establishment of a National Care Service will have a significant effect on the finances and accountabilities of the IJB going forward. The IJB awaits the detail of the legislative and policy direction of Scottish Government in this regard.

In March 2020 the partnership considered and approved a Medium Term Financial Plan for the coming 5 year period. This plan was developed on based on:

- The context set out in the Scottish Government 5 Year Financial Strategy and Medium Term Financial Framework for Health and Social Care
- Local and regional intelligence and modelling on the changing demand for services from regional planning work and the refresh of the Strategic Needs Assessment

- The ongoing impact of changes in legislation including the Carers Act and Free Personal Care for <65's
- The estimated impact of the Health and Social Care Partnerships Transforming Care Programme aligned to Strategic Commissioning Plan priorities.

The Medium Term Financial Plan will be refreshed later during 2022/23 taking account of the Scottish Governments Resource Spending Review (RSR) published in May 2022, the October 2022 UK Medium Term Fiscal Plan and further Scottish Government budget considerations.

The RSR set out a challenging outlook for public expenditure in Scotland and whilst the Health and Social Care portfolio is relatively protected there will be significant challenges to ensure the financial sustainability of the IJB in the coming years in the face of rising costs, challenges in recruit and retention of the workforce, social care provider sustainability challenges and rising demand and public expectation.

The financial outlook set out in the RSR for Local Government poses a particular risk to the IJB as a key part of the funding environment of the IJB.

The refresh of the Medium Term Financial Plan and the development of the 2023-2033 Strategic Commissioning Plan informed by an updated Strategic Needs Assessment for the population will consider the implications of these challenges in more detail over the course of 2022/23.

COVID19 and Future Risks

COVID19:

The short and medium to longer term impact of the Covid19 pandemic continues to be the greatest single risk facing the Integration Joint Board.

We have seen the Health and Social Care system face considerable levels of increased demand and complexity during the course of 2021/22. Whilst we may have observed an impact of delayed or latent demand from 2020/21 there is also evidence of increased and more complex need presenting. This makes predicting future demand and associated costs increasingly uncertain.

Whilst the experience of the pandemic has brought learning which can be utilised to modernise and transform service delivery, the ongoing challenges also constrain capacity for delivery. Increasingly it is key to invest in Early Intervention and Prevention Approaches and embed these fully in future priorities. To achieve this the IJB will face increasingly difficult decisions on priorities and resource allocations in the coming years.

The considerations within the IJBs 2022/23 Revenue Budget approved by the IJB on 23 March 2022 took account of this and incorporated investment proposals supported by detailed business cases.

Future Risks

Covid19 aside the most significant risks facing the IJB are:

- Continued economic uncertainty, high inflation and wider impacts of world events and political influences.
- Increasing demand for and cost of health and social care services driven by to demographic change including an ageing and increasing population with multiple and complex long term conditions;
- The wider context for public expenditure as set out in the Scottish Governments resource spending review.
- The wider social determinants of health including economic development, employment and inequality of opportunity and outcomes.
- Public Sector pay policy, particularly where this deviates from general inflation and/or allocations to the IJB to reflect these costs.
- Price and supply volatility in the markets, at both UK and international levels for prescription drugs and other therapeutic products.
- Inequalities between the affluent and more deprived areas and the challenges of deprivation, housing and employment;
- The wider financial and economic environment, including the impact of Covid on UK and Scottish economic strategies and public expenditure
- Increasing public expectations from health and social care services:
- The changing policy landscape particularly in relation establishment of a National Care Service (NCS) and rising expectations associated with this.
- The need to maintain and improve the quality of services and improve outcomes for service users, unpaid carers and communities; and
- Workforce challenges, staff wellbeing, the ageing workforce and issues around recruitment and retention within the health and social care workforce. This specifically and notably includes challenges in relation to GP Practice Sustainability
- Maintaining performance against key local and national indicators whilst maintaining service delivery within resources available.

All of the above risks may have an impact on the partnerships costs in future years and, therefore, add to the financial pressures over the medium to longer term.

Plans for the Future

There continues to be opportunities for the Integration Joint Board to use its combined resources in a more effective, efficient and person-centred ways focusing of place based services to make better use of public resources and improve outcomes for our citizens.

The significantly increasing demands on health and social care services risks exceeding available resources and approaches to services design and delivery requires to be focused on better outcomes for citizens and co-produced with our communities through meaningful and ongoing engagement.

Identification and agreement on priorities for the coming years is being incorporated into the process of developing the partnerships 10 year Strategic Commissioning Plan 2023-2033. This will be informed by an updated Strategic Needs Assessment for the population of Clackmannanshire and Stirling, Delivery Plans and development of Locality Action Plans. These plans require to be needs led but resource bound to achievable and sustainable within available resources.

The Partnership continues to adopt a whole-systems approach to improve health and social care outcomes and will work alongside Community Planning partners to address wider issues in relation to congruence with Local Outcome Improvement Plans, driving public value through place based services, community empowerment, public health and health improvement.

These approaches will ensure a joint contribution to encouraging, supporting and maintaining the health and wellbeing of people who live in our communities thus assisting the partnership in addressing the challenges faced.

It is recognised that if there are significant further change to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore continue to embed new ways of working and seek to focus resources away from bed based models of care into community based services and invest in early intervention and prevention. We need to continue to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients, and that crucially we co-produce these harnessing the capacity of local communities to support the wider preventative, health and wellbeing outcomes.

Moving forward there will increasingly be a requirement to focus investment of available resources on Strategic Commissioning Plan Priorities and ensure we and partners meet statutory requirements in innovative ways including increasing use of assistive technologies and digital solutions. It is paramount these solutions are co-produced with communities through an ongoing commitment to public and service user engagement.



The key elements of this approach are set out in the 'plan on a page' schematic on Page 8 of this document and supplemented the detailed planning within and aligned to our Transforming Care Programme.

Conclusion

In this sixth year of operations the Partnership has focussed heavily on our ongoing responses to the challenges of the Covid 19 pandemic and remobilisation of services in ways that are naturally aligned to our Strategic Priorities.

Progress on this and achieving the vision and outcomes of the Strategic Commissioning Plan will be reported to the Integration Joint Board by November 2022 via the draft Annual Performance Report. Thereafter the Integration Joint Board will continue to receive regular reports on the Transforming Care Programme as the delivery mechanism for the Strategic Commissioning Plan. This will seek to demonstrate the scale of activities and significant level of progress in relation to the agreed Strategic Commissioning Plan priorities.

Going forward, the Clackmannanshire and Stirling Health and Social Care Partnership will continue to face significant financial challenges in delivering better outcomes for its patients and service users, in line with its Strategic Commissioning and Financial Plans, in a climate of growing demand and complexity within increasingly scarce resources.

In order to achieve this we must continue to identify and implement innovative ways of delivering sustainable services to our citizens in ways that are truly co-produced with our communities, that draw on lived experience of our service users and that are human rights based.

We will continue to work with staff, managers, services, partners (including the third and independent sectors) and our localities and communities to lead and support sustainable service design approaches, identify and implement innovative, cost effective and person centred, outcomes focused and place-based service delivery models and pathways, and contribute to the delivery of the Partnership's Strategic Commissioning Plan 2019-2023 priorities within resources available.

Where to Find More Information

If you would like more information please visit our webpage at:

<https://clacksandstirlinghscp.org/>

The papers and minutes from meeting of the Integration Joint Board can be found here:

<https://clacksandstirlinghscp.org/integration-joint-board-meetings/>

Other publications from the partnership, past and present can be found here:

<https://clacksandstirlinghscp.org/publications/>

Acknowledgements

The Integration Joint Board would wish to take this opportunity to thank the staff, volunteers and paid and unpaid carers whose work contributes to the provision of services to the populations of Clackmannanshire and Stirling.

Alan Rennie
Chair

Annemargaret Black
Chief Officer

Ewan C. Murray
Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In Clackmannanshire and Stirling Integration Joint Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature on 23 November 2022

Signed on behalf of the Clackmannanshire and Stirling Integration Joint Board.

Alan Rennie
Chair

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Clackmannanshire & Stirling Integration Joint Board as at 31 March 2022 and the transactions for the year then ended.

Ewan C. Murray
Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Membership of the Integration Joint Board in 2021/22

Voting members of the Integration Joint Board constitute Councillors nominated as Board members by constituent authorities and NHS representatives nominated by the NHS Forth Valley. The voting members of the Clackmannanshire and Stirling Integration Joint Board were appointed through nomination by Clackmannanshire Council, NHS Forth Valley, and Stirling Council.

Voting Membership of the Integration Joint Board during 2021/22 was as follows:

Clackmannanshire Council

Councillor Les Sharp (Chair)
Councillor Dave Clark
Councillor Martha Benny

NHS Forth Valley

John Ford, Non-Executive
Cathie Cowan, Chief Executive
Julia Swan, Non-Executive (until 23rd November 2021)
Steven McAllister, Non-Executive (from 23rd November 2021)
Graham Foster, Director of Public Health and Strategic Planning
Alan Rennie, Non-Executive (Vice Chair)
Gordon Johnston, Non-Executive

Stirling Council

Councillor Scott Farmer
Councillor Graham Houston
Councillor Susan McGill

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by Clackmannanshire & Stirling Councils and NHS Forth Valley. Nomination of the Integration Joint Board Chair and Vice Chair postholders alternates between a Councillor and a Health Board representative.

The Chair and Vice Chairs of the IJB changed in May 2022 with Allan Rennie, Non Executive Director of NHS Forth Valley appointed as IJB Chair and Councillor Danny Gibson, Stirling Council appointed as Vice Chair.

The Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The

Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any remuneration and taxable expenses paid are shown below.

Taxable Expenses 2020/21 £	Salary, Fees and Allowances 2020/21 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2021/22 £	Salary, Fees and Allowances 2021/22 £
Nil	Nil	Councillor Les Sharp	Chair from April 2020	Clackmannanshire Council	Nil	Nil
Nil	Nil	Alan Rennie	Vice Chair from September 2020	NHS Forth Valley	Nil	Nil
Nil	Nil	Total			Nil	Nil

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the Integration Joint Board

The Integration Joint Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board must be appointed and the employing partner must formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Integration Joint Board.

The Chief Officer took up post on 17 June 2019 and is employed by NHS Forth Valley.

Other Officers

No other staff are appointed by the Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The Chief Finance Officer is employed by NHS Forth Valley.

2020/21 Total	Senior Employees	Salary, Fees & Allowances	Taxable Expenses	Total 2021/22
£		£	£	£
99,175	Chief Officer: A Black	105,183	0	105,183
76,978	Chief Finance Officer: E Murray	80,513	0	80,513

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers.

The Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employees	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/2021	For Year to 31/03/2022		Movement from 31/03/2021	As at 31/03/2022
	£	£		£000	£000
Chief Officer: A Black	20,728	21,983	Pension	3	31
			Lump Sum	2	77
Chief Finance Officer: E Murray	16,088	16,827	Pension	2	35
			Lump Sum	1	73

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band	Remuneration Band	Number of Employees in Band
2020/21		2021/22
1	£75,000 - £79,999	0
0	£80,000 - £84,999	1
1	£95,000 - £99,999	0
0	£105,000 - £109,999	1

Exit Packages

There were no exit packages in relation to Clackmannanshire and Stirling Integration Joint Board in financial year 2021/22.

Alan Rennie

Chair

Annemargaret Black

Chief Officer

Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that:

- its business is conducted in accordance with the law and appropriate standards
- that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's delegated functions and to make arrangements to secure best value.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS Forth Valley and Clackmannanshire and Stirling Councils systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

Given the IJB utilises the systems of internal control with NHS Forth Valley, Clackmannanshire Council and Stirling Council the system can only provide reasonable and not absolute assurance of effectiveness. Assurance is therefore gained through the review of constituent authorities annual governance statements and the delivery of the IJBs Internal Audit Plan including:

- the opinion of the Chief Internal Auditor within their annual report
- internal audit progress updates which summarise relevant internal audit reports delivered to the constituent authorities relevant to the accountabilities of the IJB.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework will be continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises the Chair, Vice Chair and 10 other voting members; 6 are Council Elected Members nominated (3 each council) by Clackmannanshire and Stirling Councils, and, 6 are Board members of NHS Forth Valley (4 Non Executive Directors and 2

Executive Directors). There are also a number of non-voting professional and stakeholder members on the IJB including the Chief Officer, Chief Finance Officer and professional medical, nursing and social work advisors to the IJB. Stakeholder members currently include representatives from the third sector interfaces, carers and service users.

The main features of the governance framework in existence during 2021/22 were:

- The Integration Scheme
- Standing Orders
- Scheme of Delegation
- Urgent Decision-Making Powers to ensure effective and responsive governance during Covid (delegated authority to Chief Officer and Chief Finance subject to consultation on use of powers)
- Financial Regulations and Reserves Policy and Strategy
- Code of Conduct and Register of Interests
- IJB Committees operating within approved Terms of Reference
- Clinical and Care Governance Framework
- Risk Management Framework and Strategic Risk Register
- Complaints Handling Procedure
- Information Governance Arrangements & Information Security Policy

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation.

The IJB utilises the internal control systems of NHS Forth Valley, Clackmannanshire Council and Stirling Council in the commissioning and delivery of in-scope functions. The Annual Governance Statements of the constituent authorities have been reviewed for any significant weaknesses which could be a risk to the IJB. No significant weaknesses have been found as a result of these reviews.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Head of Internal Audit reports directly to the Integration Joint Board Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Integration Joint Board Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a risk assessment drawn from review of the Integration Joint Board’s Strategic Risk Register and is approved by the Integration Joint Board Audit and Risk Committee.

From April 2020 the IJBs Chief Internal Auditor has been from FTF Internal Audit Service who are an internal audit consortium covering Fife, Tayside and Forth Valley.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team, work of the IJB’s internal audit service and the Chief Internal Auditor’s annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB’s governance framework is supported by a process of self-assessment and compiled by the Chief Finance Officer.

The Chief Finance Officer completes a “Self-assessment Checklist” and any further supporting evidence requested as evidence of adequacy and review of key areas of the IJB’s internal control framework; this is provided to the IJBs Chief Internal Auditor as part of the evidence base to inform the opinion within the Annual Internal Audit Report.

The Chief Officer also gives assurances as Director of Health and Social Care through the Annual Governance Statement processes of the constituent authorities and the IJB Chief Finance Officer reviews the Annual Governance Statements of the constituent authorities to identify any identified weaknesses in governance which may affect integration functions and/or pose a risk to the IJB.

The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies’ management assurances in relation to the soundness of their systems of internal control.

This is consistent with Code of Practice on Local Authority Accounting in the United Kingdom and guidance developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) entitled “Delivering Good Governance in the Local Government: a framework” including conformance with the Code of Practice on Managing the Risk of Fraud and Corruption.

The appointed IJB Chief Internal Auditor provided an annual report to the Audit and Risk Committee in August 2022 which concluded that ‘Reliance can be placed on the IJB’s governance arrangements and systems of internal control for 2021/22’.

In addition, the Chief Internal Auditor reporting that in addition to his conclusion management have not been advised of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members’ responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon. There is specific guidance from the Standards Commission for IJB members.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB.

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on “The Role of the Chief Finance Officer in Local Government 2014”. The IJB’s Chief Finance Officer has overall responsibility for Clackmannanshire and Stirling Health and Social Care Partnerships financial arrangements.

The IJB complies with the requirements of the CIPFA Statement on “The Role of the Head of Internal Audit in Public Organisations 2019”. The IJB’s appointed Chief Internal Auditor has responsibility for the IJB’s internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA “Public Sector Internal Audit Standards 2017”.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB’s Audit and Risk Committee operates in accordance with CIPFA’s Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities. The Committee’s core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

Governance Issues Relating to Ongoing Impacts of COVID-19

The IJB’s approved governance framework has been in place for the year ended 31 March 2022.

However, from March 2020 and during the 2021/22 the governance context in which the IJB operates has been impacted by the need to implement urgent decision-making arrangements and take urgent actions where required in response to the significant public health challenge presented by the COVID-19 pandemic. In practice these powers were used sparingly however it was critical they were in place to allow actions to be taken quickly where required.

The planning and delivery of health and social care services has had to rapidly adapt to meet this challenge and the IJB has had to adapt its governance arrangements accordingly.

In response to the pandemic and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services in Clackmannanshire & Stirling, the IJB approved and initiated urgent decision-making arrangements at its March 2020 meeting and have extended them at each IJB meeting to date until they were revoked and replaced with an updated Scheme of Delegation at the March 2022 meeting.

Under the urgent decision-making arrangements, authority was delegated, if required, to take decisions to meet urgent operational requirements, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB and Chief Executives and Chief Financial Officers of the Constituent Authorities. Any decisions taken required to be reported to the IJB.

Financial governance arrangements remain in place and have been supplemented by additional controls and reporting arrangements to manage and monitor COVID-19 related expenditure and resultant impact on the IJBs financial position.

The IJB and IJBs committees have continued to meet and function through the year. However, agendas have been reduced from time to time to focus on essential business and statutory requirements without compromising effectiveness of governance arrangements.

Some elements of planned reviews of governance arrangements during 2021/22 have been further deferred from planned timescales due to management capacity being focused on

dealing with the COVID-19 pandemic including the consideration of the requirement to prepare a revised Integration Scheme. Where this is has been the case these are detailed in the action plan with revised target dates. Given the recent changes in membership of the IJB as a result of the May 2022 Local Government elections further considerations in relation to the Integration Scheme will be revisited post summer 2022 recess.

Progress was made in updating elements of the IJBs Governance Framework during the past year however, with updated Directions and Reserves Policies and a revised Scheme of Delegation being approved. Despite some other actions having been deferred effective governance was maintained during the year.

Other Governance Issues

Focus on supporting operational pressures, staffing issues and additional reporting requirements for Scottish Government meant that the IJB did not receive regular quarterly performance reports at the November 2021 and March 2022 meetings and the performance report considered at this January 2022 meeting was later than normal. Whilst there is continuing work to improve performance reporting we do not envisage this situation being repeated.

Management of Risk

The Integration Joint Board monitors and seeks to mitigate significant risk through its Risk Management Framework and Strategic Risk Register. The Strategic Risk Register is regularly reviewed by the partnership Senior Leadership Team. The Audit & Risk Committee provide a scrutiny role for the Integration Joint Board by reviewing, scrutinising and approving the Strategic Risk Register as a standing agenda item at each meeting. High risks on the Strategic Risk Register are reported to the Integration Joint Board through routine Performance Reports.

Of specific note is the risk in relation to workforce, which is multi-factorial, but poses significant risk to achievement of the IJBs goals and strategic priorities. Focused work in relation to this to aide understanding and identify mitigating strategies and actions is being considered with the IJBs Strategic Workforce Plan.

The IJBs risk management framework is under review. This review will consider any updates required to the risk management framework and improving interfaces with risk management arrangements across the constituent authorities assisting in linking operational and strategic risk identification, management and reporting. As part of this review an HSCP risk management network has been established.

In 2020/21 a specific Covid risk was added to the Strategic Risk Register. However, as the pandemic has progressed Covid becomes a factor in mitigating the IJBs other strategic risks rather than in isolation and the Strategic Risk Register has been updated to reflect this.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit and Risk Committee.

Areas for Improvement Identified	Action Undertaken in 2021/2022	Responsible Party(s)	Previous Planned Date of Completion	Revised Planned Date of Completion
A comprehensive review of the IJBs Governance Frameworks will be undertaken aligned to changes in operational responsibilities of the Chief Officer	Action partially complete. Reserves Strategy, Directions Strategy & Policy and Scheme of Delegation reviewed, updated and approved. Financial Regulations to be reviewed and updated as required. Consideration of requirement to prepared revised Integration Scheme not yet progressed and will be revisited post summer 2022 recess. Note the Integration Scheme is the legal partnership agreement between the constituent authorities.	Chief Officer and Chief Finance Officer	December 2021	March 2023
Development of Local Code of Corporate Governance	Action Outstanding. Local Code of Corporate Governance will be developed as part of review of governance frameworks post review of Financial Regulations	Chief Officer and Chief Finance Officer	December 2021	March 2023
Implement Revised Approach to Directions	Partially complete. Revised directions policy approved and full implementation linked to agreement of 2023-2033 Strategic Plan	Chief Officer, Head of Service (SP&HI) & Chief Finance Officer	December 2021	March 2023
Review Form and Fitness for Purpose of Extant Scheme of Delegation	Action Complete. Revised Scheme of Delegation approved March 2022.	Chief Officer & Chief Finance Officer	December 2021	N/A
Produce Annual Assurance Reports for IJB Committees	Action deferred due to operational pressures during 2021/22	Chief Finance Officer & HSCP Business	November 2021	December 2022

Areas for Improvement Identified	Action Undertaken in 2021/2022	Responsible Party(s)	Previous Planned Date of Completion	Revised Planned Date of Completion
		Manager		
Review of relationship between IJB and Community Planning Partnerships (CPPs)	<p>Action being progressed.</p> <p>As part of developing good governance arrangements the IJBs has taken on the CPP leadership role for the Alcohol and Drug Partnership across Clackmannanshire and Stirling areas. This includes regular reporting into CPP for both Council areas.</p> <p>The delegation of Health Improvement Service is underway and will be completed end September 2022, including key areas of work aligned to both CPP areas. This work has been delayed due to COVID pressures as a result of staff being seconded into other areas.</p>	Head of Service (Strategic Planning & Health Improvement)	March 2022	March 2023
Further Develop Best Value Arrangements	Action partially complete.	Chief Finance Officer	March 2022	March 2023
Further Develop Strategic Improvement Plan	Action complete. Format of plan reviewed to ensure SMART whilst acknowledging plan will continue to evolve particularly in relation to preparedness for establishment of National Care Service (NCS). Plan also includes ambitious programme of modernisation and transformation of services to meet legislative requirements.	Chief Officer, Chief Finance Officer and Head of Service Strategic Planning & Health Improvement	December 2021	Ongoing
Undertake Review of Strategic Plan / Strategic	Action in progress. Plan in place for development of	Chief Officer & Head of Service,	March 2022	March 2023

Areas for Improvement Identified	Action Undertaken in 2021/2022	Responsible Party(s)	Previous Planned Date of Completion	Revised Planned Date of Completion
Commissioning Plan	2023/2033 Strategic Plan. Internal Audit review will provide assurance on process.	Strategic Planning & Health Improvement		
Ensure Information Governance Assurance Report presented to IJB.	Action complete. Assurance Report presented to September 2021 IJB.	Head of Information Governance, NHS Forth Valley	November 2021	Ongoing on Annual Basis

Additional Actions for 22/23

The 22/23 Action Plan will focus on completion of deferred and incomplete actions already reflected above but focussing on priorities of:

- Development of 2023/33 Strategic Commissioning Plan
- Preparedness for implementation of National Care Service
- Facilitating consideration of requirement to prepare a revised integration scheme

Conclusion and Opinion on Assurance

Whilst recognising that further improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team and reported and scrutinised by IJB and the IJB Audit and Risk Committee.

Alan Rennie

Chair

Annemargaret Black

Chief Officer

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

Gross Expenditure £000	Gross Income £000	2020/21 Net Expenditure £000		Gross Expenditure £000	Gross Income £000	2021/22 Net Expenditure £000
23,588	0	23,588	Large Hospital Services	24,736	0	24,736
124,556	(7,186)	117,370	Community Health and Social Care Services	127,956	(8,462)	119,493
82,090	0	82,090	Primary Care	83,691	0	83,691
301	0	301	IJB Running Costs	317	0	317
230,535	(7,186)	223,349	IJB Operational Costs	236,699	(8,462)	228,237
	(235,866)	(235,866)	Taxation and Non-Specific Grant Income		(242,272)	(242,272)
		(12,516)	(Surplus) or Deficit on Provision of Services and Total Comprehensive (Income) and Expenditure			(14,035)

There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the Integration Joint Board’s reserves.

Movements in Reserves 2021/22	General Fund Balance £000	Unusable Reserves £000	Total Reserves £000
Opening Balance at 31 March 2021	(14,212)	0	(14,212)
Total Comprehensive Income and Expenditure	(14,035)	0	(14,035)
Closing Balance at 31 March 2022	(28,248)	0	(28,248)

Movements in Reserves 2020/21	General Fund Balance £000	Unusable Reserves £000	Total Reserves £000
Opening Balance at 31 March 2020	(1,696)	0	(1,696)
Total Comprehensive Income and Expenditure	(12,516)	0	(12,516)
Closing Balance at 31 March 2021	(14,212)	0	(14,212)

Balance Sheet

The Balance Sheet shows the value of the IJB’s assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021 £000		Notes	31 March 2022 £000
<u>14,212</u>	Short Term Debtors	Note 7	<u>28,248</u>
14,212	Current Assets		28,248
<hr/>			
<u>14,212</u>	Net Assets		<u>28,248</u>
	Useable Reserves: General Fund	Note 10	
<u>(14,212)</u>			<u>(28,248)</u>
<u>(14,212)</u>	Total Reserves		<u>(28,248)</u>

Ewan C. Murray
Chief Finance Officer

Notes to the Financial Statements

1. Significant Account Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2021/2022 financial year and its position at the year ended 31 March 2022.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Clackmannanshire and Stirling Councils and NHS Forth Valley. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Clackmannanshire and Stirling.

Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently, the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

The Integration Joint Board has no unusable reserves.

Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley, Clackmannanshire and Stirling Councils have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in CNORIS. The Integration Joint Boards participation in

the CNORIS scheme is therefore supplementary to normal insurance arrangements for clinical and care services.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

VAT

The Integration Joint Board is not registered for VAT and as such VAT is settled or recovered by the partner agencies.

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

3. Critical Judgements in Applying Accounting Policies

Set Aside Budget for Large Hospital Services

For financial year 2021/22 the sum included within the accounts in relation to the Set-Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity. Systems are continuing to be developed to be able to accurately provide this information within the accounts in future financial years. Development of these arrangements continues to be impacted by the pandemic but is ongoing.

In terms of risk of misstatement; a 10% shift in activity would equate to an estimated £2.474m in costs which would, in turn, be matched by additional income from NHS Forth Valley.

The approach to developing arrangements was detailed in a report to the Integration Joint Board meeting in June 2018 and within the partnerships consolidated response to the Ministerial Strategic Groups proposals on Progress on Integration. The Integration Joint Board, and its committees, will continue to receive reports on progress of this work with the next substantive progress report due in September 2022.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance Officer. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

31 March 2021 £000		31 March 2022 £000
21,428	Services Commissioned from Clackmannanshire Council	26,011
39,829	Services Commissioned from Stirling Council	46,482
168,978	Services Commissioned from NHS Forth Valley	163,889
271	Other IJB Operating Expenditure	286
3	Insurance and Related Expenditure	3
27	Auditor Fee: External Audit Work	28
(4,162)	Service Income: Clackmannanshire Council	(4,427)
(3,024)	Service Income: Stirling Council	(4,035)
(235,866)	Partners Funding Contribution and Non-Specific Grant Income	(242,272)
<hr/>		
(12,516)	(Surplus) or Deficit on the Provision of Services	(14,035)

6. Taxation and Non-Specific Grant Income

31 March 2021 £000		31 March 2022 £000
20,358	Funding Contribution from Clackmannanshire Council	21,012
42,854	Funding Contribution from Stirling Council	41,122
172,654	Funding Contribution from NHS Forth Valley	180,138
235,866	Taxation and Non-Specific Grant Income	242,272

The funding contribution from the NHS Board shown above includes £24.736m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which currently retains responsibility for managing the costs of providing the services. The Integration Joint Board, however, has strategic responsibility for the consumption of, and level of demand placed on, these resources.

7. Debtors

31 March 2021 £000		31 March 2022 £000
6,652	Stirling Council	5,232
3,031	Clackmannanshire Council	2,396
4,529	NHS Forth Valley	20,619
14,212	Total Debtors	28,248

Amounts owed by the funding partners are stated on a net basis.

8. Creditors

There are no creditor's balances in the Integration Joint Board accounts.

9. Provisions

No provisions have been made in the Integration Joint Board accounts.

10. Usable Reserve: General Fund

The Integration Joint Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management and pursuance of best value from available resources.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as an element of the Integration Joint Board's financial resilience framework. The IJB held contingency funding totalling £3.323m at 31 March 2022.

The table below shows the movements on the General Fund balance:

Balance at 31 March 2021 £000	Reserve	Transfers Out £000	Transfers In £000	Balance at 31 March 2022 £000
(1,183)	Transformation Funding (ICF/ Delayed Discharge)	0	(732)	(1,914)
0	Service Pressures (from Winter Funding)	0	(3,296)	(3,296)
(512)	Community Living Fund	0	0	(512)
(6,642)	COVID Funding	5,753	(12,111)	(12,999)
(1,843)	Other Earmarked Reserves	289	(3,032)	(4,586)
(529)	Primary Care Improvement Plans	506	(1,224)	(1,246)
0	Action 15 - Mental Health	0	(90)	(90)
(181)	Alcohol and Drug Partnerships	139	(239)	(282)
(10,890)	Total Earmarked	6,688	(20,723)	(24,925)
(3,323)	Contingency	0	0	(3,323)
(14,212)	General Fund	6,688	(20,723)	(28,248)

The table above has been condensed from format used in previous year due to a high number of relatively small value earmarked reserves held at 31 March 2022 largely driven by non-recurring funding from Scottish Government for specific purposes. This presentation is intended to aid understanding and highlight the reserves with significant values.

11. Related Party Transactions

The IJB has related party relationships with the NHS Forth Valley and the Clackmannanshire & Stirling Councils. In particular, the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts are presented to provide additional information on the relationships.

There are no material transactions with Clackmannanshire and Stirling Integration Joint Board officers or with organisations they have an interest in. The remuneration and any other taxable payments to senior officers, the Chair and Vice Chair are

disclosed in the remuneration statement. Each Board member's registered interests will be published on the Integration Joint Board webpage in due course.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by the constituent authorities mainly consist of performance management, human resources, financial management, information services, information technology and payroll.

Transactions with NHS Forth Valley

31 March 2021 £000		31 March 2022 £000
(172,654)	Funding Contributions received from the NHS Board	(180,138)
0	Service Income Received from the NHS Board	0
168,978	Expenditure on Services provided by the NHS Board	163,889
118	Key Management Personnel: Non-Voting Members	159
<u>(3,558)</u>	Net Transactions with NHS Forth Valley	<u>(16,091)</u>

Key Management Personnel: The Chief Officer and Chief Finance Officer are employed by NHS Forth Valley and recharged to the Integration Joint Board via contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and Chief Finance Officer is provided in the Remuneration Report.

Balances with NHS Forth Valley

31 March 2021 £000		31 March 2022 £000
4,529	Debtors Balances: Amounts due from NHS Board	20,619
0	Creditors Balances: Amounts due to NHS Board	0
<u>4,529</u>		<u>20,619</u>

Transactions with Clackmannanshire Council

31 March 2021 £000		31 March 2022 £000
(20,357)	Funding Contributions received from the Council	(21,012)
(4,162)	Service Income Received from the Council	(4,427)
21,428	Expenditure on Services provided by the Council	26,011
59	Key Management Personnel: Non-Voting Members	63
<u>(3,032)</u>	Net Transactions with Clackmannanshire Council	<u>635</u>

Balances with Clackmannanshire Council

31 March 2021 £000		31 March 2022 £000
3,031	Debtors Balances: Amounts due from Council	2,396
<u>0</u>	Creditors Balances: Amounts due to Council	<u>0</u>
<u>3,031</u>		<u>2,396</u>

Transactions with Stirling Council

31 March 2021 £000		31 March 2022 £000
(42,854)	Funding Contributions received from the Council	(41,122)
(3,024)	Service Income Received from the Council	(4,035)
39,829	Expenditure on Services provided by the Council	46,482
59	Key Management Personnel: Non-Voting Members	95
<u>(5,991)</u>	Net Transactions with Stirling Council	<u>1,420</u>

Balances with Stirling Council

31 March 2021 £000		31 March 2022 £000
6,652	Debtors Balances: Amounts due from Council	5,232
0	Creditors Balances: Amounts due to Council	0
<u>6,652</u>		<u>5,232</u>

12. Expenditure Analysis

Expenditure on services commissioned by the Clackmannanshire and Stirling Integration Joint Board from its constituent authorities is analysed below:

	Year Ended 31 March 2021 £000	Year Ended 31 March 2022 £000
NHS Forth Valley - Health Services		
<u>Set Aside</u>		
Accident and Emergency Services	6,446	6,793
Inpatient Hospital Services Relating to:		
General Medicine	3,294	3,265
Geriatric Medicine	4,304	3,937
Rehabilitation Medicine	1,616	1,706
Respiratory Medicine	1,167	1,264
Psychiatry of Learning Disability	1,084	1,115
Palliative Care (Hospital Based)	965	1,149
Mental Health Inpatient Services	5,819	5,984
Set Aside Subtotal	24,695	25,212
Adjustment to budget	(1,107)	(476)
Adjusted Set Aside Subtotal	23,588	24,736
<u>Operational</u>		
Nursing Services	4,207	4,550
Community Addiction Services	2,685	3,212
Community Based AHP Services	6,397	6,663
Community Mental Health	712	761
Community Learning Disabilities	4,274	4,672
Community Hospitals	5,814	5,629
Other Health Care Services	5,109	5,582
Integration Fund & Resource Transfer	34,102	24,393
Partnership Costs	150	159
Operational Subtotal	63,450	55,621
<u>Universal</u>		
Primary Medical Services (GMS Contract)	29,565	29,843
Primary Dental Services (GDS Contract)	9,440	9,281
Community Ophthalmic Services	2,770	2,801
Community Pharmaceutical Services	38,289	39,961
GP Out of Hours Services	2,025	1,805
Universal Subtotal	82,090	83,691
Total Health Services	169,128	164,047

Clackmannanshire Council - Adult Social Care Services

Long Term Care	12,062	10,496
Care at Home	9,326	9,036
Staffing	7,649	8,162
Direct Payments	789	890
Third Party Payments	993	4,148
Other Adult Social Care Services	908	1,103
Partnership Costs	60	63
Income	(4,162)	(4,427)
Resource Transfer	(10,298)	(7,825)
Total Adult Social Care Services - Clackmannanshire	17,326	21,647

Stirling Council - Adult Social Care Services

Long Term Care	15,420	15,389
Care at Home	16,751	18,614
Staffing	4,839	6,329
Bellfield Centre	3,937	3,703
Reablement	1,836	2,358
Direct Payments	1,080	1,290
Third Party Payments	984	903
Respite	1,057	960
MECS / Telecare / Telehealth	608	661
Other Adult Social Care Services	2,815	3,360
Partnership Costs	90	95
Integration Fund & Resource Transfer	(12,523)	(11,120)
Total Adult Social Care Services - Stirling	36,895	42,543

Partnership Total	223,349	228,237
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Independent auditor's report to the members of Clackmannanshire and Stirling Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Clackmannanshire and Stirling Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the Clackmannanshire and Stirling Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 26 September 2022. This is the first year of my appointment. I am independent of the Clackmannanshire and Stirling Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Clackmannanshire and Stirling Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Clackmannanshire and Stirling Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Clackmannanshire and Stirling Integration Joint Board's current or future financial sustainability. However, I report on the Clackmannanshire and Stirling Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Audit & Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Clackmannanshire and Stirling Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Clackmannanshire and Stirling Integration Joint Board's operations.

The Audit & Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the Clackmannanshire and Stirling Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of the Clackmannanshire and Stirling Integration Joint Board;

- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Clackmannanshire and Stirling Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit;
- there has been a failure to achieve a prescribed financial objective

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pauline Gillen
Audit Director
Audit Scotland
8 Nelson Mandela Place
Glasgow
G2 1BT

Clackmannanshire and Stirling Integration Joint Board

2021/22 Annual Audit Report - Proposed



 AUDIT SCOTLAND

Prepared for Clackmannanshire and Stirling Integration Joint Board and the Controller of Audit
November 2022

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Key messages

2021/22 annual accounts

- 1 Our audit opinions on the annual accounts of the IJB are unmodified.
- 2 The structure and content of the management commentary in the 2021/22 accounts continued to improve. However, the production of annual performance data was delayed meaning it wasn't available until late in the audit process.

Financial management and sustainability

- 3 The IJB has effective financial management arrangements in place and reported a surplus of £14.035 million for the year. This was largely due to temporary additional funding received from Scottish Government for Covid-19 pressures. The longer-term financial outlook remains challenging.
- 4 Financial management could be improved by aligning the financial reporting of partners to enable a better understanding of costs across the partnership.
- 5 The IJB's medium-term financial plan is based on existing, pre-Covid-19, assumptions. On this basis, a savings requirement of £16-17.5 million is anticipated over the next 5 financial years. Management should update the medium-term financial plan to ensure it is as accurate as possible.

Governance, Transparency and Best Value

- 6 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board.
- 7 The organisation's planned review of its governance framework continues to be impacted by the Covid-19 pandemic. Key outstanding areas of focus for the review include the integration scheme and counter-fraud policy.
- 8 The IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value.
- 9 Detailed performance reporting to the board continued during the pandemic. Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation.

Introduction

1. This report summarises the findings arising from the 2021/22 audit of Clackmannanshire and Stirling Integration Joint Board (the IJB).
2. The scope of the audit was set out in our 2021/22 Annual Audit Plan. This was circulated to members in March 2022 and presented to the 31 August 2022 meeting of the Audit and Risk Committee.
3. This report comprises the findings from:
 - the audit of the IJB's annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#)
 - a review of the arrangements put in place by the IJB to secure Best Value.
4. The global coronavirus pandemic has had a considerable impact on the IJB during 2021/22. This has had significant implications for the services it delivers. We have continued to adapt the way we deliver our audit work to maintain quality and address any additional risks.

Adding value through the audit

5. We add value to the IJB, through the audit by:
 - identifying and providing insight on significant risks, and making clear and relevant recommendations
 - sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
 - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.
7. Also, the IJB is responsible for compliance with legislation, and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

8. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government in Scotland Act 1973, the [Code of Audit Practice 2016](#) and supplementary guidance, and International Standards on Auditing in the UK.

9. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the effectiveness of the IJB's performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability, and
- Best Value arrangements.

10. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

11. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

12. Our annual audit report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation.

Auditor Independence

13. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

14. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2021/22 audit fee of £27,960 as set out in our 2021/22 Annual Audit Plan remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

15. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

Audit appointment from 2022/23

16. The Accounts Commission is responsible for the appointment of external auditors to local government bodies. External auditors are usually appointed for

a five-year term either from Audit Scotland's Audit Services Group or a private firm of accountants. The current appointment round was due to end in 2020/21 but this was extended for a year so that 2021/22 is the last year of the current appointment round.

17. The procurement process for the new round of audit appointments was completed in May 2022. From financial year 2022/23 Deloitte will be the appointed auditor for Clackmannanshire and Stirling Integration Joint Board. We are working closely with the new auditors to ensure a well-managed transition.

18. A new [Code of Audit Practice](#) applies to public sector audits for financial years starting on or after 1 April 2022. It replaces the Code issued in May 2016.

19. We would like to thank Board members, Audit and Risk Committee members, Executive Directors, and other staff, particularly those in finance for their co-operation and assistance over the last six years.

1. Audit of 2021/22 annual accounts

The principal means of accounting for the stewardship of resources and performance

Main judgements

Our audit opinions on the annual accounts of the IJB are unmodified.

The structure and content of the management commentary in the 2021/22 accounts continued to improve. However, the production of annual performance data was delayed meaning it wasn't available until late in the audit process.

Our audit opinions on the annual accounts are unmodified

20. The IJB's annual accounts for the year ended 31 March 2022 were approved by the Audit and Risk Committee on 16 November 2022. As reported in the independent auditor's report:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the IJB as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

The Covid-19 pandemic had a limited impact on audit evidence

21. The working papers provided with the unaudited accounts were of a good standard and finance staff provided good support to the audit team during the audit. This helped ensure that the audit of the annual accounts process ran smoothly.

The annual accounts were signed off in line with our agreed audit timetable

22. Submission dates for the annual audit report and audited annual accounts for 2019/20 and 2020/21 were deferred in line with the later dates for producing the annual accounts because of the impact of Covid-19. Audit Scotland has set target dates for 2021/22 which transition to more regular timescales. For 2021/22, the deadline for the audited accounts is 30 November 2022.

23. The unaudited annual accounts were received in line with our agreed audit timetable on 29 June 2022. This allowed us to sign off the annual accounts in line with the revised timescales.

There were no objections raised to the annual accounts

24. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on its website that includes details of the period for inspecting and objecting to the accounts. This must remain on the website throughout the inspection period. No objections to the 2021/22 annual accounts have been received.

Overall materiality is £3.535 million

25. We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of identified misstatements on the audit and of uncorrected misstatements, if any, on the financial statements and in forming the opinion in the auditor's report. We identify a benchmark on which to base overall materiality, such as gross expenditure, and apply what we judge to be the most appropriate percentage level for calculating materiality values.

26. The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the annual accounts. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

27. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit. This was reviewed and revised on receipt of the unaudited annual accounts and is summarised in [Exhibit 1](#).

Exhibit 1

Materiality values

Materiality level	Amount
Overall materiality	£3.535 million
Performance materiality	£2.475 million
Reporting threshold	£0.177 million

Source: Audit Scotland

We have no significant findings to report on the audited annual accounts

28. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices. We have no issues to report from the audit.

29. We have obtained audit assurances over the identified significant risks of material misstatement to the financial statements. [Exhibit 2](#) sets out the significant risks of material misstatement to the financial statements we identified in our 2021/22 Annual Audit Plan. It summarises the further audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 2

Significant risks of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusions
<p>Risk of material misstatement due to fraud caused by the management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>Agreement of balances and transactions to year end submissions from Clackmannanshire Council, Stirling Council and NHS Forth Valley.</p> <p>Test journals at the year-end and post-closing entries and focus on significant risk areas.</p> <p>Evaluate significant transactions outside the normal course of business.</p>	<p>Our audit work did not highlight any instances of fraud arising from management override of control.</p>

Identified misstatements were adjusted in the audited annual accounts, these were less than our performance materiality and we did not need to revise our audit approach

30. An adjustment was made to the unaudited accounts as a result of amended data being received from Clackmannanshire Council. This decreased the surplus for the year by £0.210 million with an equivalent decrease to debtors within the balance sheet.

31. As a result of updated information, an adjustment to the unaudited accounts was also made in relation to Clackmannanshire Council's contribution and spend in relation to the IJB. As income and expenditure both increased by £0.682 million, there was no impact on the balance sheet.

The unaudited annual accounts did not include non-financial performance data

32. The Management Commentary that accompanies the annual accounts should include a balanced and comprehensive analysis of the IJB's performance for the year.

33. While a section on the financial performance was included, the required analysis of non-financial performance was omitted due to the IJB's separate Annual Performance Report not yet being prepared.

34. A similar situation arose last year and we included a recommendation in our 2020/21 Annual Audit Report. As the delay to performance data occurred again, this recommendation is still applicable.

Recommendation (follow up from prior year)

Continue to improve the process for production of the Management Commentary, in particular the timely inclusion of performance data

Limited progress was made on prior year recommendations

35. The IJB has made limited progress in implementing our prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Main judgements

The IJB has effective financial management arrangements in place and reported a surplus of £14.035 million for the year. This was largely due to temporary additional funding received from Scottish Government for Covid-19 pressures. The longer-term financial outlook remains challenging.

Financial management could be improved by aligning the financial reporting of partners to enable a better understanding of costs across the partnership.

The IJB's medium-term financial plan is based on existing, pre-Covid-19, assumptions. On this basis, a savings requirement of £16-17.5 million is anticipated over the next 5 financial years. Management should update the medium-term financial plan to ensure it is as accurate as possible.

We have obtained audit assurances over the wider audit dimension risks relating to Financial Management and Sustainability identified in our 2021/22 Annual Audit Plan

36. [Exhibit 3](#) sets out the audit dimension risks relating to Financial Management and Sustainability we identified in our 2021/22 audit. It summarises the audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 3**Risks identified from the auditor's wider responsibility under the Code of Audit Practice**

Audit risk	Assurance procedure	Results and conclusions
<p>Financial sustainability</p> <p>The IJB's Medium-Term Financial Plan highlights a budget gap of £16 million to £17.5 million over the next 5 years due to projected demand, cost and funding pressures.</p> <p>The IJB develops annual savings plans to mitigate this, however there remains a risk that services aren't financially sustainable over the longer term.</p>	<p>Review and assess year-end position and the progress and impact in delivering savings.</p> <p>Review and consider the medium-term financial plan and mobilisation plan.</p>	<p>The IJB continues to forecast a challenging medium term financial position, and intends to respond through its Transformation Plan.</p> <p>The recovery from the Covid-19 pandemic adds additional pressure and uncertainty. The impact of this is not currently included within the IJB's forecast.</p> <p>We recommend that the IJB updates its medium-term financial plan as soon as there is more clarity on the financial impacts of Covid-19.</p>

The 2021/22 budget included planned savings and contributions from reserves to address the funding gap

37. The IJB approved its 2021/22 budget in March 2021, with a funding gap of £4.976 million. Plans to address the gap included savings from a redesign of learning disability and mental health services, and medicine optimisations.

38. There were significant changes to the budget during the year due to the allocation of additional funding from Scottish Government. Management reported regular updates to the board on the impact of this additional funding.

The IJB returned a surplus in 2021/22, due to the receipt of temporary additional funding

39. The impact on public finances of the Covid-19 pandemic has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses, and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

40. The IJB does not have any tangible assets, nor does it directly incur expenditure. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

41. The IJB returned a surplus of £14.035 million for the 2021/22 financial year ([Exhibit 4](#)). It was achieved largely due to the following:

- Additional funding, which covered an approximately £3.6 million budget shortfall. This included £16.819 million of Covid-19 funding allocated in late February 2022, close to the financial year end.
- Underspends due to staffing challenges.

42. The additional funding is temporary, with any unused amount held in reserves. The IJB projects an annual recurring budget deficit. While the immediate financial position is positive, the board still anticipates a significant longer term financial challenge.

Exhibit 4

2021/22 Financial Performance

IJB budget summary		£m
Health Services (NHS Forth Valley)		164.048
Social Care Services (Clackmannanshire Council)		21.647
Social Care Services (Stirling Council)		42.542
Total Net Expenditure		228.237
Funding		242.272
Surplus		14.035
Net increase in Covid-19 Reserves		6.357
Net increase in other earmarked reserves		7.679

Source: Clackmannanshire and Stirling IJB Annual Accounts

Reserves increased to £28.248 million in 2021/22, however recurring budget challenges remain

43. The IJB operates one reserve, a General Fund reserve which is a resource backed reserve to be used to fund future expenditure. The General Fund had a closing balance of £28.248 million as at 31 March 2022. As shown in [\(Exhibit 4\)](#), this was an increase of £14.035 million from the prior year in line with the 2021/22 surplus.

44. In common with many IJBs, Clackmannanshire and Stirling IJB's reserves have increased significantly over the last two years largely due to Covid-19 funding from Scottish Government.

45. The majority of these reserves are earmarked for a specific purpose, for example:

- Covid-19 funding - £12.999 million
- Winter service pressure funding - £3.296 million
- Transformation funding - £1.914 million

46. While some of the reserves are earmarked to offset specific service pressures, they are a finite resource and therefore the recurring budget challenges remain despite the high reserves balance.

47. In September 2022, the Scottish Government commenced discussions with IJBs regarding the possible claw back of reserves to meet future funding pressures. These discussions are on-going, for Clackmannanshire and Stirling Integration Joint Board management currently estimate that £8.0m of Covid-19 reserves will be reclaimed.

Budget monitoring processes are appropriate, but the content of regular budget reporting should be improved

48. Budget monitoring reports were submitted to meetings of the IJB throughout the year. The reports forecast the year end surplus or deficit against budget and give narrative on the financial pressures and areas of uncertainty.

49. While there is detailed narrative on the financial challenges the board is facing, reports could be improved. In particular, it would be appropriate for regular reporting to include the board's actual expenditure on different service.

50. Financial information used to create budget monitoring reports is recorded at partner bodies (NHS Forth Valley and Clackmannanshire and Stirling councils). We highlighted in our 2019/20 and 2020/21 annual audit reports that this was largely based on the reporting styles for each of the three partner bodies, and that this makes understanding the costs across the IJB as a whole more challenging. Budget monitoring reports are largely unchanged in 2020/21 and our recommendation therefore remains relevant.

Recommendation 1

IJB regular financial reports should be updated to detail total expenditure against budget

Recommendation (follow up from prior year)

Align partner financial reporting to improve the efficiency of the IJB's financial monitoring and enable a better understanding of costs across the partnership

A breakeven budget was set for the 2022/23 financial year, however the level of financial challenge is increasing

51. The IJB approved its 2022/23 budget in March, with a breakeven budget requiring the achievement of £2.023 million savings during the year. A savings plan was included alongside the budget, targeting medicine optimisation and demand management as key areas to reduce costs.

52. The budget report also highlighted a number of risks impacting the 2022/23 budget, including:

- Uncertain levels of demand, driven by Covid, but also more widely
- Cost uncertainty, in particular the impact of rising inflation
- Recruitment, retention and resilience of its workforce.

The IJB's medium term plan should be updated

53. The IJB last considered its medium-term plan in September 2021. This projected a £16-17.5 million savings requirement over the next 5 financial years. The September 2021 plan acknowledged that this projection was based on pre-Covid assumptions from its original March 2020 medium-term plan.

54. In our 2019/20 and 2020/21 annual audit reports we highlighted that the medium-term financial plan should be updated to reflect the impact of Covid-19 at the earliest opportunity.

55. The financial risks the board has highlighted in relation to its 2022/23 budget emphasise the importance of the IJB ensuring its medium-term plans are as accurate as possible.

Recommendation (follow up from prior year)

Update the Medium-Term Financial Plan to reflect the impact of Covid-19

Financial systems of internal control operated effectively

56. The IJB does not have its own financial systems and instead relies on partner bodies' financial systems, including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over these systems are within the partner bodies, rather than the IJB.

57. As part of our audit approach, we sought assurances from the external auditor of Stirling Council, Clackmannanshire Council and NHS Forth Valley. These assurances confirmed that there were no weaknesses in the systems of internal controls relevant to the IJB for either council or the health board.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate

58. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We reviewed the arrangements in place at Stirling Council, Clackmannanshire Council and NHS Forth Valley and found them to be adequate.

59. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

4. Governance, transparency and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information

Main Judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board.

The organisation's planned review of its governance framework continues to be impacted by the Covid-19 pandemic. Key outstanding areas of focus for the review include the integration scheme and counter-fraud policy.

The IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value.

Detailed performance reporting to the board continued during the pandemic. Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation.

We have obtained audit assurances over the wider audit dimension risks relating to Financial Management and Sustainability identified in our 2021/22 Annual Audit Plan

60. [Exhibit 5](#) sets out the audit dimension risks relating to Governance, transparency and Best Value we identified in our 2021/22 audit. It summarises the audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 5**Risks identified from the auditor's wider responsibility under the Code of Audit Practice**

Audit risk	Assurance procedure	Results and conclusions
<p>Performance</p> <p>The national response to the Covid-19 pandemic has significantly affected Clackmannanshire and Stirling Integration Joint Board's normal service provision.</p> <p>The continuing pressures of the pandemic, both operational and financial, result in a risk that Clackmannanshire and Stirling Integration Joint Board will not be able to meet the expectations of its stakeholders.</p> <p>The impact of the pandemic increases the challenge in monitoring, reporting and managing performance.</p>	<p>Understanding the impact of Covid-19 on non-financial performance and the actions being taken to manage and report performance.</p> <p>Assess progress on 2020/21 recommendation for the introduction of performance targets.</p>	<p>Regular performance information has been reported to the board throughout the year and recovery from the Covid-19 pandemic clearly continues to put significant pressure on services.</p> <p>The content of performance reports is largely unchanged and our recommendation that clear performance targets are introduced is still relevant.</p>

Governance arrangements are appropriate, however a planned review of these as been delayed again

61. The IJB made changes to its governance arrangements at the outset of the pandemic in March 2020. These have been detailed in the Annual Governance Statement in the annual accounts. Overall, we consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

62. In our 2019/20 and 2020/21 annual audit report we noted that the IJB intended to update its governance framework, including reviewing the integration scheme. Much of the work was paused at the outset of the pandemic as management focussed on service delivery and this recommendation has not yet been actioned.

Recommendation (follow up from prior year)

As part of the review of the governance framework the IJB should look to update the supporting documents including the integration scheme and counter fraud policy

IJB performance reporting should be updated to include clear performance targets

63. We consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

64. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services. As in 2019/20 and 2020/21, production of the IJB's Annual Performance Report was delayed in 2021/22. This is currently planned for publication in November 2022.

65. IJB service performance is monitored by the board through Quarterly Performance Reports. These reports contain a large amount of data on IJB operations, structured around IJB strategic priorities. Data is presented with many comparator months, which allows trends to be identified. However few targets are identified meaning it's not clear how the IJB is performing relative to expectations.

66. This was highlighted in our 2020/21 annual audit report and remains an issue in 2021/22.

Recommendation (follow up from prior year)

Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation

Arrangements are in place to secure Best Value

67. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

68. The IJB demonstrates how it is meeting its best value duties through its the progress the partnership is making towards delivering the priorities of its Strategic Improvement Plan and Transformation Plan, and through its financial performance reporting mechanisms.

69. The IJB acknowledges the need to improve its arrangements to provide assurance over the delivery of best value and has included an action within the Governance Statement of the Annual Accounts to address this.

70. Overall, the IJB is taking steps to provide better alignment between its strategic vision, financial planning and delivery of savings. This needs to be sustained in order to demonstrate that the IJB is meeting its best value duties.

71. The IJB reports that elements of its Strategic Improvement Plan were delayed due to the pandemic, including the full delegation of all services that are part of the integration scheme. The Board should work with partners to prioritise delegation of all planned services to the IJB.

Recommendation 2

The Board should work with partners to prioritise delegation of all planned services to the IJB

The IJB has set equalities outcomes for the period 2021/22 to 2024/25 and has embedded equality considerations into its board reporting

72. The Board approved its equalities outcomes for the period 2021/22 to 2024/25 in March 2021, these were linked to an online consultation process. The Board also considered an update on progress in delivering on its equality duties and intends to publish Equality Mainstreaming and Outcomes reports in March 2023 and March 2025.

73. The IJB has demonstrated a commitment to compliance with its equalities duties and reports are routinely assessed against the Board's Fairer Scotland Duty responsibilities.

National performance audit reports

74. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2021/22 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

Appendix 1. Action plan 2021/22

2021/22 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Content of Finance Reports</p> <p>While there is detailed narrative on the financial challenges the board is facing, reports could be improved. In particular, it would be appropriate for regular reporting to include the board's actual expenditure on different services.</p> <p>Risk – Finance reports may not provide a sufficient overview of IJB financial performance.</p>	<p>IJB regular financial reports should be updated to detail total expenditure against budget</p> <p>Paragraph 49.</p>	<p>The Annual Internal Audit report contained a recommendation to survey IJB members on desired style and format of financial reporting. This management action in response to this recommendation is being taken forward before introducing substantive changes to the IJB Finance Report. This notwithstanding we agree that the recommendation made here is reflective of good practice and will be actioned.</p> <p>IJB Chief Finance Officer February 2023</p>
<p>2. Delegation of Services</p> <p>The IJB reports that elements of its Strategic Improvement Plan were delayed due to the pandemic, including the full delegation of all services that are part of the integration scheme.</p>	<p>The Board should work with partners to prioritise delegation of all planned services to the IJB.</p> <p>Paragraph 71.</p>	<p>Work to agree and implement delegation of all planned services is underway led, on behalf of the IJB, by the Chief Officer. Completion requires ongoing support and commitment from the Chief Executives of the constituent authorities and requires associated decision making in particular by NHS Forth Valley.</p> <p>IJB Chief Officer May 2023</p>

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>Performance Reporting Targets</p> <p>IJB performance reports are detailed, but lack benchmarks or targets to put the data in context.</p> <p>There is a risk that the IJB performance reports do not present a clear picture of IJB performance.</p>	<p>Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation.</p>	<p>In progress</p> <p>The new Strategic Commissioning Plan, under development, will support a refreshed performance reporting style including service focused performance targets, management information as well as benchmarking across services and more widely; this has been place over the past year to better manage performance across discharge planning and community capacity including care at home, care homes and community hospitals. Some recording systems are being replaced to ensure better quality reporting based in better recording. Post-pandemic, the learning from streamlined recording and reporting is being utilised to improve whole systems performance management and comparative analysis.</p> <p>Head of Strategic Planning and Health Improvement June 2023</p>
<p>Management Commentary</p> <p>The structure and content of the management commentary could be improved to make the performance and financial information clearer.</p> <p>There is a risk that the information within the management commentary does not accurately capture</p>	<p>The IJB should review and update the structure and content, including clearer performance and financial information and better highlight the organisational achievements for the year under review.</p> <p>2021/22 Update</p> <p>The structure and content is significantly impacted since</p>	<p>In Progress</p> <p>The style and content of the management commentary will continue to be developed to improve understanding, clarity and triangulation of financial and performance information and alignment to strategic priorities. This in turn assists in demonstrating best value.</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>the performance and financial information.</p>	<p>this recommendation was originally raised.</p> <p>However, management should continue to improve their process for production of the Management Commentary, in particular the timely inclusion of performance data.</p>	<p>Earlier availability of the performance information which will be incorporated within the Annual Performance Report will continue to be pursued however this is dependent on both local and national availability of data.</p> <p>This is aimed to be achieved through aligning annual accounts and annual performance report timetable.</p> <p>Chief Finance Officer June 2023</p>
<p>Financial Management</p> <p>The finance teams of NHS Forth Valley, Stirling Council, and Clackmannanshire Council operate independently, use different financial systems, and report separately to the IJB Chief Finance Officer.</p> <p>There is a risk that financial monitoring data is not accurately accounted for.</p>	<p>The IJB should align partner financial reporting to improve the efficiency of the IJB's financial monitoring and enable a better understanding of costs across the partnership.</p> <p>2021/22 Update</p> <p>Financial reporting in 2021/22 is unchanged.</p>	<p>In Progress</p> <p>Work is ongoing to improve financial reporting and produce a more integrated style of financial reporting to the IJB and HSCP Leadership Teams. This has taken longer than anticipated due to complexity of the task and competing demands including increasing Scottish Government requirements for financial returns.</p> <p>IJB Chief Finance Officer September 2023</p>
<p>Financial Sustainability</p> <p>The IJB has a savings requirement of £6.214 million per the 2020/21 budget settlement. Ongoing cost and demand pressures of approximately £19.660 million per year are projected over the next 5 years. These projections were made prior to the impact of Covid-19.</p> <p>The Covid-19 pandemic has introduced further financial</p>	<p>The IJB should update the MTFP to reflect the impacts of Covid-19 at the earliest appropriate opportunity.</p> <p>2021/22 Update</p> <p>The MTFP has not yet been updated for the impact of Covid-19.</p>	<p>In Progress</p> <p>Work to review and update the MTFP is underway and is being aligned to</p> <ul style="list-style-type: none"> • The Scottish Government Resource Spending Review published in May 2022 • The 2023/24 Scottish Draft Budget being published on 15 December 2022

Issue/risk	Recommendation	Agreed management action/timing
<p>challenges. The estimated additional cost of Covid-19 between March 2020 and March 2021 is £11.598 million.</p> <p>There is a risk that the IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.</p>		<ul style="list-style-type: none"> The 2023/2033 IJB Strategic Commissioning Plan to be approved and published in March 2023 <p>The MTFP will take cognisance of both direct and indirect impacts of Covid including the higher levels of service demand and complexity/acuity of care.</p> <p>Chief Finance Officer March 2023</p>
<p>Update of governance documents</p> <p>There are a number of policies and documents that have not been updated.</p> <p>There is a risk that the existing governance documents do not reflect current arrangements.</p>	<p>As part of the review of the governance framework the IJB should look to update the supporting documents including the integration scheme, scheme of delegation and counter fraud policy.</p> <p>2021/22 Update</p> <p>The integration scheme and counter fraud policy have not yet been updated.</p>	<p>In Progress</p> <p>Revised Scheme of Delegation was completed and approved by IJB in March 2023. Review of Financial Regulations and further consideration of counter fraud policy and/or requirement for more overt assurance on counter fraud arrangements from the constituent authorities.</p> <p>Additionally, in relation the Integration Scheme, the IJB will continue to work with constituent authorities to identify if there is a requirement to prepare a revised integration scheme.</p> <p>Chief Finance Officer – Financial Regulations and Counter Fraud</p> <p>June 2023</p> <p>Chief Officer – Integration Scheme</p> <p>March 2023</p>

Appendix 2. Summary of 2021/22 national performance reports and briefings

May

[Local government in Scotland Overview 2021](#)

June

[Covid 19: Personal protective equipment](#)

July

[Community justice: Sustainable alternatives to custody](#)

September

[Covid 19: Vaccination programme](#)

January

[Planning for skills](#)

[Social care briefing](#)

February

[NHS in Scotland 2021](#)

March

[Local government in Scotland: Financial Overview 20/21](#)

[Drug and alcohol: An update](#)

[Scotland's economy: Supporting businesses through the Covid 19 pandemic](#)

Clackmannanshire and Stirling Integration Joint Board

2021/22 Annual Audit Report

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Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 8.1

Quarter 2 Performance Report (July – September 2022)

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Carol Johnson, Principal Information Analyst
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 Committee is asked to:</p> <ol style="list-style-type: none"> 1) Review the content of the report. 2) Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approve quarterly reports that are normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.
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Key issues and risks:	<p>Issue</p> <ul style="list-style-type: none"> • Patients who are delayed in their discharge from hospital. • Demand on assessment, care at home and care home provision. <p>Risk</p> <ul style="list-style-type: none"> • Reduced/restricted flow through the unscheduled care pathway.
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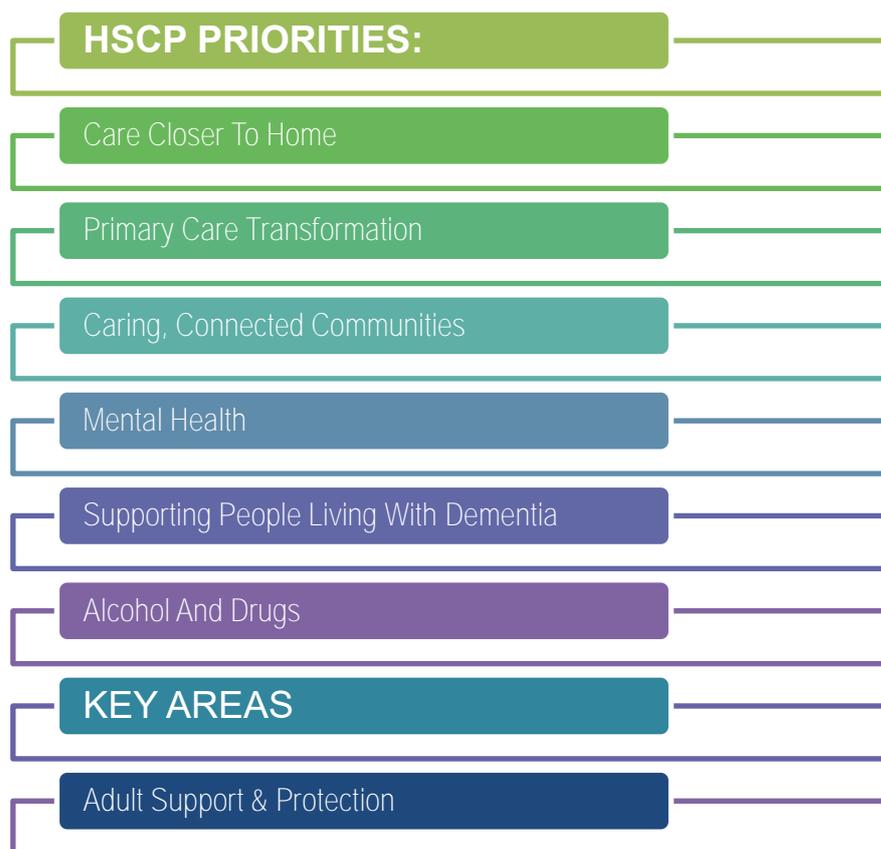
1. Background

- 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. The exception indicators are summarised in Appendix 2.
- 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, 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, Service Planning, 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, 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 National Health and Wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These outcomes, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make, for individuals.

- 1.10. Integration Authorities are responsible for planning and delivering a wide range of health and social care services and are accountable for delivering the national health and wellbeing outcomes¹. Each Integration Authority is required to publish an annual performance report reporting on performance against core integration indicators aligned to these outcomes. It has been agreed that where quarterly data is available, they will also be included in this report going forward.
- 1.11. The Quarter Two 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.
- 1.12. 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

¹ [National health and wellbeing outcomes framework - gov.scot \(www.gov.scot\)](http://national.health.and.wellbeing.outcomes.framework.gov.scot)

On this occasion the report did 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. Quarterly data based on the national core indicators will now be summarised in Appendix 5 along with highlights in the main report where relevant.
- 2.4. Management commentary is included within the attached Quarterly Performance Report.
- 2.5. Reporting timetable:

Finance & Performance Committee		Integration Joint Board	
2/11/22	Draft APR 21/22 Q2 QPR 22/23	23/11/22	Draft APR 21/22 Q2 QPR 22/23
		01/02/22	Q3 QPR 22/23

QPR – QPR - Quarterly Performance Report

APR – Annual Performance Report

- 2.6. 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 Two Performance Report (July to September 2022)
- Appendix 2 – Exceptions reporting. Risk Register
- Appendix 3 - Exceptions reporting. Operational Scorecard
- Appendix 4 – MSG Indicators

Appendix 5 – Core indicator

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 <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

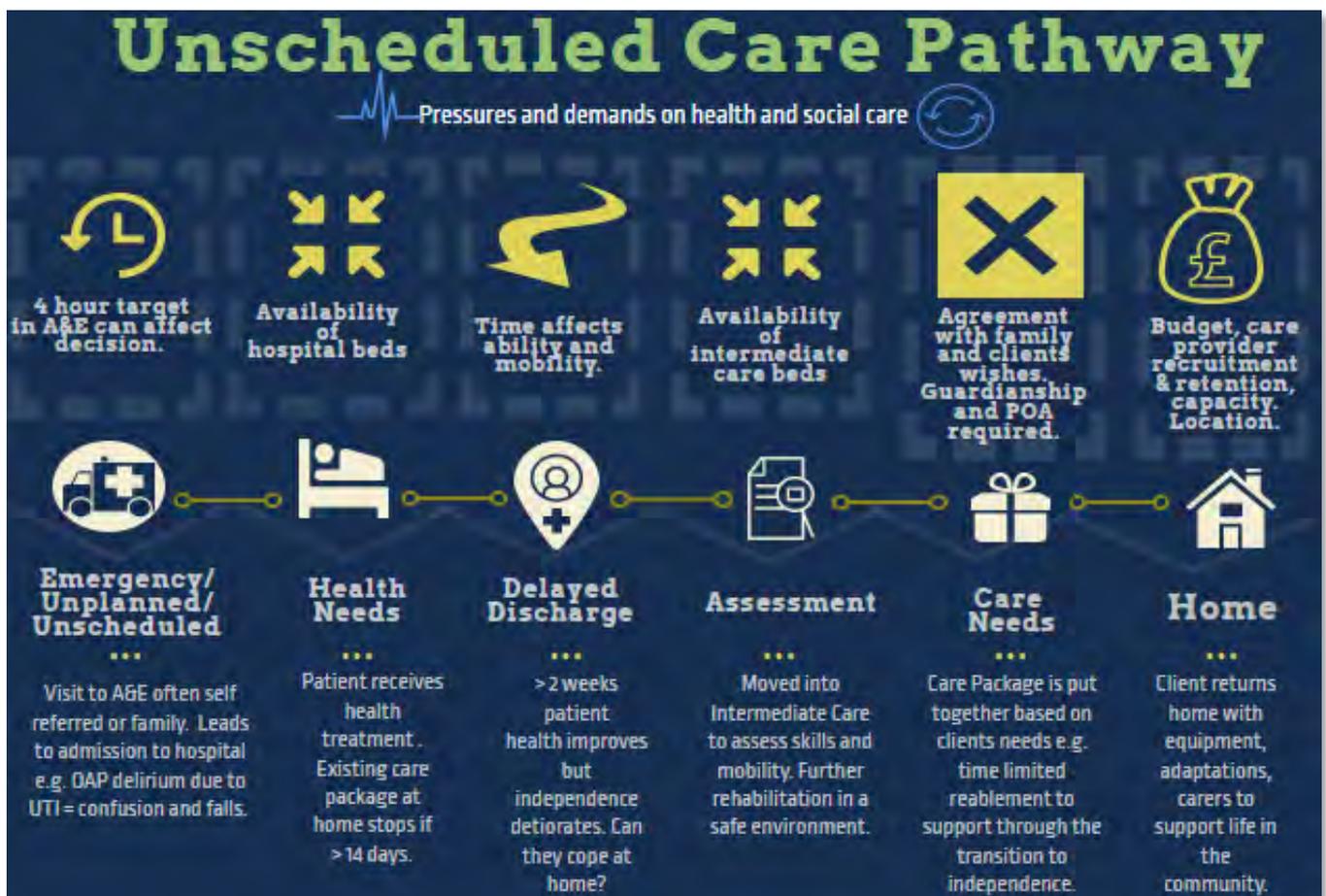
Quarter Two (July to September 2022) Performance Report

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



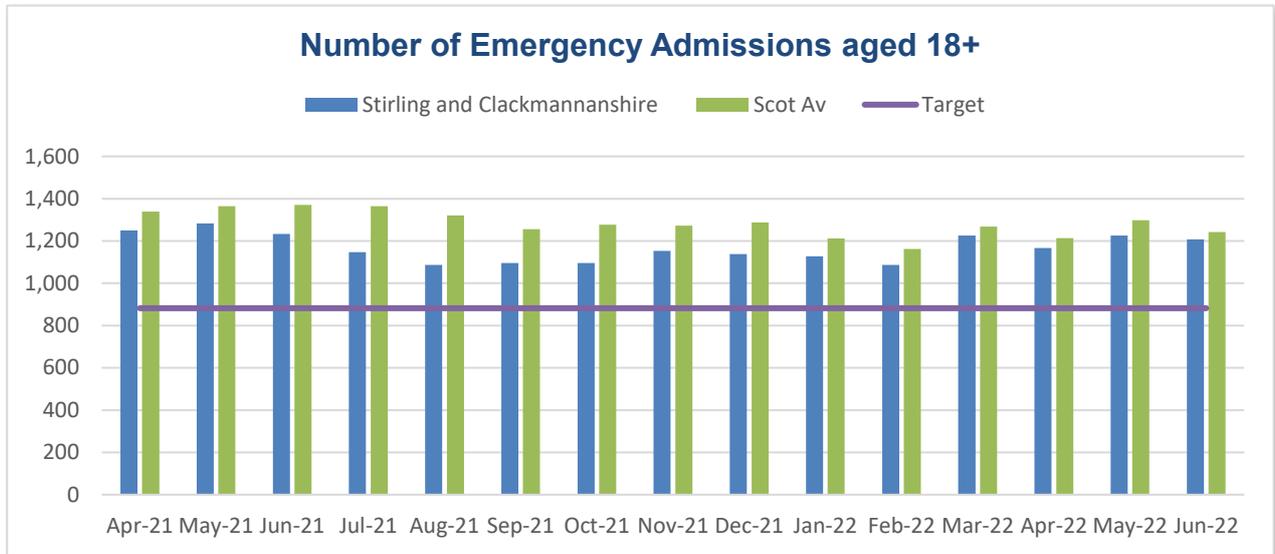
The infographic above describes the inter-dependencies that impact on the flow through the Unscheduled Care pathway.

Within this report, there are several examples where the described flow has been interrupted, creating system pressures, especially within intermediate care due to waits for 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. 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 ‘Discharge Without Delay’ group which meets weekly to assess progress and improve collaborative working.

Emergency Admissions – Core Integration Indicator

Provisional data² for Q1 shows the HSCP just below the Scottish Average and well above the target.



We know that unintentional injury is a common cause of emergency admission to hospital for adults. Falls are of particular interest as they are the cause of such a higher proportion of hospital admissions, especially in the older age groups. Those aged 65 and over are almost 7 times more likely to have an emergency admission compared to those aged under 65.

Other useful information based on last year’s data:

- Unintentional injury due to a fall is the main cause (67%) of emergency admissions to hospital in 2021/22 and the second most common cause of death in 2021 (36%) in Scotland.
- 54% of unintentional injury emergency admissions for adults were in the 65 and over age groups. Of those admissions in the 65 and over age group, nearly 87% were the result of a fall.
- For 2021/22, adults aged 15 and over living in the most deprived areas were more likely than adults in the least deprived areas to have an emergency admission to hospital for an unintentional injury.

Falls Rate – Core Integration Indicator

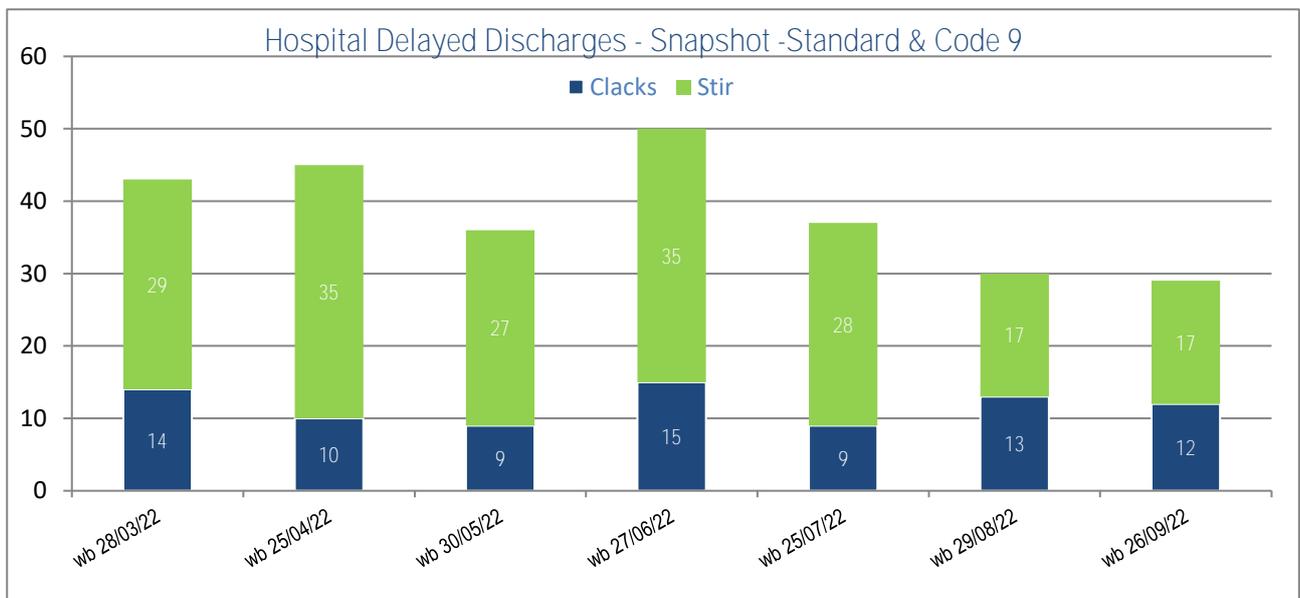
The ‘falls rate per 1,000 population aged 65+’ was named as one of the health and social care indicators in an effort to more accurately measure and ultimately reduce the number of falls among the elderly. Another purpose of these indicators is to measure progress towards the National Health and Wellbeing Outcomes.

² Due to completeness issues of SMR01 data by NHS FV.

The 21/22 data below shows a rising trend, and Q1 provisional data shows the figure continuing to remain high. Further information is available in Appendix 5.

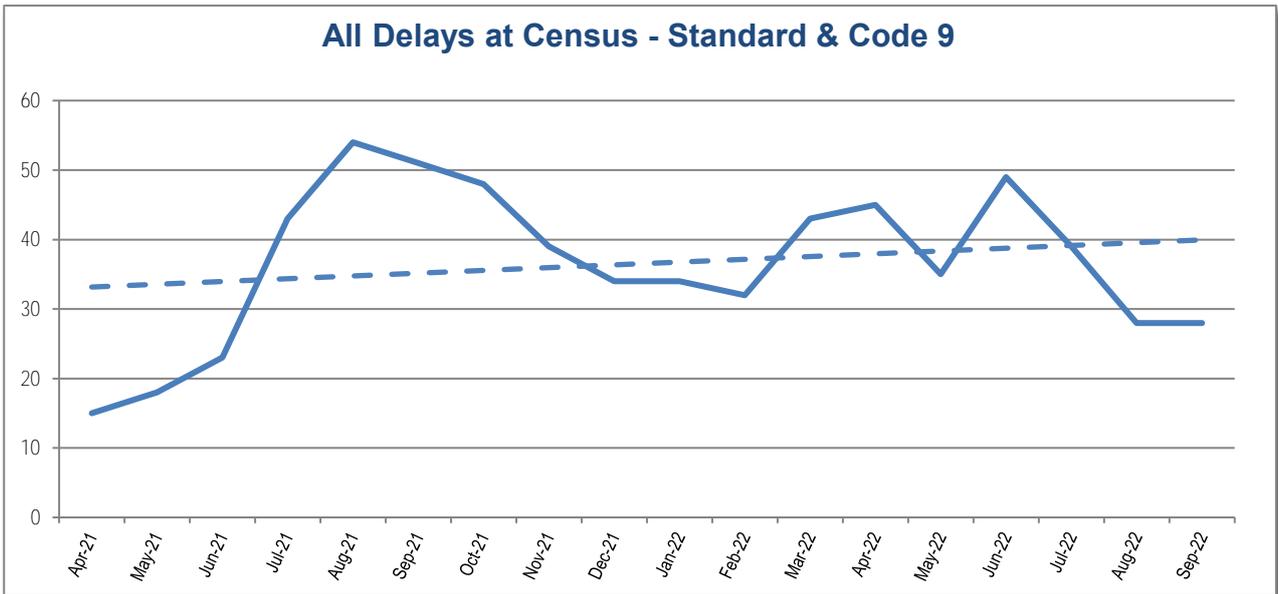


Unscheduled Care Summary for Last Week in Quarter 2:

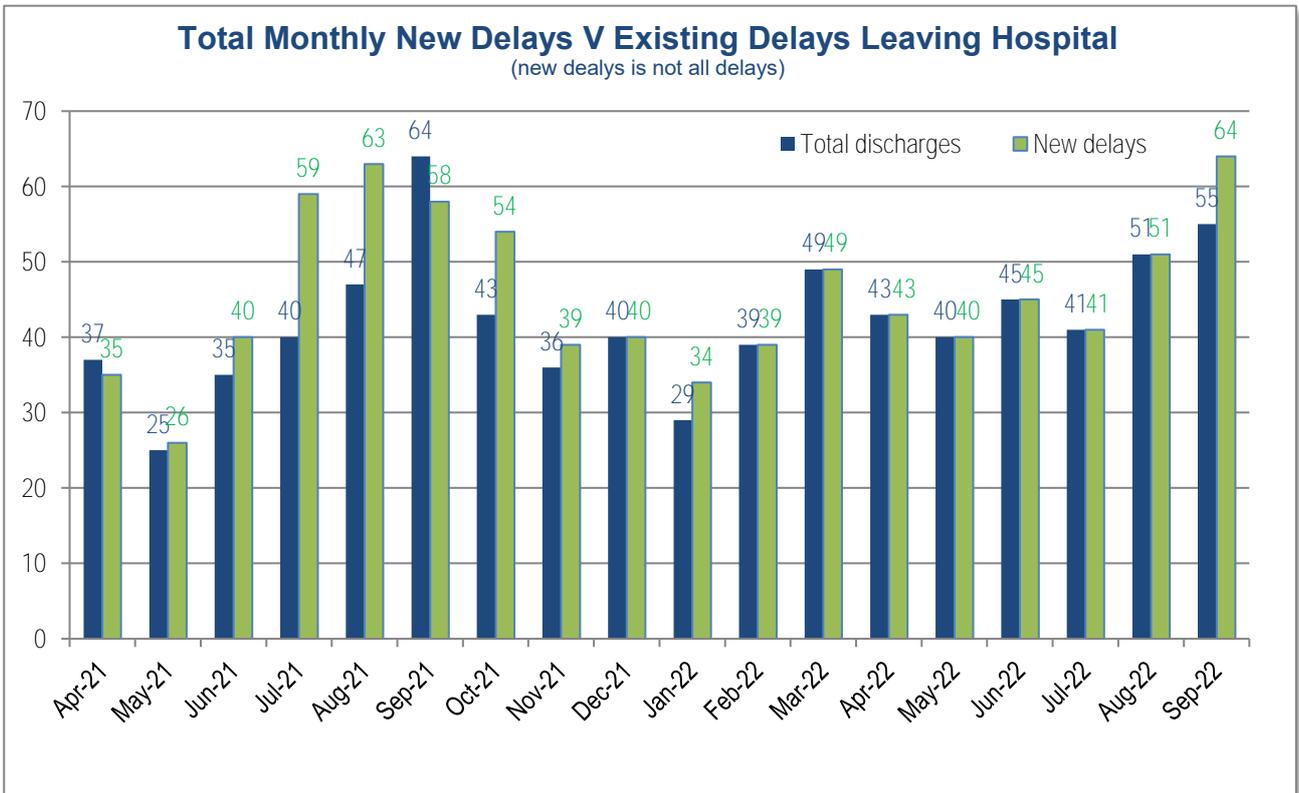


Source: Local Data NHS Discharge Hub

Overall delays had dropped slightly in the last week of the quarter. Although there had been a lot of new admissions this was offset by discharges to care homes and packages of care. The number in FVRH waiting to move had dropped with most waiting on intermediate care. The end of the quarter had seen a high number of discharges with packages of care. Overall, there has been movement and flow through community hospitals and but Intermediate Care was at a lower level. Across the whole of health and social care turnover had improved overall and was better than the previous week.



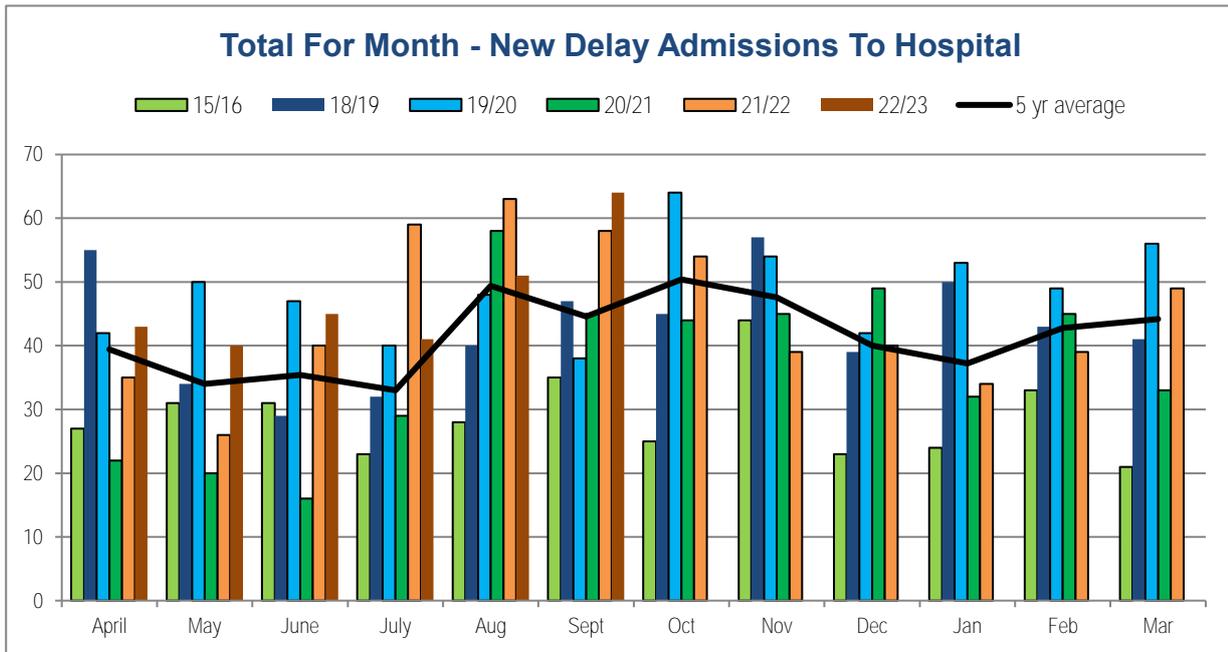
Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Unscheduled Care Dashboard local data

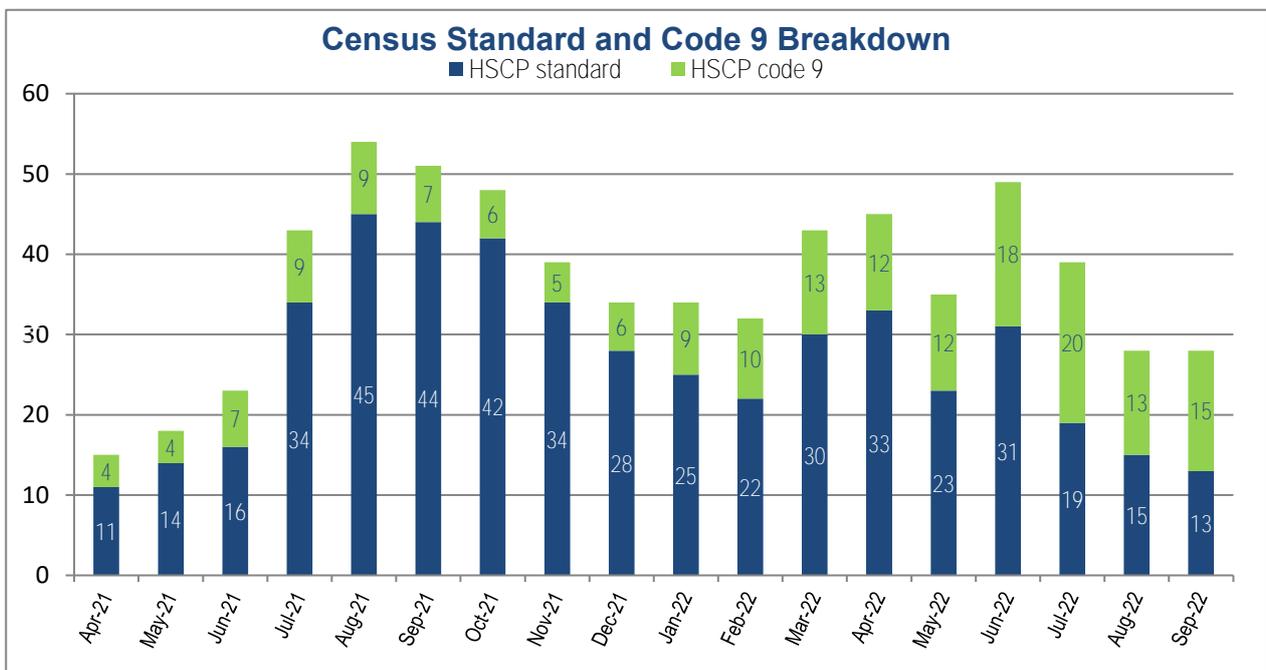
The graph above presents activity data throughout the month and not just a snapshot. It shows an increase in new patients compared to the previous quarter. With those leaving hospital (discharges) being less than admissions in September. Only when discharges are more than or equal to admissions will the figures improve. However, this is an ongoing challenge.

The graph below shows a rising trend of new admissions for the quarter, to an unprecedented level in September. This places challenges on all levels of the system.



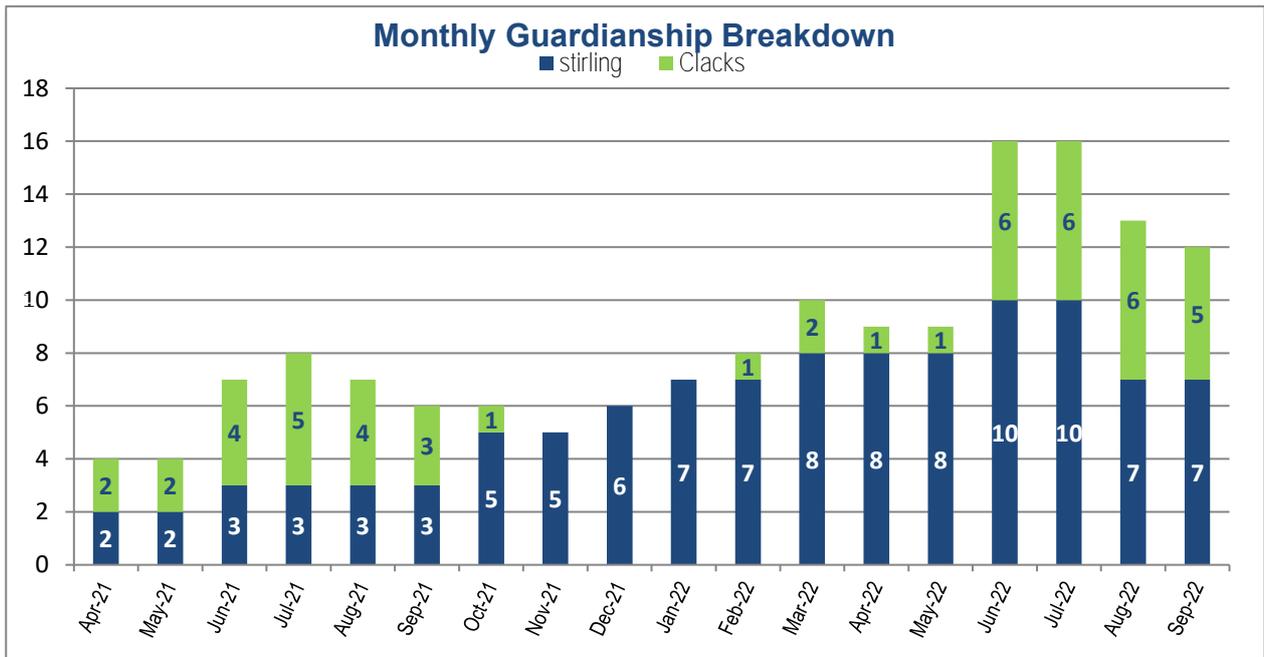
Source: HSCP Unscheduled Care Dashboard local data

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.



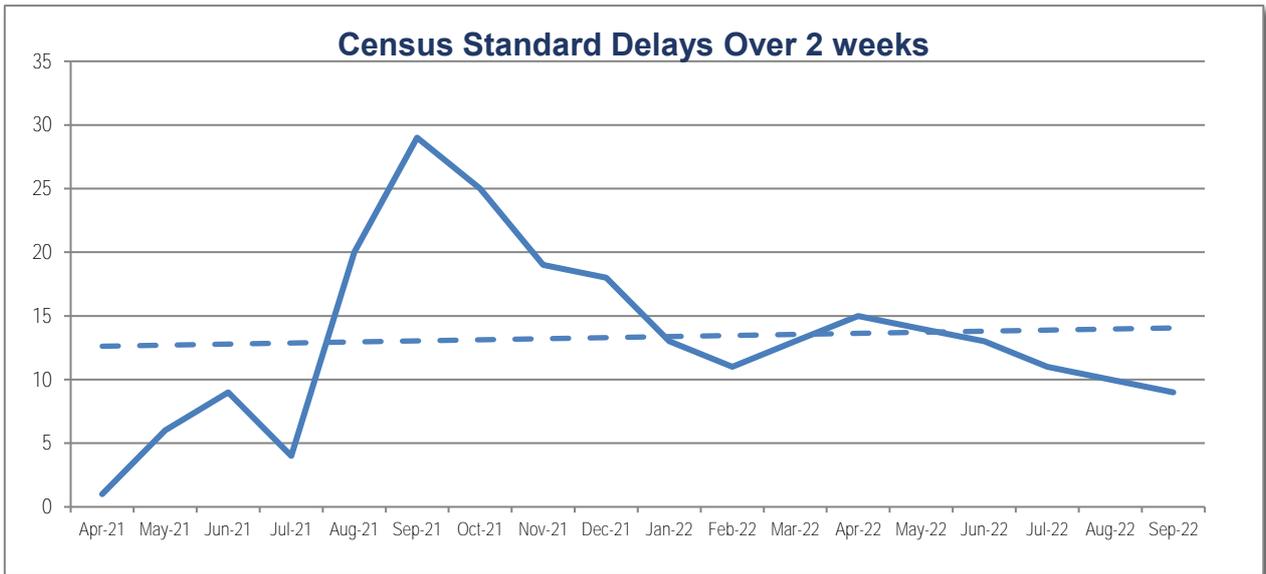
Source: HSCP Unscheduled Care Dashboard local data

Over the quarter, numbers of Guardianship cases in both areas have continued to remain high. There was a sharp rise for Clackmannanshire in Q1 and this has continued in Q2. Of the 12 guardianships in the last week of the quarter, 2 were in FVRH Acute, 8 in Community Hospitals (Wallace and CCH1), and the remaining 2 in hospital wards within community hospital campus (CCH2 and Thistle).

Guardianships	Stir	Clacks
Sept-22	7	5
Sept-21	3	3
Sept-20	1	3
Sept-19	3	0
Sept-18	5	3
Sept-17	3	0
Sept-16	5	2

This is the third quarter where guardianships have remained high.

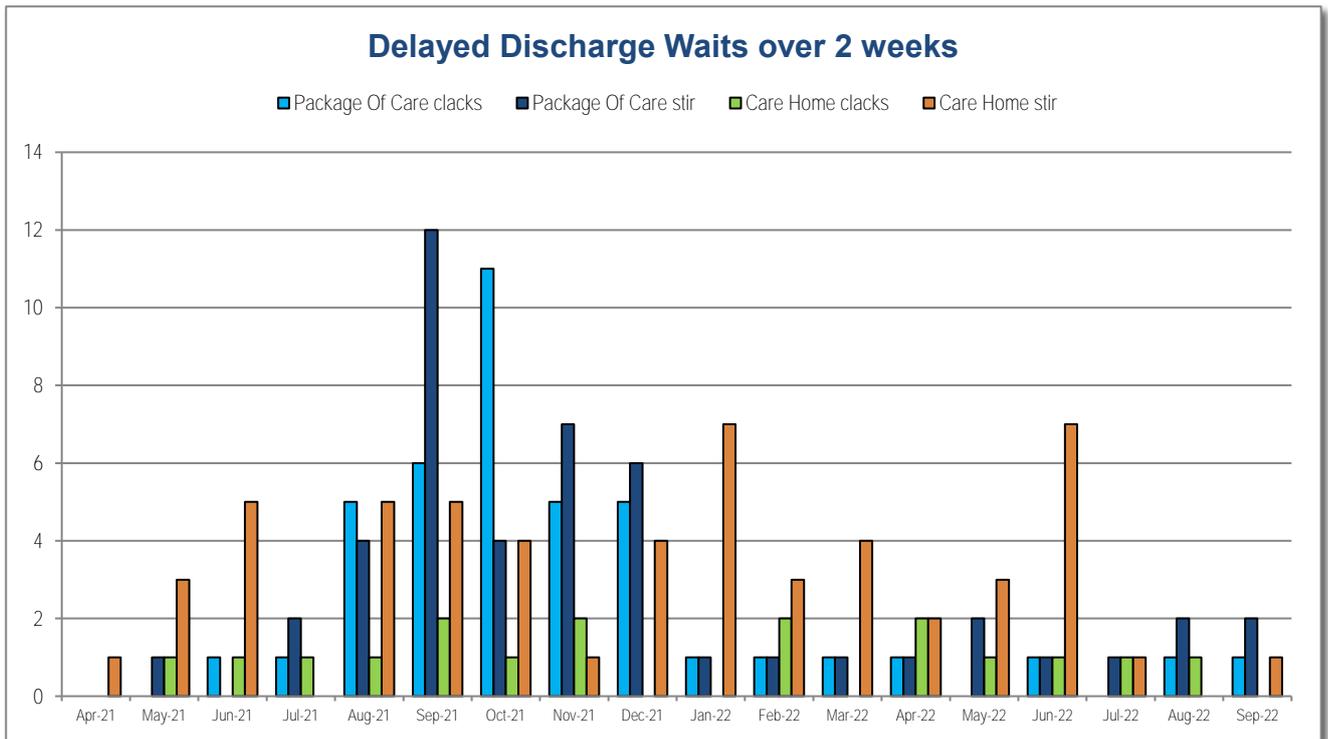
There is now a fortnightly meeting to track and discuss the people awaiting discharge due to requirement for guardianship (code 9). These meetings have given assurance that any situation not being progressed has actions agreed for follow up. Despite the figures appearing to be static, there has been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



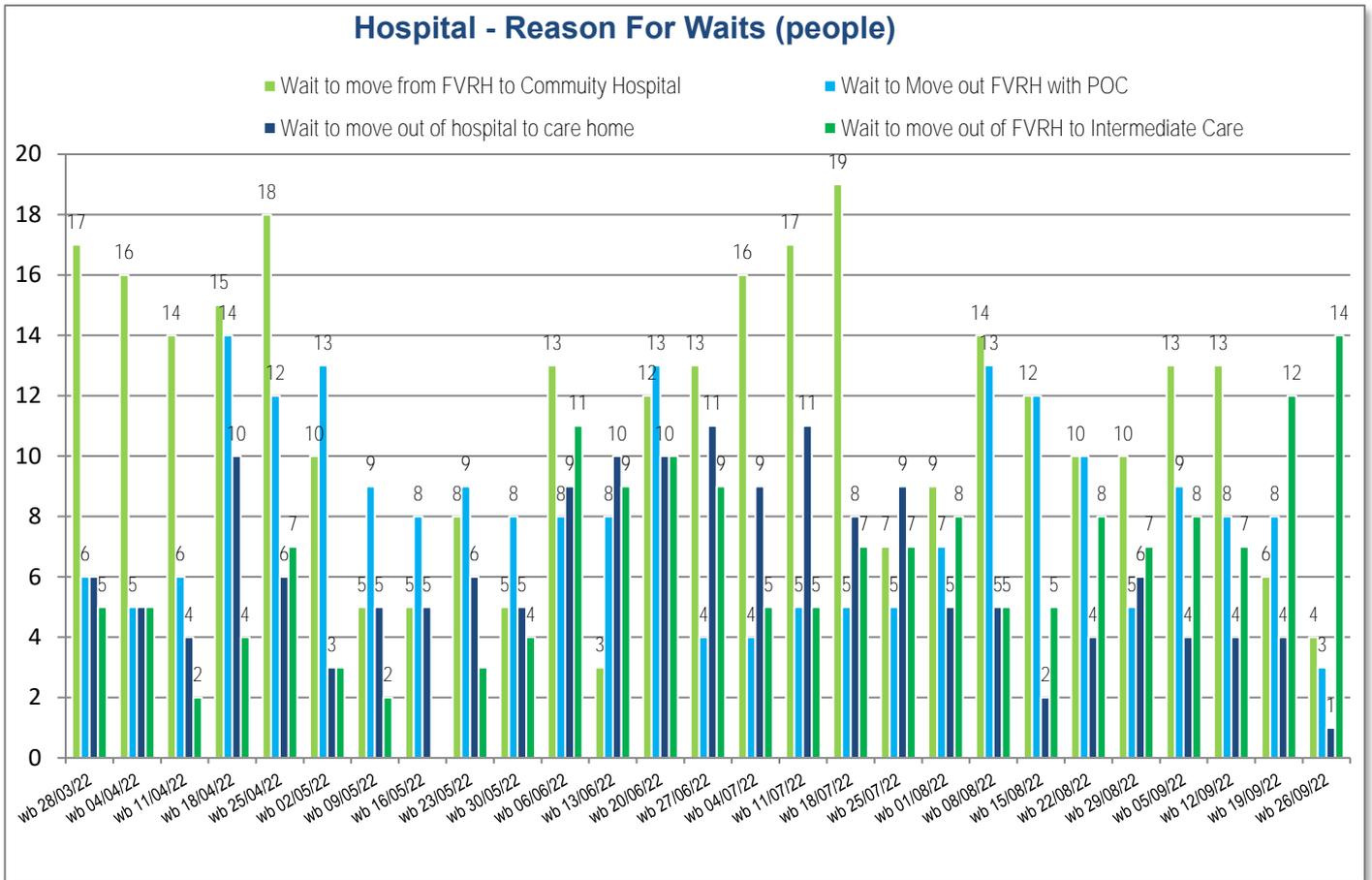
Source: HSCP Unscheduled Care Dashboard local data

The number of standard delayed discharge patients (who are not code 9 or guardianship) who are waiting over 2 weeks to return home has reduced in the quarter. Awaiting a package of care, is currently the main reason for waits at the end of the quarter.

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
Sept-22	1	2	3	0	1	1	0	0	0

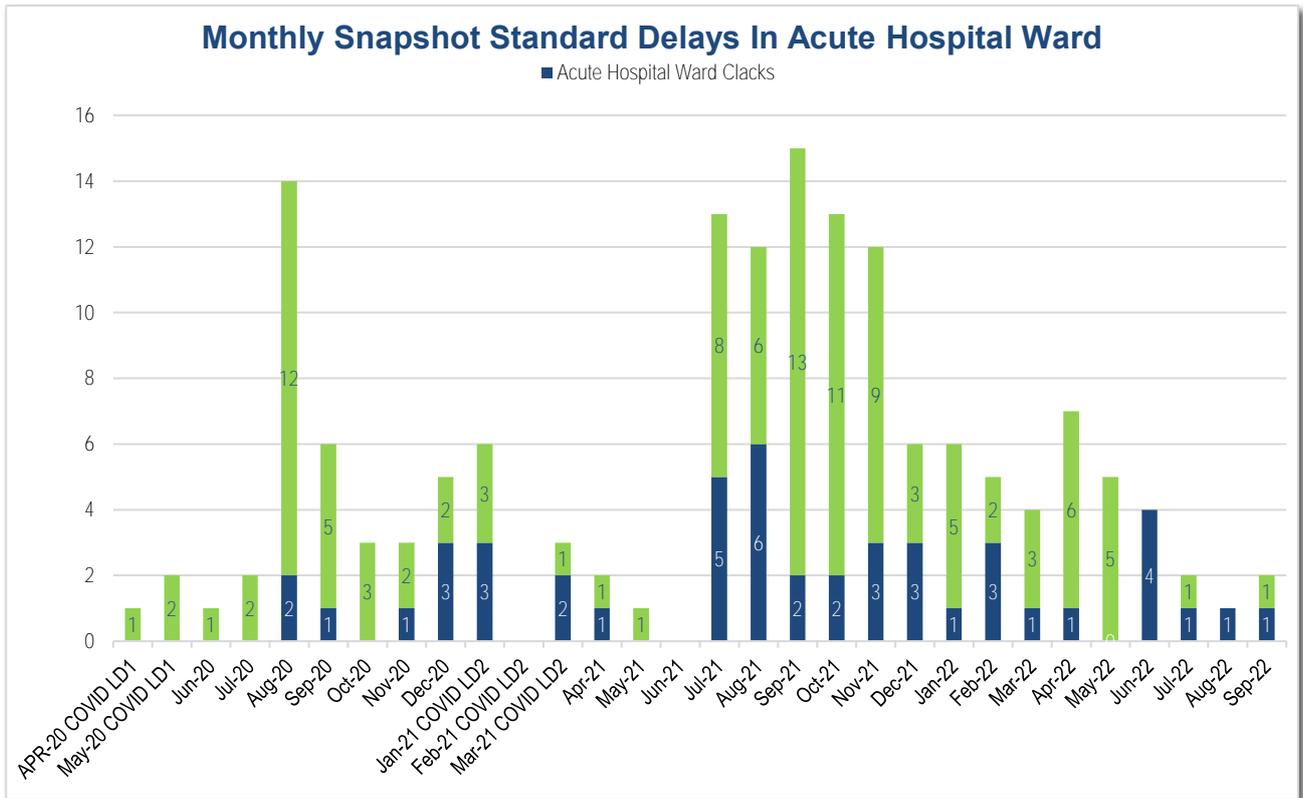


Source: HSCP Unscheduled Care Dashboard local data



Source: Local Data NHS Community List

The graph above shows the signs of the pathway slowing down and backing up towards the end of the quarter for, as patients wait for community support to enable them to leave. Waits for intermediate care was the biggest issue in Q2. Of the 14 patients waiting for intermediate care, 7 of the patients in FVRH were palliative (these are unlikely to be classed as delayed discharges), and 7 were waiting on a package of care (POC). Although 14 is high, there was however some movement, with 10 delayed discharge patients being moved to intermediate care over the quarter.



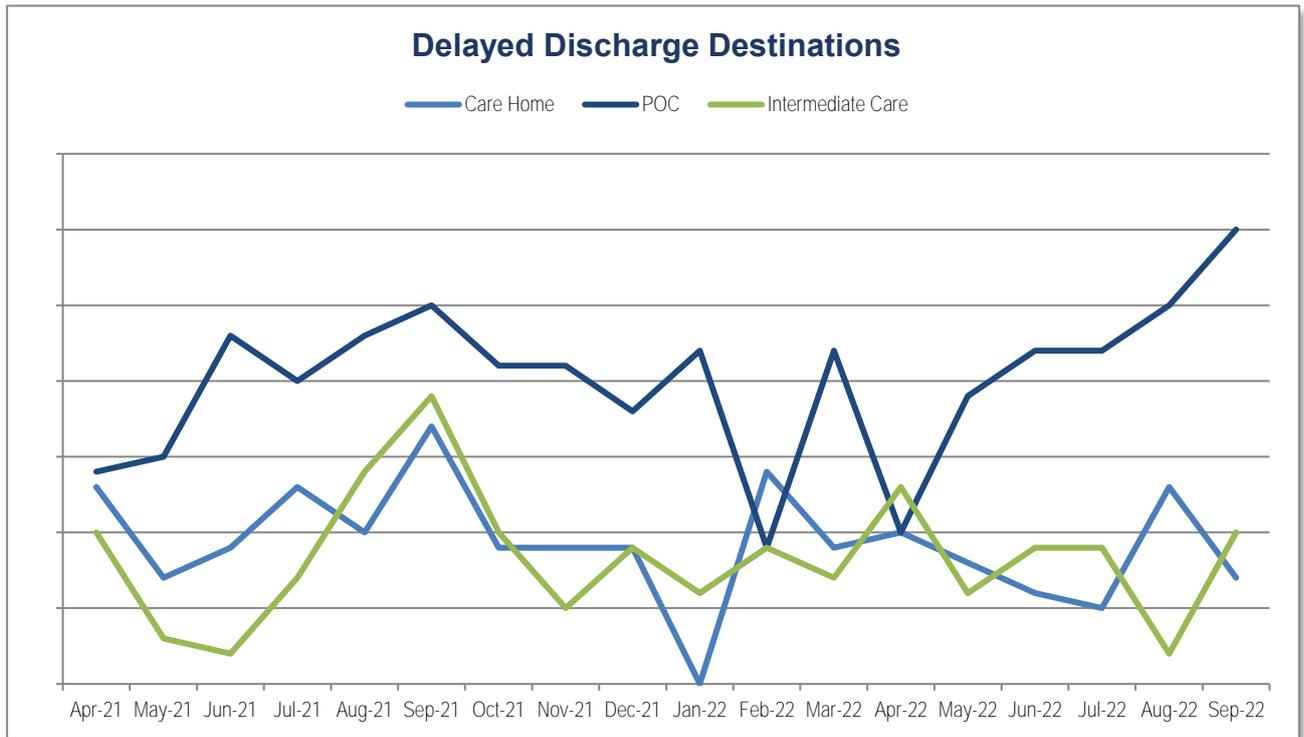
Source: HSCP Unscheduled Care Dashboard local data

The graph above shows that those waiting to move to Intermediate care from FVRH were either not classed as a standard delay or were only recently admitted. Most of the delayed discharges were located in community hospitals.

In the last week of September 2022 there were a range of different system pressures present:

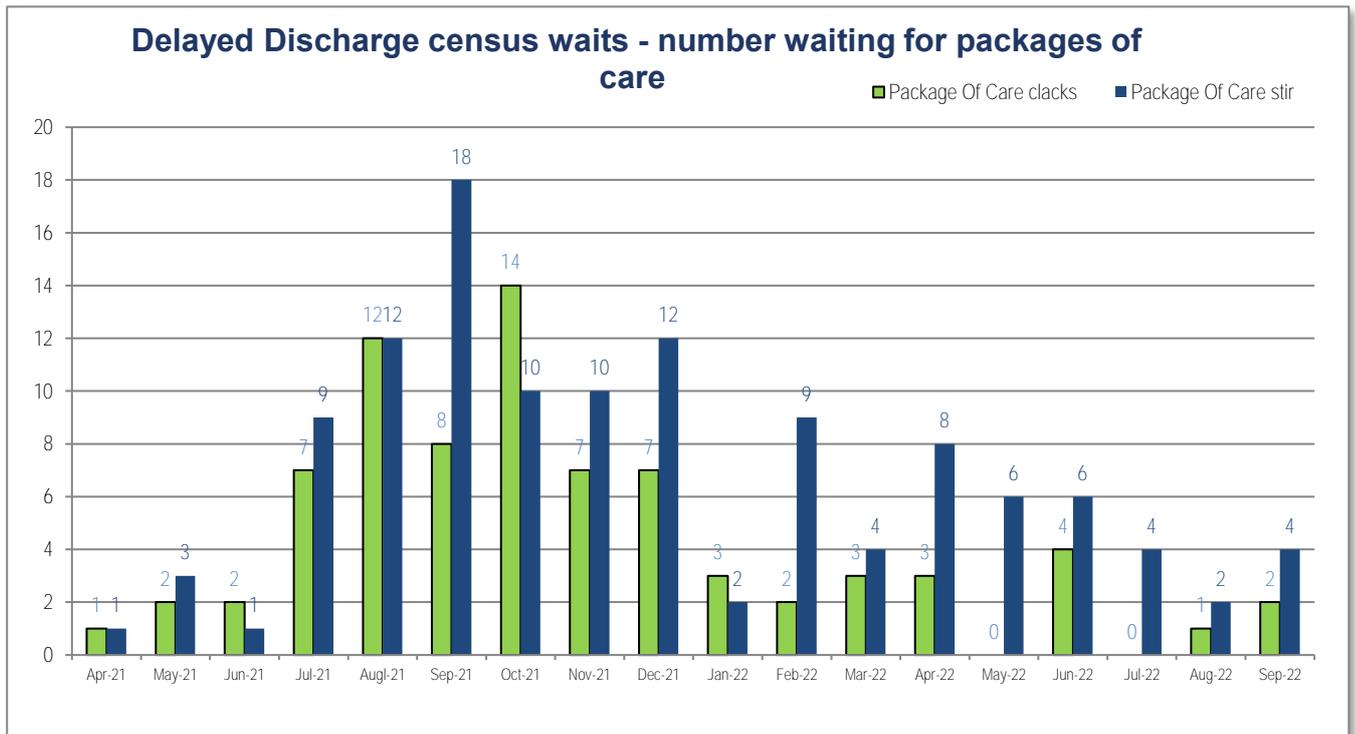
- Although there was only 1 Patients waiting on a space in a care home experiencing a delay at the end of September, there were 22 people waiting in the community for a vacancy. Capacity was limited within this sector as there were 4 care homes closed (2 Covid outbreaks) and 13 with no vacancies.
- Waits to move in and out of Intermediate Care remained high. There were 16 people over all waiting to move in to intermediate care. 14 were patients in FVRH waiting to move into intermediate care in the period. And there were 10 in Intermediate Care waiting to return home with a Package of Care.
- Continuing high demand for POC (232 people on the external providers waiting list). 107 people were waiting for internal Reablement, with 34 people in Reablement waiting for POC.

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.



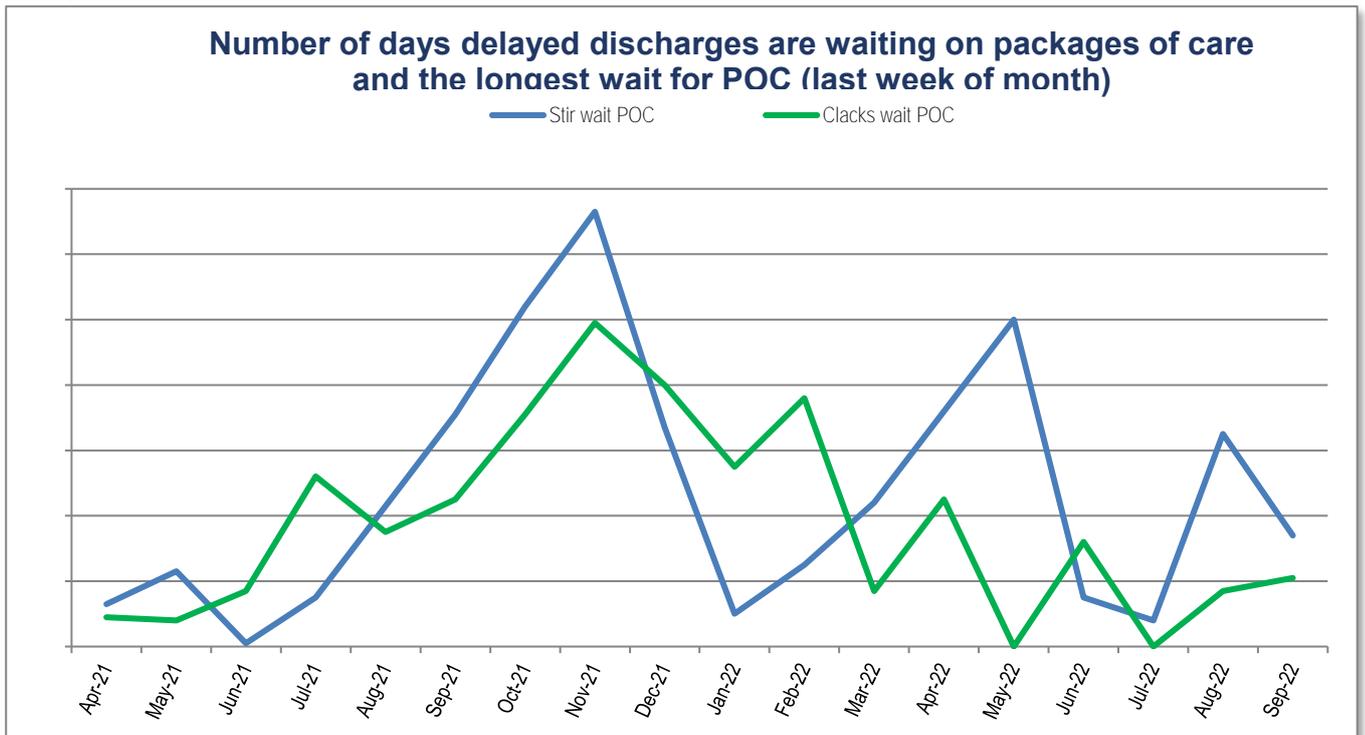
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows, that waits were relatively low for packages of care in Q2.



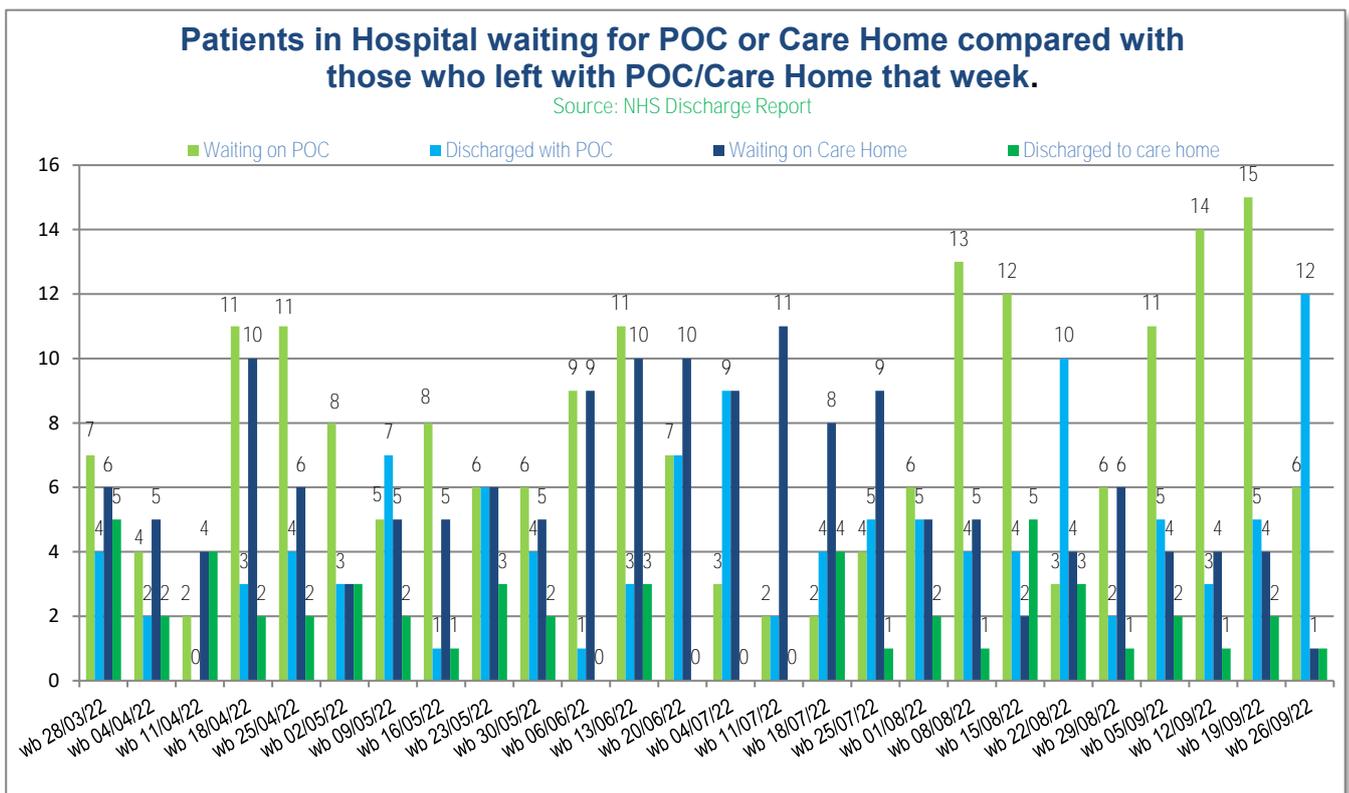
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows that, waits were lower than Quarter 1.



Source: HSCP Unscheduled Care Dashboard local data

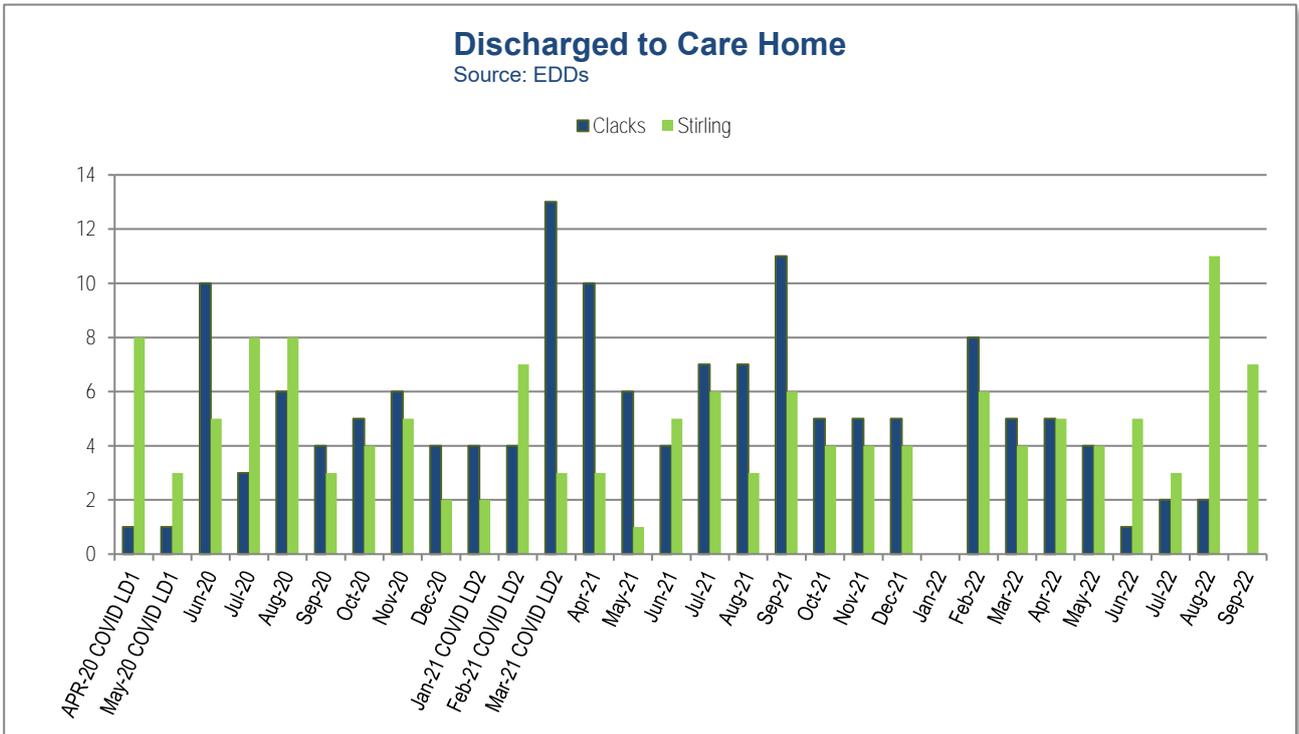
The weekly data below shows that packages of care were being sourced for patients delayed in hospital, with a very large number being sourced in the last week of Quarter 2.



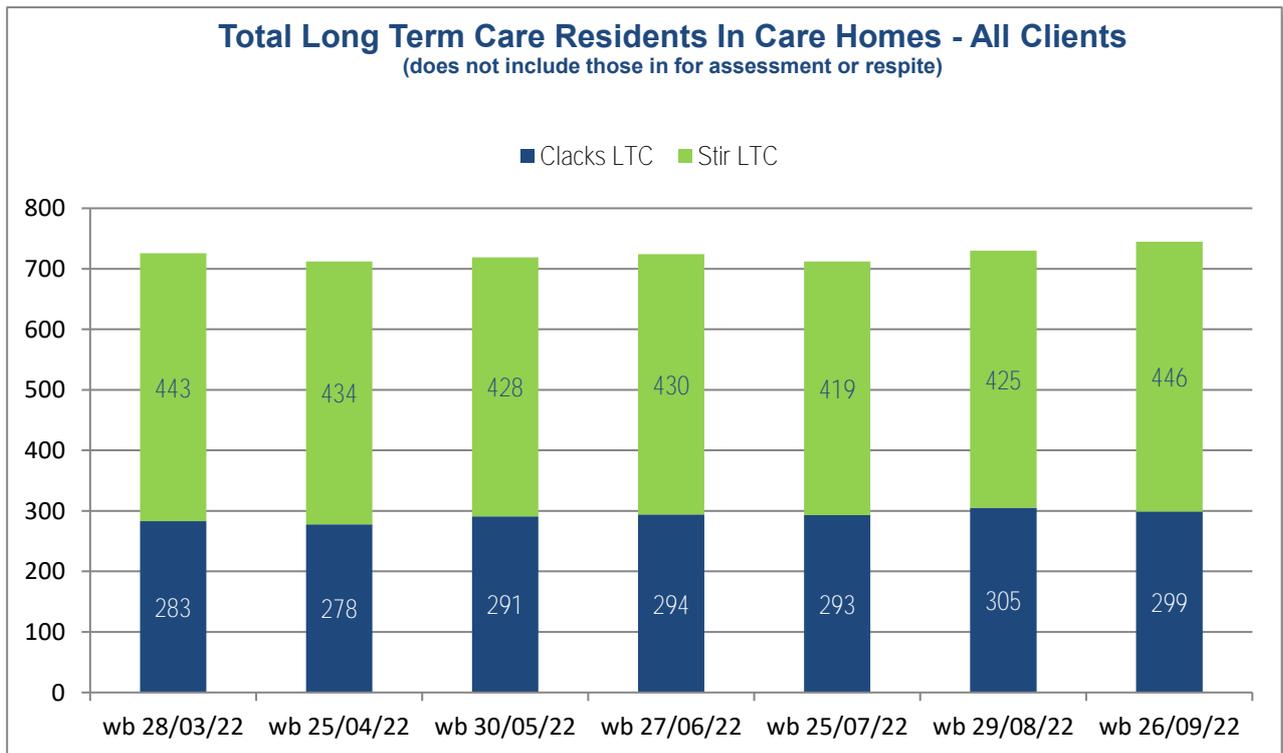
Source: HSCP Unscheduled Care local data

Care Homes

Discharges to Care homes continue to fluctuate, reflecting restrictions to admissions and limited availability, or complete closure caused mainly by COVID outbreaks. Q2 saw a large number of discharges to care homes for Stirling residents.



Source: HSCP Unscheduled Care Dashboard local 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. We have had a significant increase in end of life patients (107) 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	21,552		
Treatment Room	6,194	6,936		
Telephone Calls	285	260		

Source: HSCP Local Data

Adult Social Care / Social Work

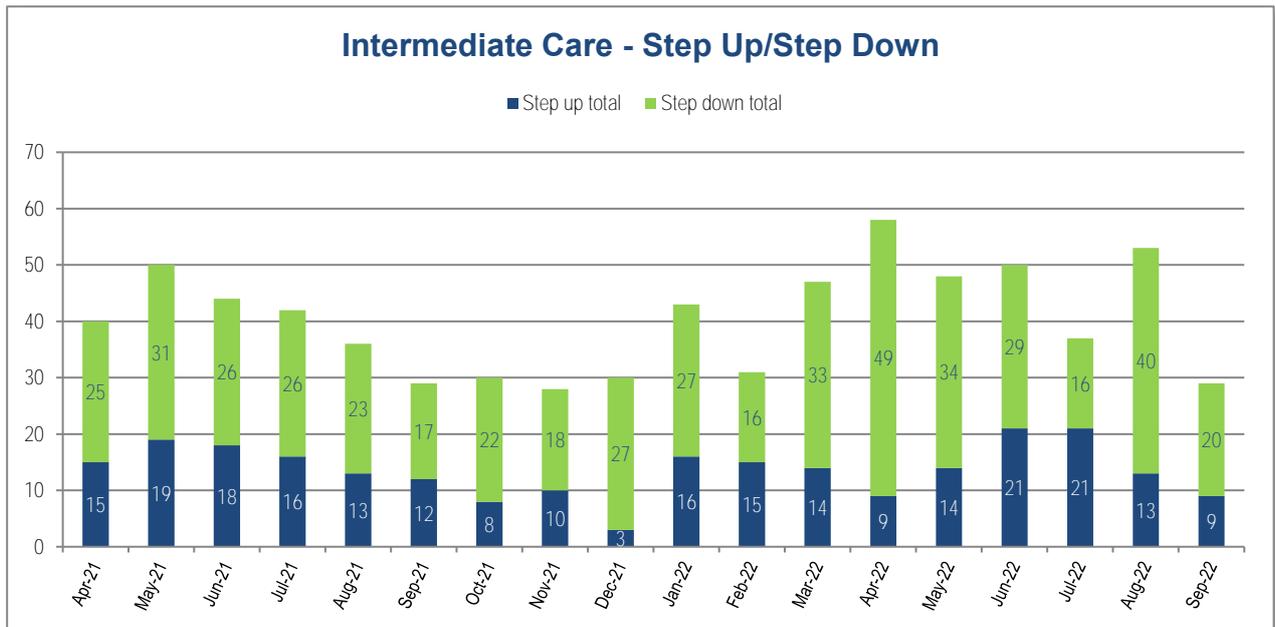
The HSCP supports people to regain or maximise their independence by offering within the community bed based Intermediate Care or Reablement care at home.

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.

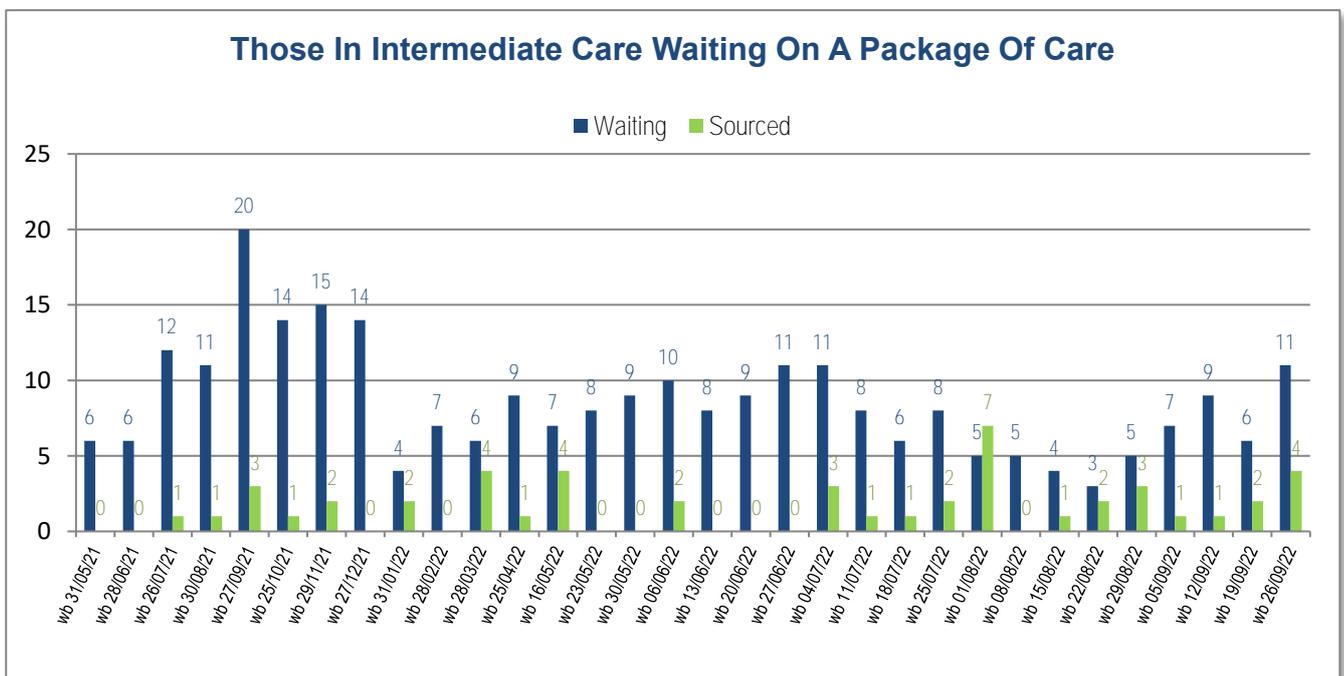
These services are key linkages within the Unscheduled Care Pathway between hospital and home. As we know both Intermediate Care and Reablement services have had a reduced number of admissions and discharges over the period due to the ongoing system pressures, which is reflected in the slowing down of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

The graph below shows the number of those entering bed based Intermediate Care from hospital has dropped over September 2022, reflecting the pressures on those health services discussed earlier.



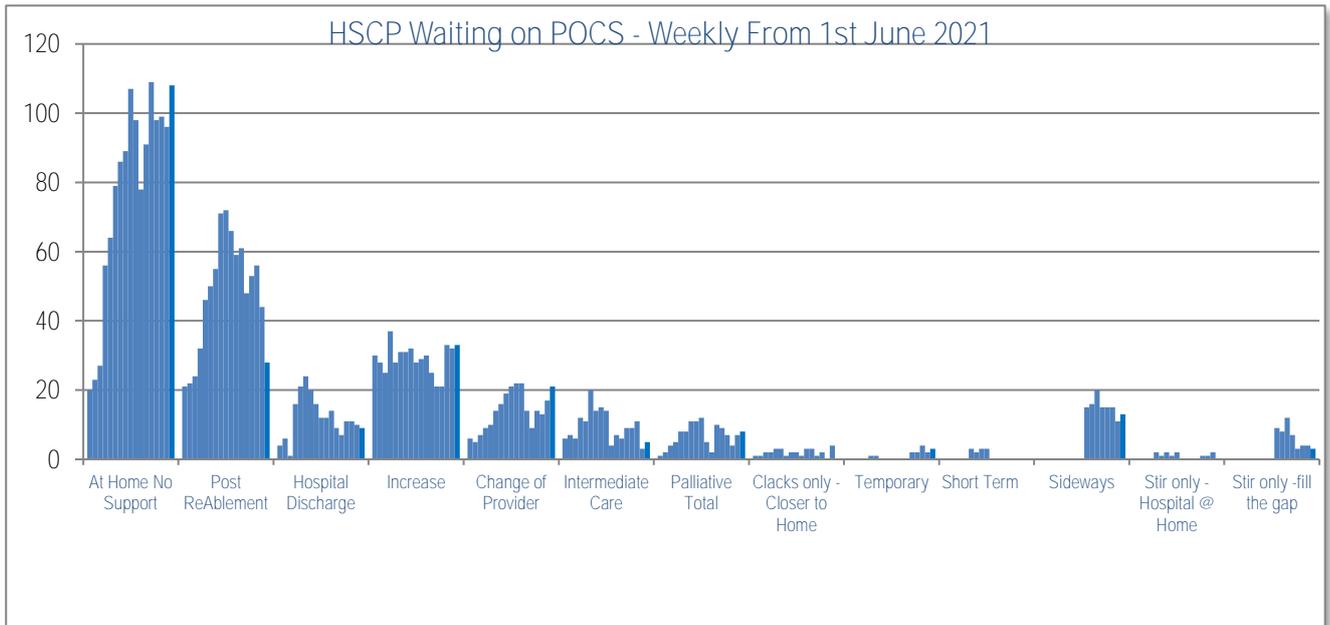
Source: HSCP Local Data

The movement through the Intermediate Care service is slowed down by those clients waiting to move back home with a package of care, which has grown over Q2. This limits the number of residents being discharged from the service and therefore limits the capacity to take new residents. There is movement however, and the number of residents who returned home from Intermediate Care with a package of care in Q2 (28) was much higher than the previous quarter (15).



Source: HSCP Unscheduled Care Dashboard 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.



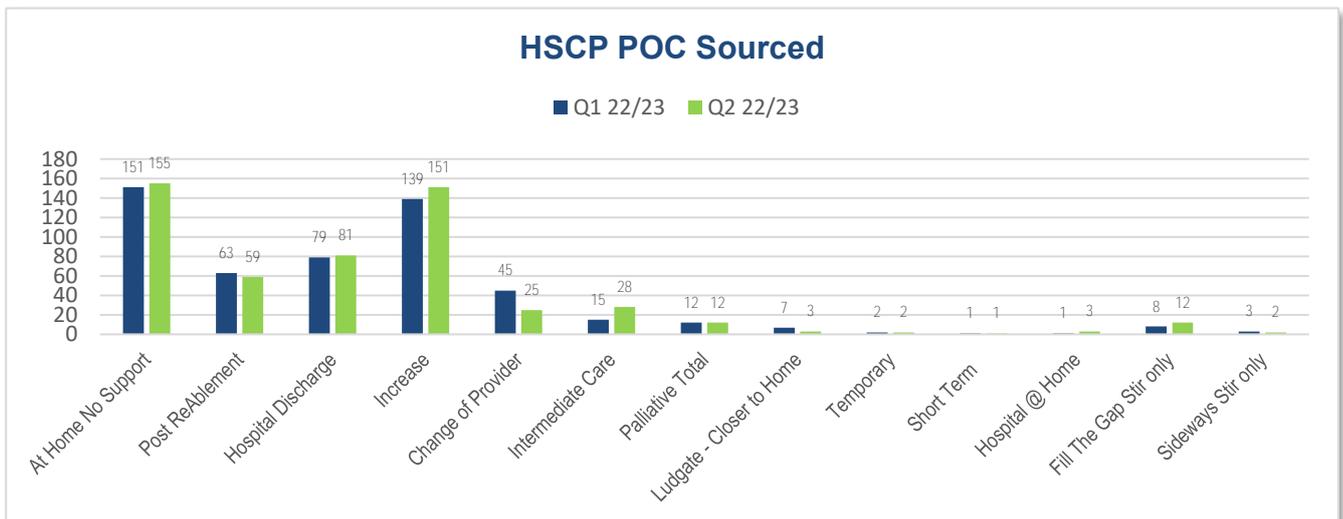
Source: HSCP Local Data

Those clients waiting for a package of care from a framework provider, 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 the total number of packages of care resourced by framework providers across the HSCP for 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

Caring Connected Communities

“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

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.

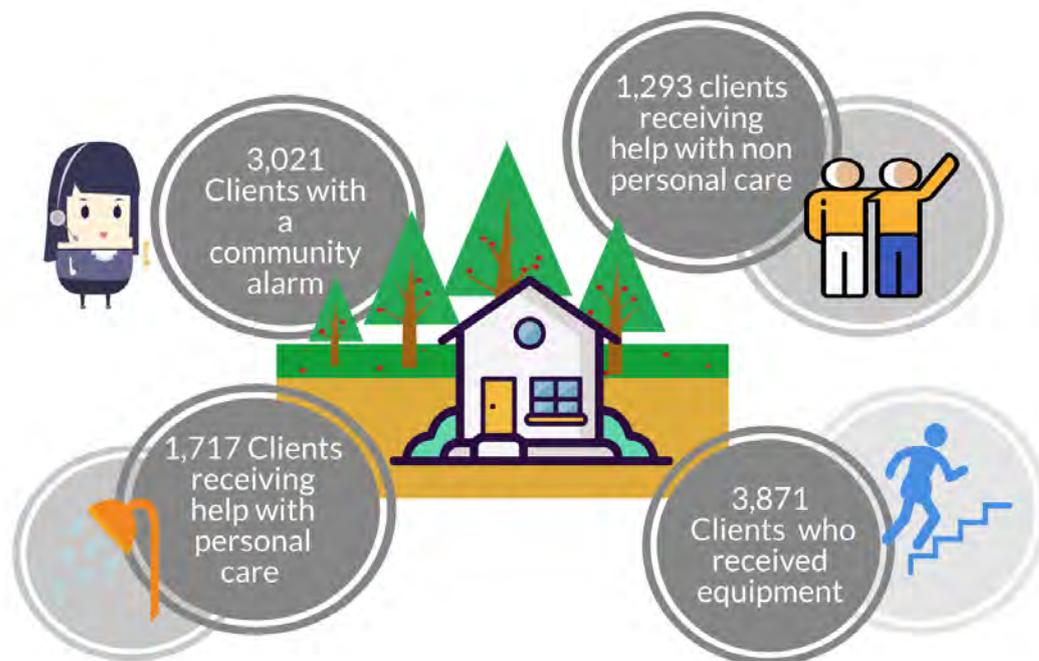
Quarter Snapshot 20/21	People with community alarm	People with equipment	People with personal care	People with non-personal care
1	3,111	3,540	1,646	1,251
2	3,021	3,871	1,717	1,293
3				
4				

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.



Adult Social Care Databases

Source:

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;

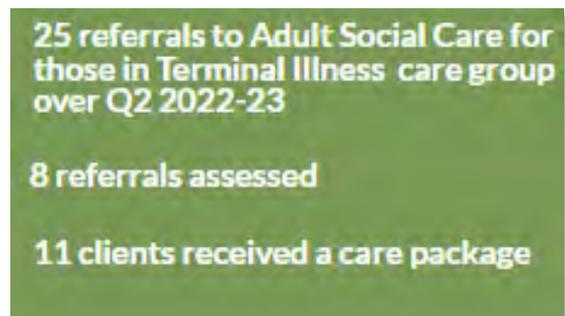
- Refreshing operational guidance for practitioners and staff, including reviewing current eligibility criteria
- Reviewing assessment methodology and tools to comply with SDS legislation
- Developing a Continuous Professional programme
- Creating up to date public information on SDS options
- Fostering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

What would success look like? - Support planning is referenced throughout the statutory guidance. A snapshot at the end of Q2 showed that numbers on both Social Care systems were low. It is hoped that training will encourage more staff to complete the support plan and we will consider, when re-designing the support plan how we can put metrics in place and measure outcomes.

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.



Learning Disabilities

55 referrals to Adult Social Care for those in Learning Disability/Autism care group over Q2 2022/23

13 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 are integrated to ensure a consistency of service. We know³ that of those people known to Adult Social Care, 81%⁴ are supported in their own or family home, and 15%⁵ live in long term care which can include care homes and supported living.

Unpaid Carers

³ Based on 19/20 data
⁴ 5k (24) Casks (17)
⁵ 5k (4) Casks (1)

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. Mental Health and Wellbeing funding allows us to offer Reachout sessions and monthly lunches in Alloa and Tullibody to carers and the person they care for. Funding from the Short Breaks Fund has allowed us to offer a short breaks grant to 39 individual carers in this period. The Carers Centre in Clackmannanshire currently has 918 carers registered and active.

2021/2022	Q1	Q2	Q3	Q4
No of new carers identified	44	48		
No of ACSPs offered/requested	52	38		
No of ACSPs completed	53	44		
No of carers accessing individual support	275	271		
No of Carers benefiting from short breaks grants for health and Wellbeing support ⁶	66	81		
Attendances at Care With Confidence Sessions	44	25		
No Carers Forum meetings	1	1		
Attendances at Forum meetings (carers)	5	10		
Attendances at Forum meetings (professionals)	6	10		
Number of Carers Groups facilitated	24	9		
Attendances at groups	190	104		

Source: Carers Centres Local Data

Stirling Carers Centre

Stirling Carers Centre currently has 1,684 adult Carers registered and active at the end of September 2022.

2022/23	Q1	Q2	Q3	Q4
New Carers Registered	142	139		
Adult carer support plans (ACSP's) offered / discussed with	185	158		
Adult carer support plans (ACSP's) completed	99	121		
Adult 1:1 appointments completed	202	306		
Welfare checks completed	933	894		
Emergency care plans offered	138	166		
Adult Carers contacting the Centre	926	1141		

Source: Carers Centres Local Data

⁶ 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.

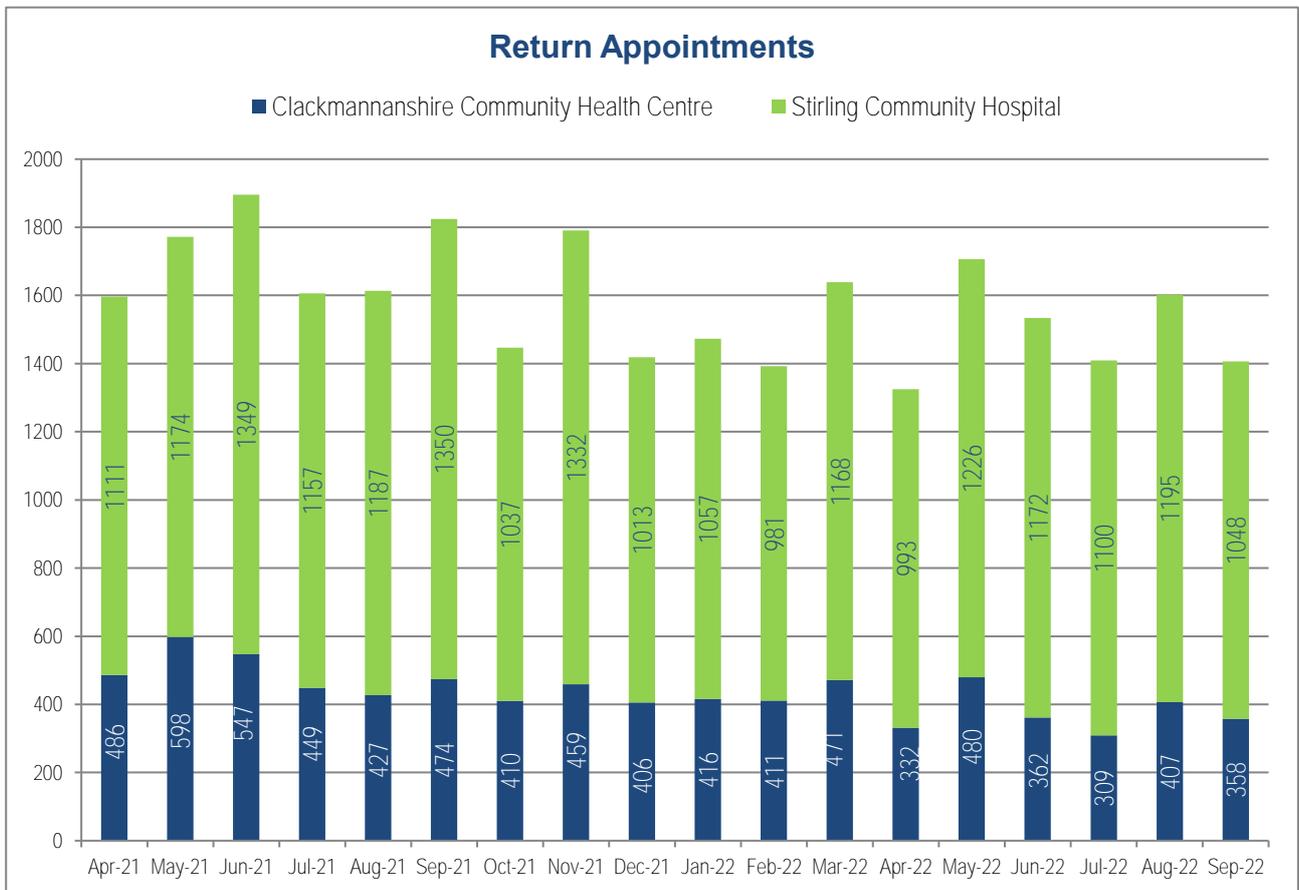
Community Support – Outpatients

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



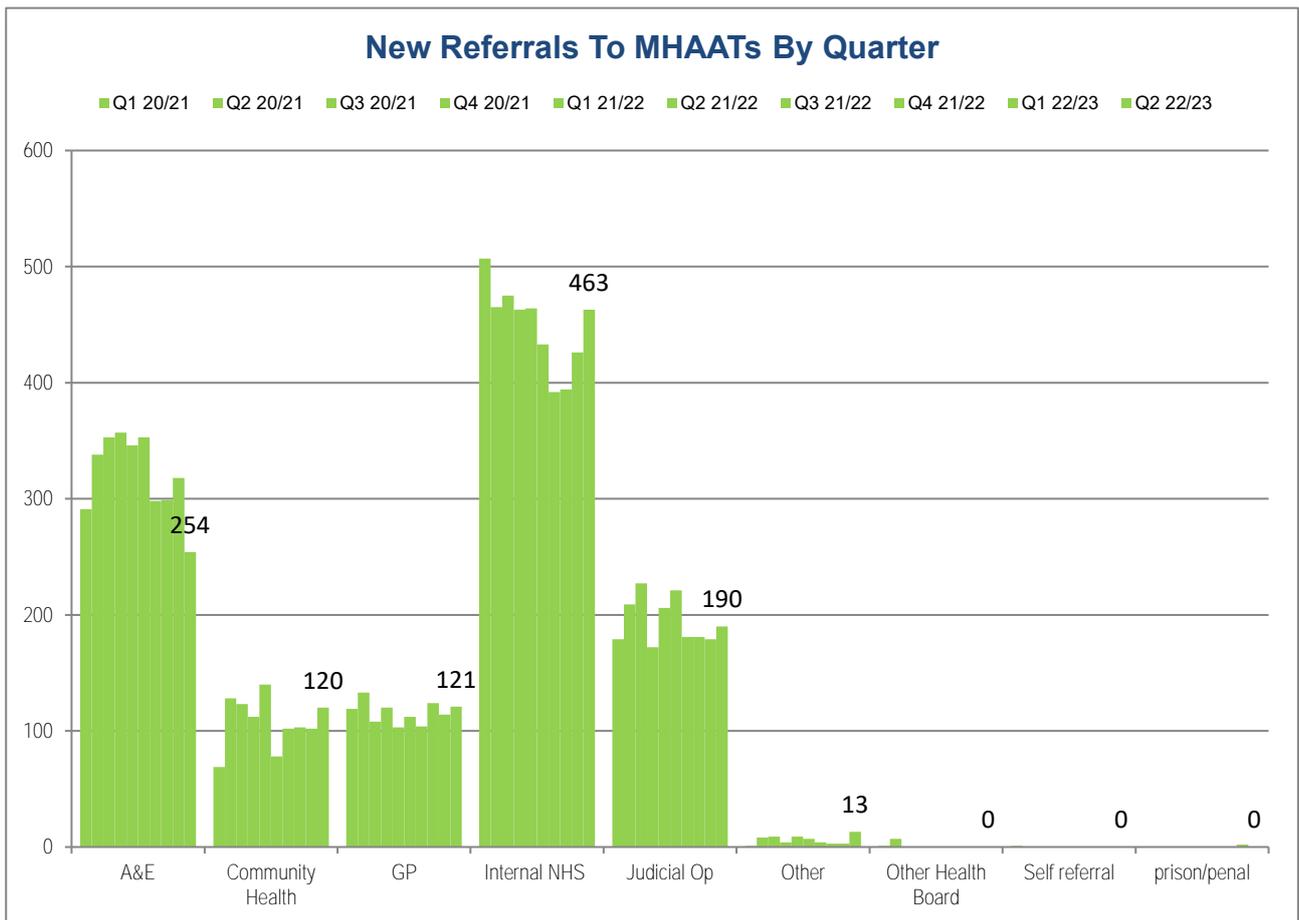
Source: NHS Forth Valley Local Data

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.

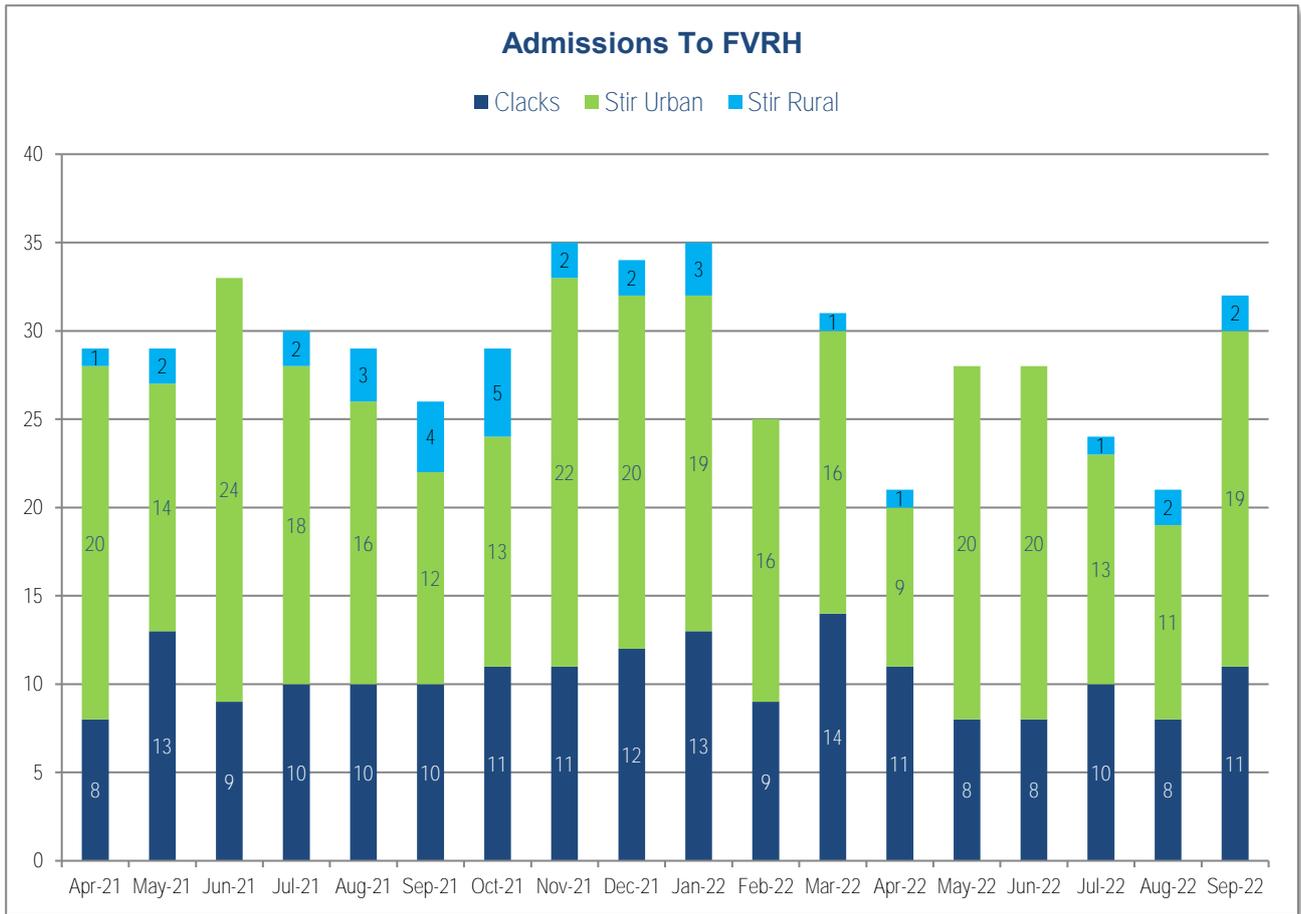
The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

The number of referrals has risen from 1142 in Q1 22/23 to 1161 in Q2 22/23. The main rise in referrals was from 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 increased over Q2.



Source: NHS Forth Valley Local Data

Readmission to hospital within 28 days has remained above 10 episodes per month for 10 months.



Source: NHS Forth Valley Local Data

Social Care

6% of people with mental health problems who were referred in Quarter 2, went on to receive a care package that provided them with practical support and personal/non-personal care.

Timeline following referral to service for mental health clients

- 51 referrals to Adult Social Care
- 16 clients were assessed
- 3 clients received a care package

Source: Adult Social Care Databases

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. In September 2022 a National conversation to inform a new dementia strategy: discussion paper was published.

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

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](#)

Source: [Diagnosis Rates](#)

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

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.

95 referrals to Adult Social Care for those in Dementia care group over Q2 2022/23

23 referrals were assessed

18 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.

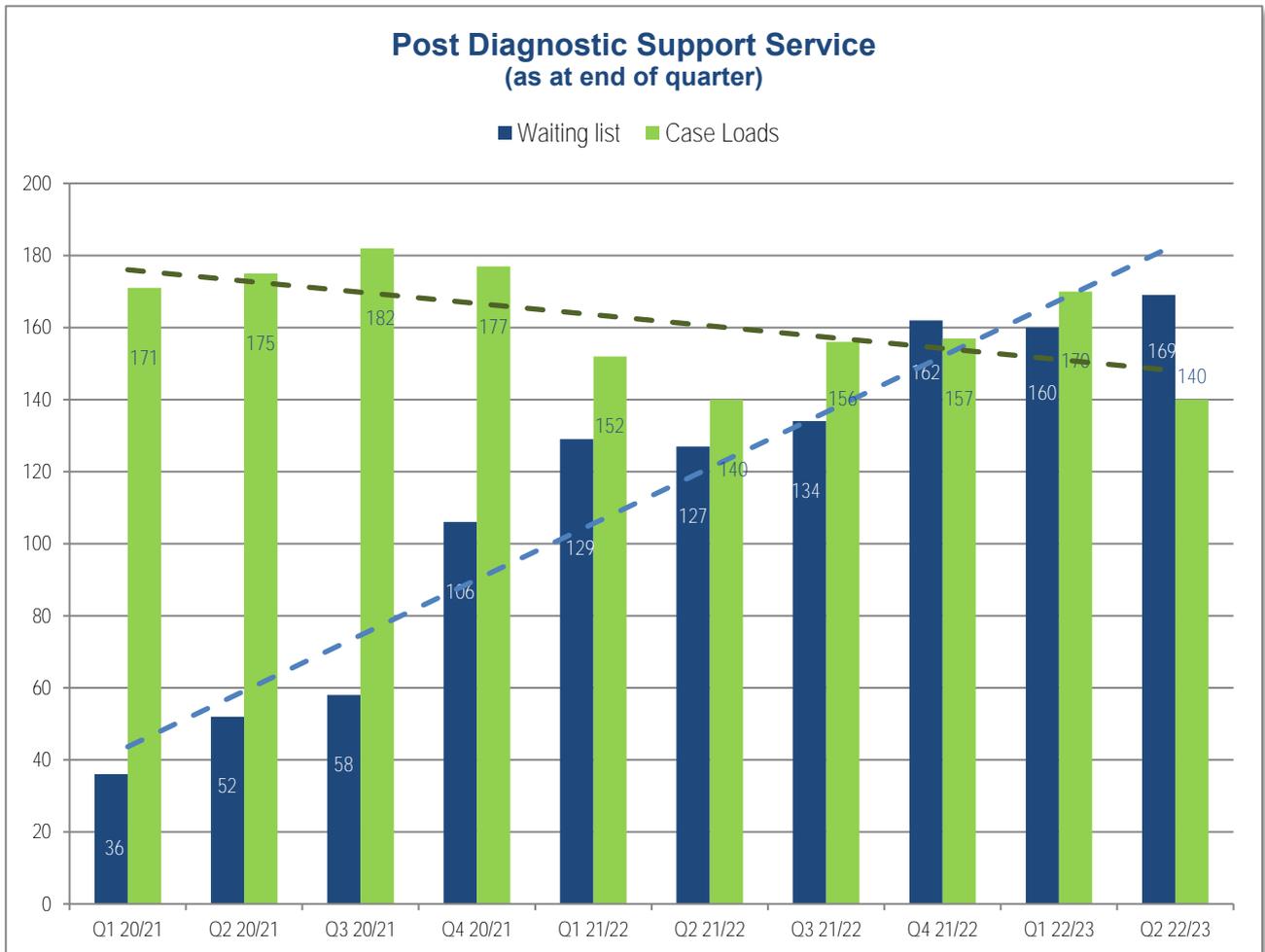
Source: Social Care Local Data

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.

The graph below shows that the waiting list continues to rise in Q2 22/23.

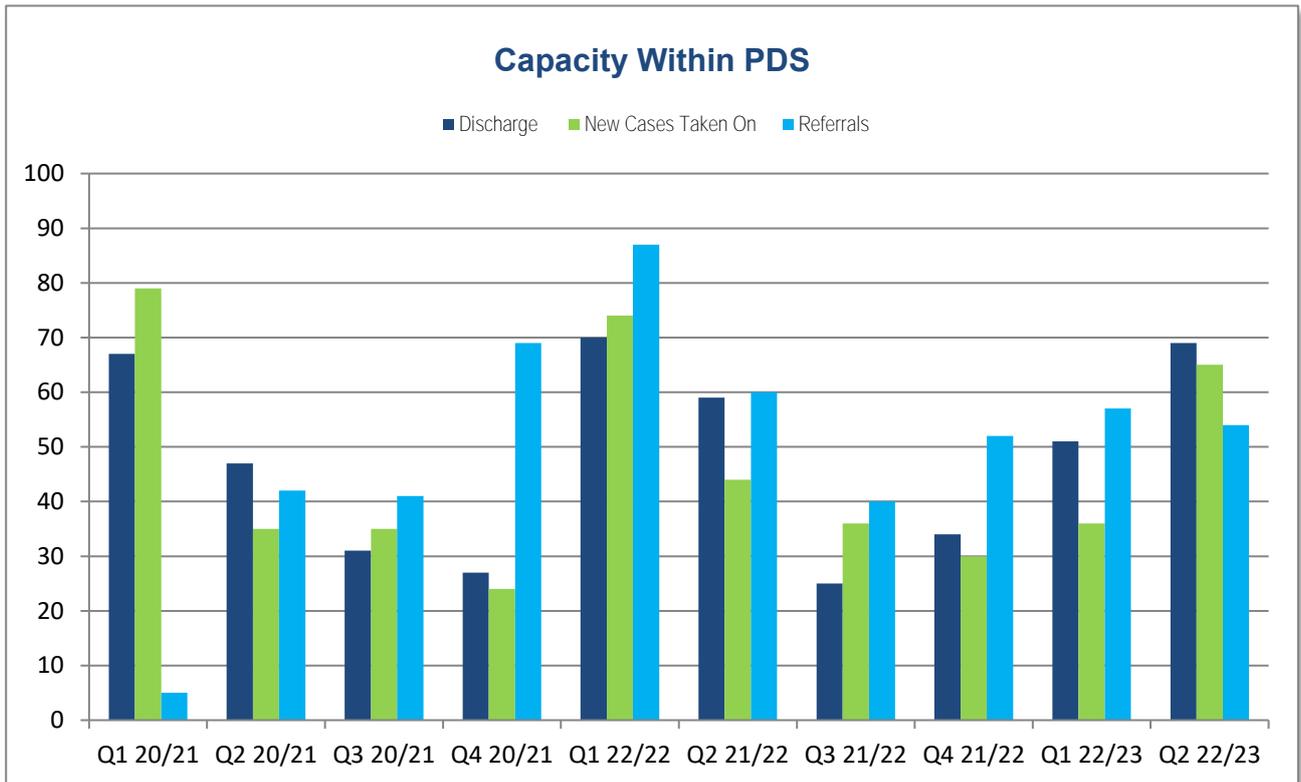


Source: Local Data

The service has also seen an increase in the volume of people with early onset dementia being diagnosed with very little specific early onset support available.

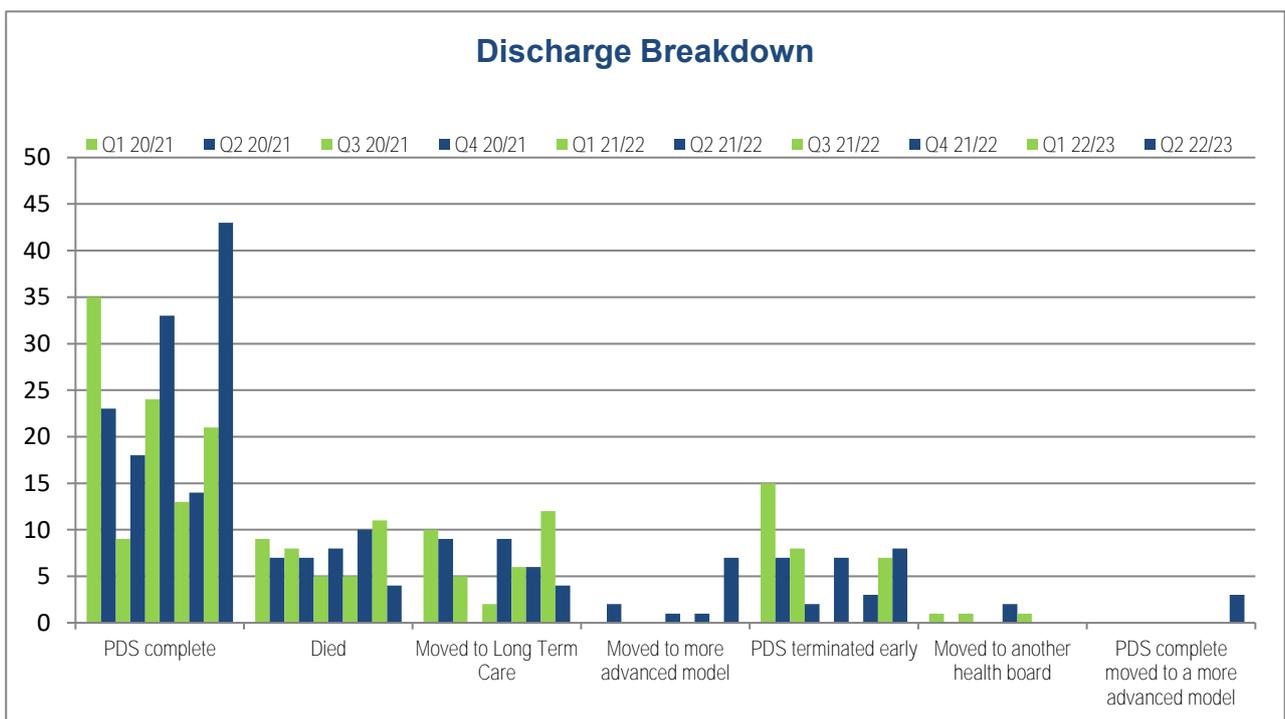
Locality	Under 65 Active	65-70 Active	Under 65 Waiting list	65-70 Waiting list
Stirling & Clackmannan	10	4	4	7

The graph below shows activity in the quarter, with the high number of discharges allowing a high number of new cases to be taken on in Q2.



Source: Local Data

The chart below breaks down the reasons for discharge from the Post Diagnostic Service. With the highest number of completions this quarter.



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.⁷

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.

Clients Waiting 3 Weeks Or Less

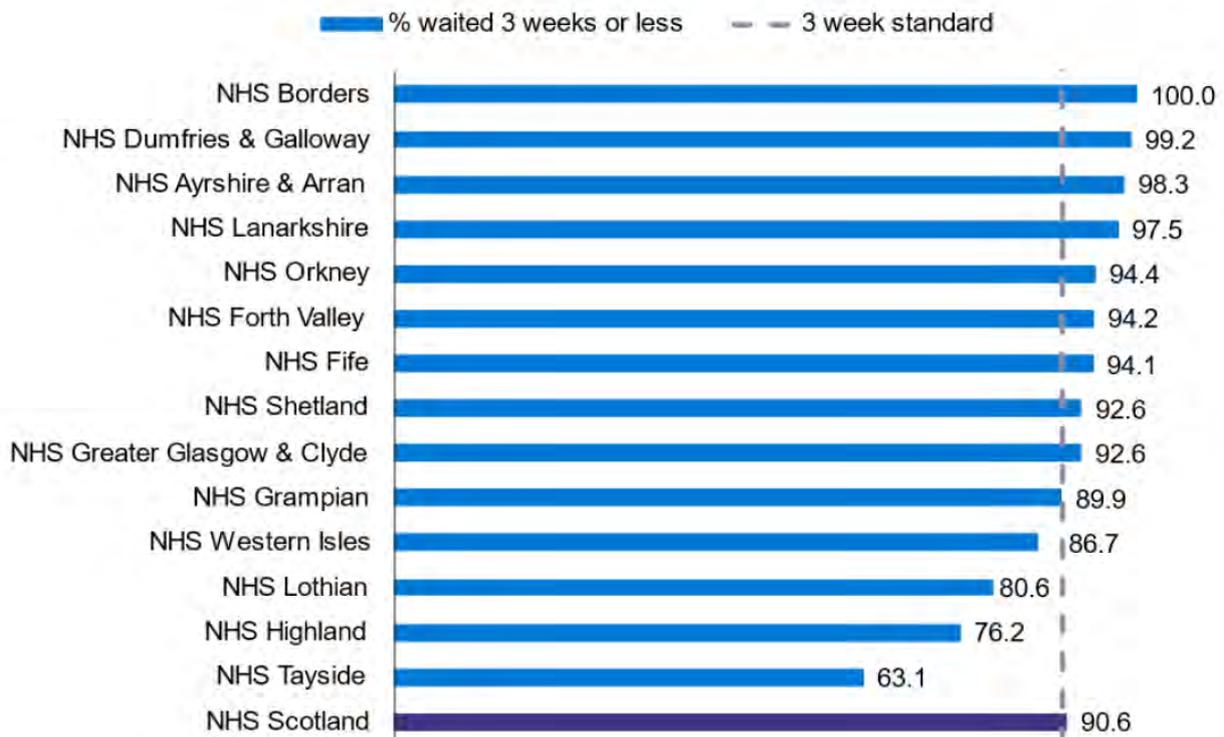
Table 2.1: Completed waiting times: from referral to first treatment

Filter selection	
Service type	Community-based service
Substance type	All
Quarter ending	30/06/2022
Measure	Percentage

	Performance against Standard		
	Waited 3 weeks or less	Waited more than 3 weeks	Total number of waits
Forth Valley	94.2	6	381

⁷ <https://forthvalleyadp.org.uk/>

Percentage of completed community referrals with a wait of three weeks or less, by NHS Board (1 April to 30 June 2022)

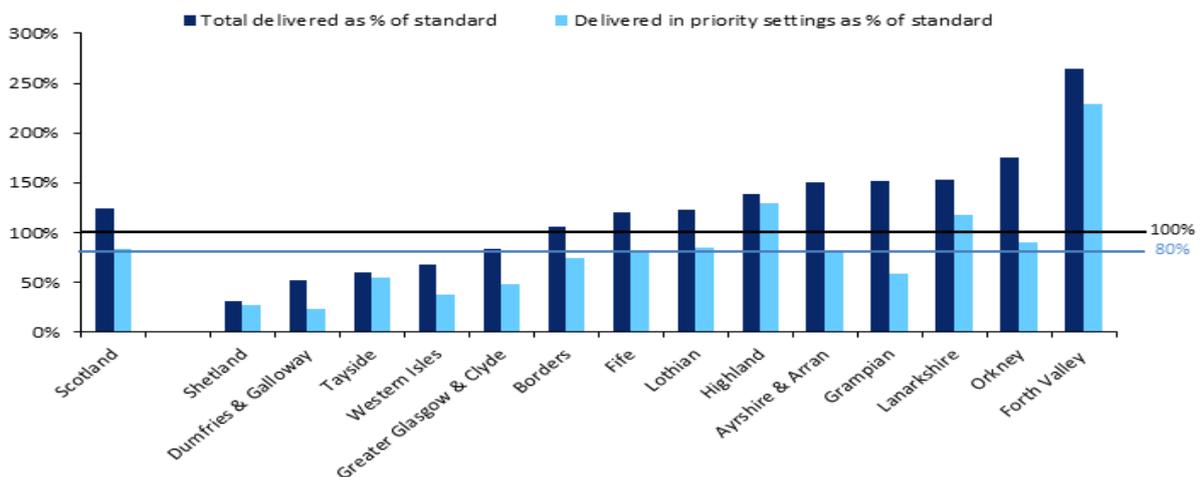


Source: <https://publichealthscotland.scot/publications/national-drug-and-alcohol-treatment-waiting-times/national-drug-and-alcohol-treatment-waiting-times-1-april-2022-to-30-june-2022/>

Alcohol Brief Intervention (ABI)

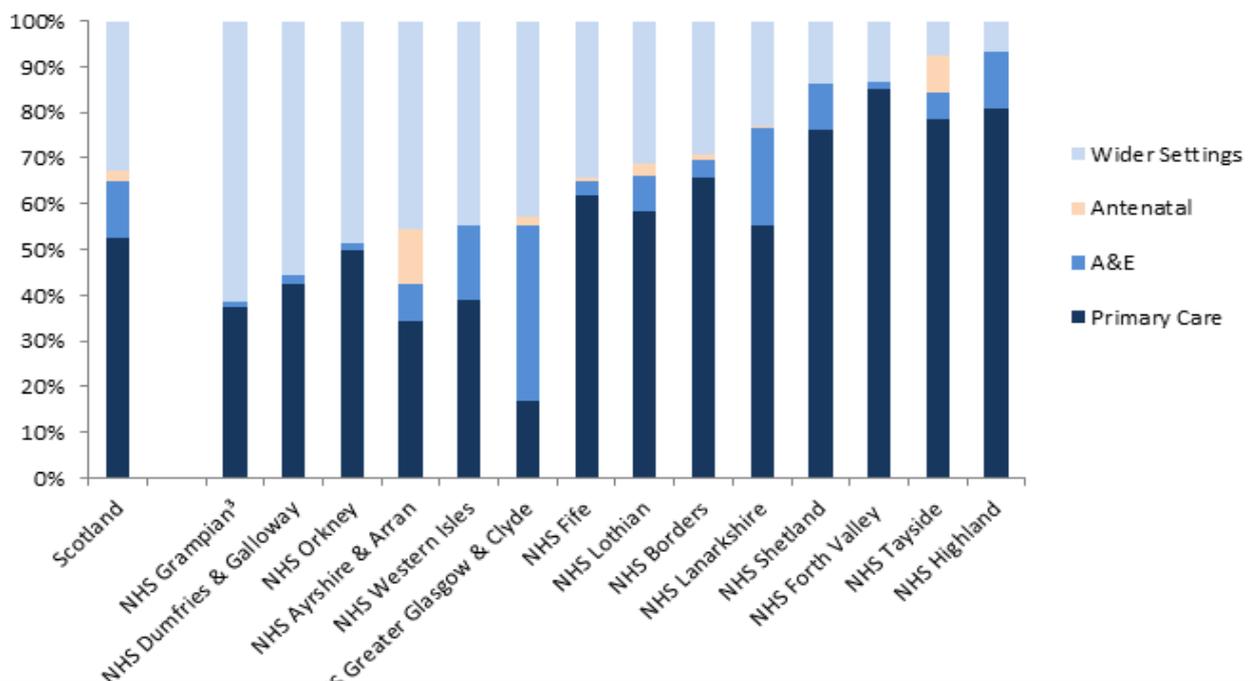
The last official ABI publication was 19/20 data and 2 graphs have been included to give some perspective around this topic.

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 July 2022 and 30th September 2022, we facilitated 216 group sessions across Forth Valley. (49 online group sessions and 167 face-to-face cafés or drop ins), with average 17 sessions per week. These sessions were attended 2311 times by community members from Forth Valley with the following attending from the HSCP area:

Quarter	Clackmannanshire		Stirling	
	Male	Female	Male	Female
Q1	308	165	356	377
Q2	252	171	426	482
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 22 Recovery Ramble walks across Forth Valley with 83 participants attending these walks.

Individual Support Sessions

During the reporting period, we received 27 referrals. During the same reporting period, a total of 86 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	10			32	12		

Drop in Peer support

During this reporting Q2 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 19 members of the community achieved, started and/or sustained employment, further education and training courses.

Other significant events

We 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 café to work with community members about any relevant issues they might have.

Social Care

15 referrals to Adult Social Care
for those in Alcohol or Drugs
care group over Q2 2022/23

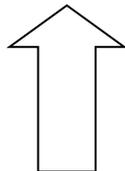
5 referrals were assessed

3 clients received a care package

Source: Social Carer Local Data

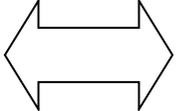
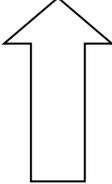
CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 24 August 2022
Exceptions Only

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.	

	<ol style="list-style-type: none"> 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)
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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 0 0 3 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 4 0 5 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 5 0 2 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 3 0 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 4 0 4 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

HSCP Exceptions Clackmannanshire 2022-23

Generated on: 18 October 2022



PI Code	Description	April 2022		May 2022		June 2022		July 2022		August 2022		September 2022		2022/23 Target	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status		
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	38.5%		16.7%		57.1%		0.0%		20.0%					
ADC ADA 01sd	Length of wait (days) from hospital referral date to start of local authority reablement services. Clackmannanshire	11		11		9		15		12					Aug 22: 3 hospital referrals waited over 20 days due to the size of care package requested and medication requiring 4 hourly gaps. One Intermediate referral waited 81 days and another waited 35 due to priority of hospital referrals / size of care packages.
ADC ADA 008	Standard delayed patients waiting in hospital for more than 2 weeks for discharge to appropriate settings	4		1		3		1		4		3		0	
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		11		11		11			Sep 22: 4 standard delays and 7 code 9s. Of the standard delays: 2 awaiting care package for home, 2 assessment ongoing.
ADC CUS 01b	Number of stage 2 complaints received in period for Adult Social Care that were upheld or partially upheld	0		0		0		0		1					
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%						100%					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 CUS 11b	Adult complaint, stage 2 received in period for Clackmannanshire locality of HSCP.	0		0		0		0		1					Finance complaint due to CAG Assessment- Planning and commissioning Team
ADC CUS 13b	% Clackmannanshire Adult Social Care stage 2 complaints concluded during accounting period that were upheld or partially upheld.	0%		0%		0%		0%		100%					
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services	28.6%		14.1%		28.7%		31.4%		21.1%		16.7%			
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	0.0%		0.0%		0.0%		0.0%		0.0%		5.0%			
ABS.01. WCD.C CHDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nursing	8%		10%		2%		6%		7%		9%		Not measured for Years	
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%		7.8%		8.8%		6.47%		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%		13.2%		13.51%		5.73%		4%	
ADC SAB 007	% absence for HSCP reablement and mecs for Clackmannanshire locality.	5.68%		9.76%		9.03%		9.65%		8.36%					
ADC ADA 002r	Average length of wait at end of local authority reablement care in Clackmannanshire for a Framework Provider (weeks).	16		7		10		2		4				3	
ADC ADA 01sb	% clients who have completed a reablement service (i.e. been enabled) in Clackmannanshire	92.31%		66.67%		63.64%		25%		50%					
ADC ADA 034b	Number of social care referrals in period.	156		146		129		177		205		174			

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 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 4 0 6

Outcome 7 Safe
People using health and social care services are safe from harm
 Pls 0 1 0 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 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 6 1 5 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 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 9 Resources
Resources are used effectively and efficiently in the provision of health and social care services
 Pls 0 0 0 0 10



Outcomes For People
 Service Delivery

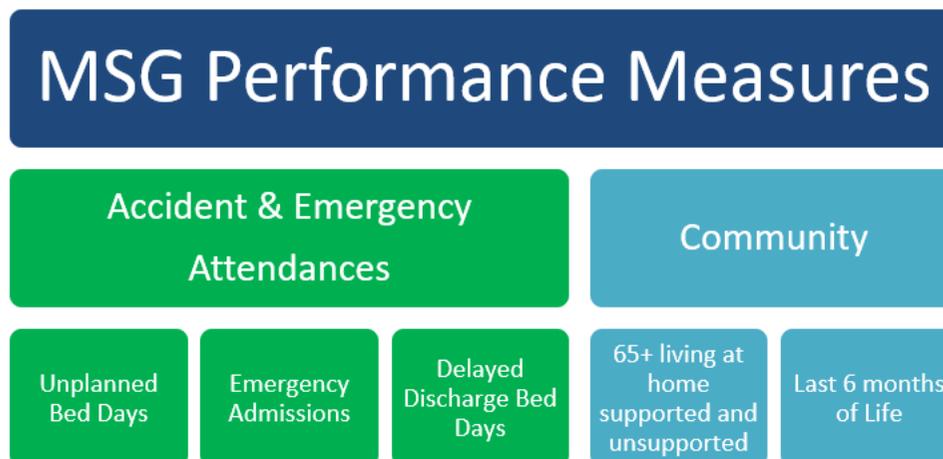
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HSCP Exceptions Stirling 2022-23

Generated on: 18 October 2022



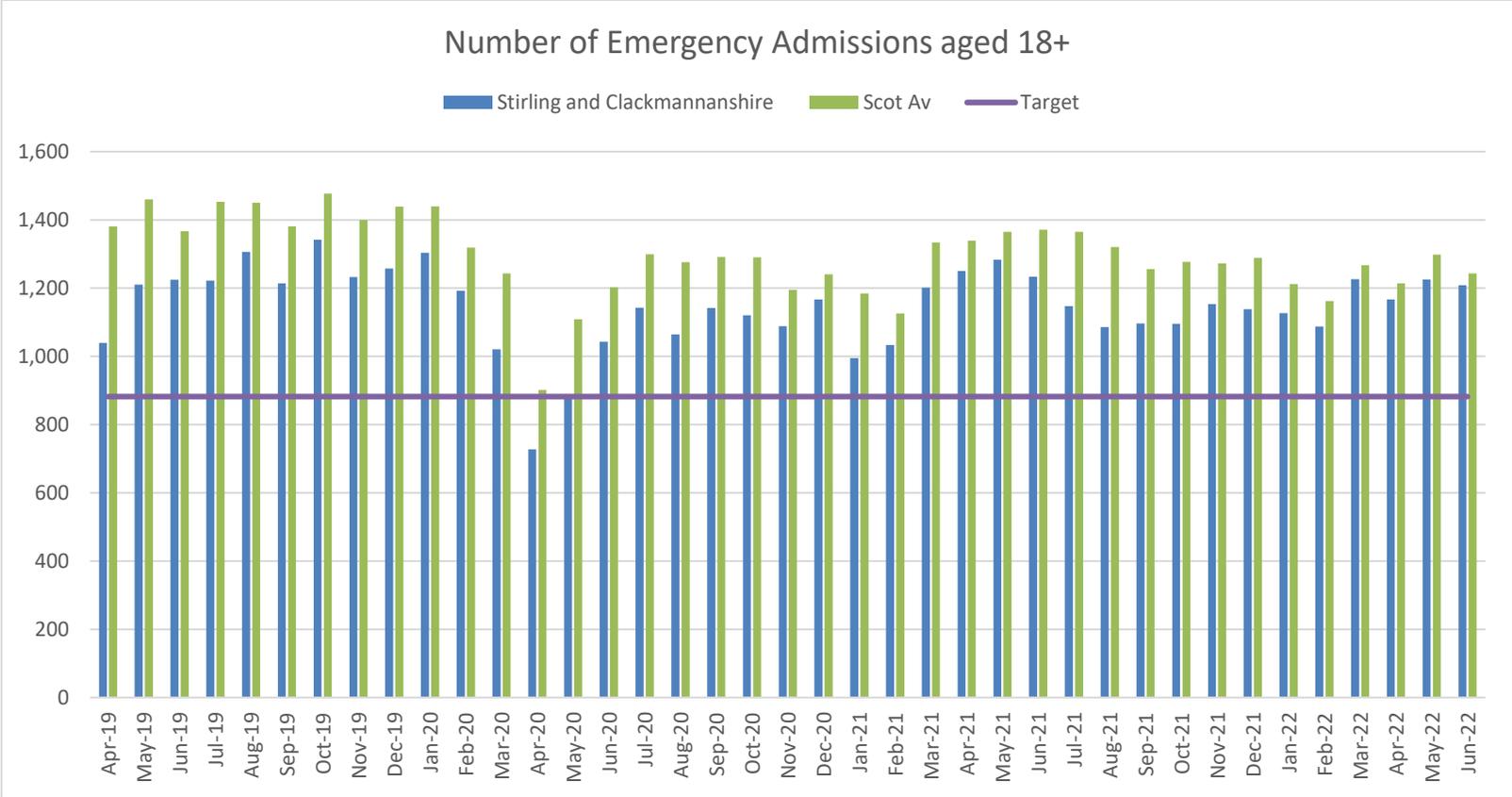
PI Code	Description	April 2022		May 2022		June 2022		July 2022		August 2022		September 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Target	
SS_CC_NHS_03	This indicator reports the number of delayed hospital discharges and sets a target of zero for those delayed over the standard 2week planning period.	11		13		10		10		6		6			Sep 22: 2 allocated and assessment commenced, 1 await Move to Care Home. 2 await PoC for home, 1 awaiting housing
SS_CU_S_016	Stage 1 complaints due and responded to within target timescales in adult social care. CLONE COMP004	100%		100%		100%		100%		100%		20%			
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		22		37		39			
ABS.01.CSD.CCHCM	This indicator pertains to the % of hours lost through SICK LEAVE each month	13%		23%		21%		21%		17%		18%		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%		10%		10%		12%		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%		24%		36%		37%		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%		9%		8%		15%		Not measured for Years	
ABS.01.WCD.BCFDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nurse	2%		5%		9%		10%		0%		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		23.41							



Completeness issues impact on some of this data where SMR01 records submitted by NHS Forth valley are not 100%. Data for 20/21 and 21/22 is 97% or above but none are 100% which means that some figures are likely to change. Where there are completeness issues this has been noted and the figure is highlighted in red italics.

1. Emergency admissions 18+ age group

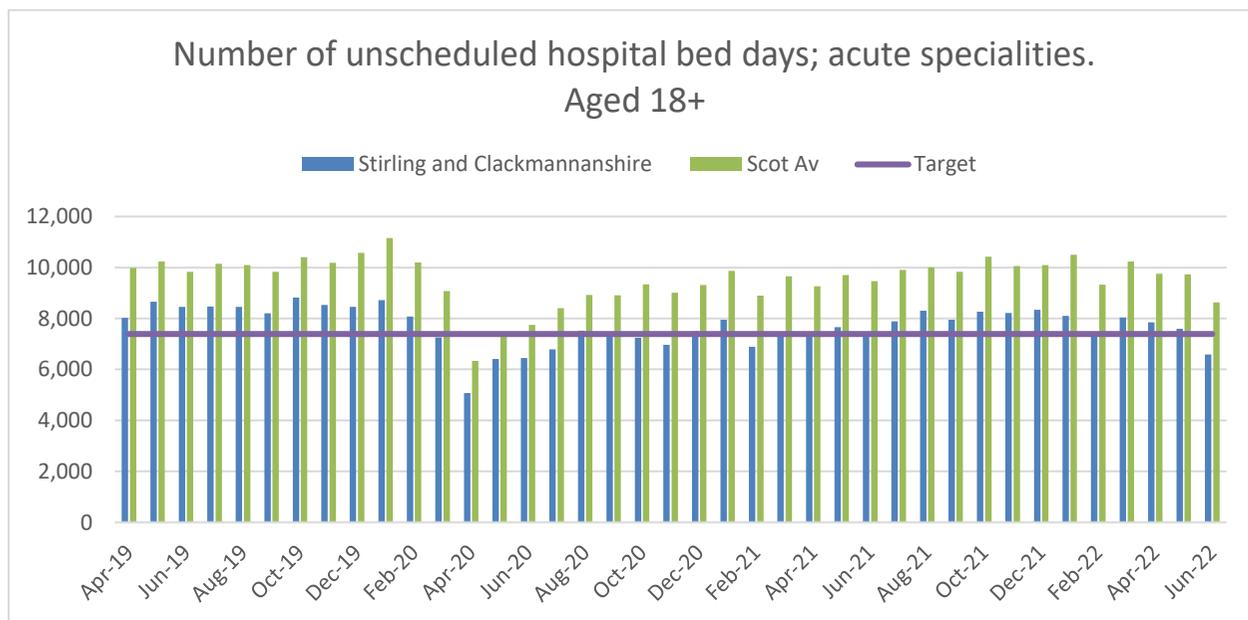
Baseline year	Baseline total	% change	19/20 Target
15/16	11,141	5% decrease	10,584
16/17		0.5% decrease	11,082
17/18		5.5% increase	11,755
18/19		5% increase	11,699
19/20		31% increase	14,563
20/21	all months 97% and above complete but none 100%		<i>12,608</i>
21/22			<i>13,921</i>



2. Number of unscheduled hospital bed days

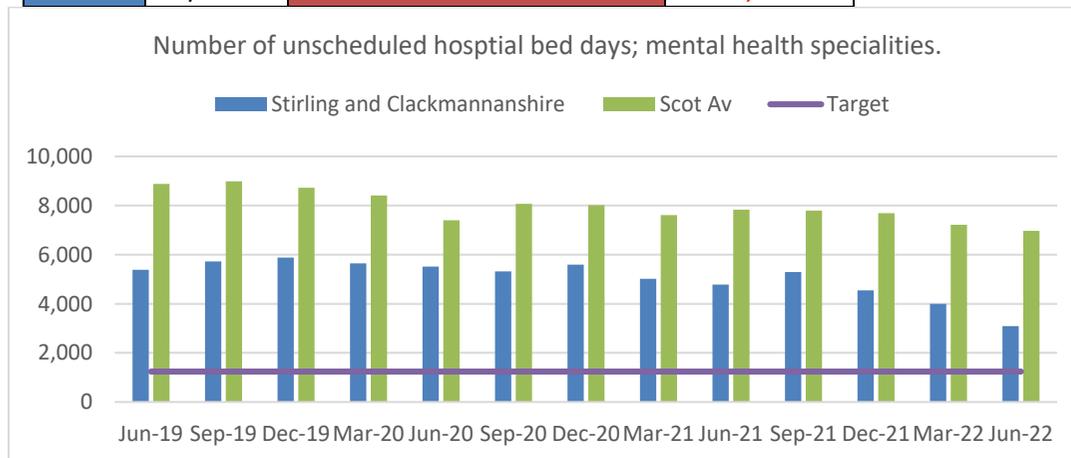
	Baseline year	Baseline total	% change	19/20 Target	
Acute	15/16	94,472	6% decrease	88,783	
	16/17		5.79 % decrease	88,996	
	17/18		4.68 % decrease	90,043	
	18/19		1.5% decrease	93,050	
	19/20		5.98% increase	100,127	
	20/21	all months 97% and above complete but none 100%			83,487
	21/22				94,696

Source: National Data



Geriatric Long Stay	Baseline year	Baseline total	% change	19/20 Target
	15/16	18,109	18% decrease	14,884
	16/17			14,884
	17/18			14,151
	18/19	Coding issues affect this area		11,421
	19/20	Coding issues affect this area		947
	20/21	Completedness issues		727
	21/22			242

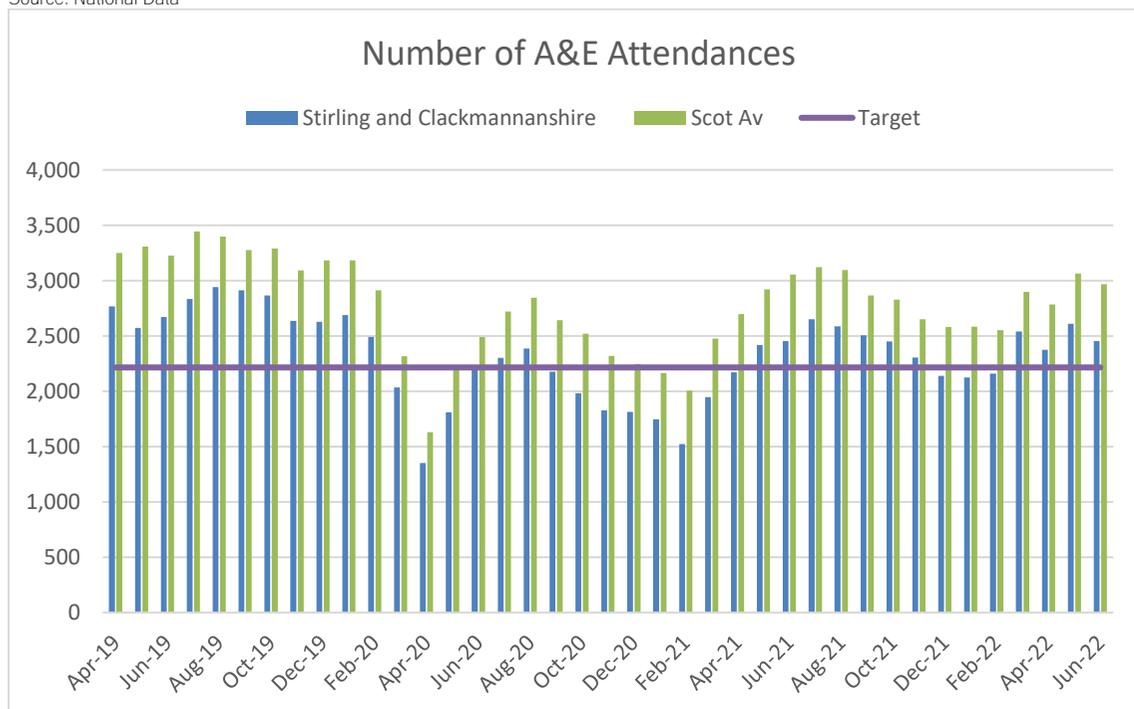
Mental Health	Baseline year	Baseline total	% change	19/20 Target
	15/16	24,851	maintain baseline	24,851
	16/17		1% decrease	24,599
	17/18		3.8% increase	25,799
	18/19		7.8% increase	26,800
	19/20		9% decrease	22,628
	20/21	Completedness issues		21,452
	21/22			18,608



3. A&E attendances

Baseline year	Baseline total	% change	19/20 Target
15/16	26,585	maintain baseline	26,585
16/17		0.58% decrease on baseline	26,430
17/18		6.31% increase on baseline	28,264
18/19		13.91% increase on baseline	30,284
19/20		20.51% increase on baseline	32,040
20/21	Covid	13.1% decrease on baseline	23,091
21/22		7% increase on baseline	28,505

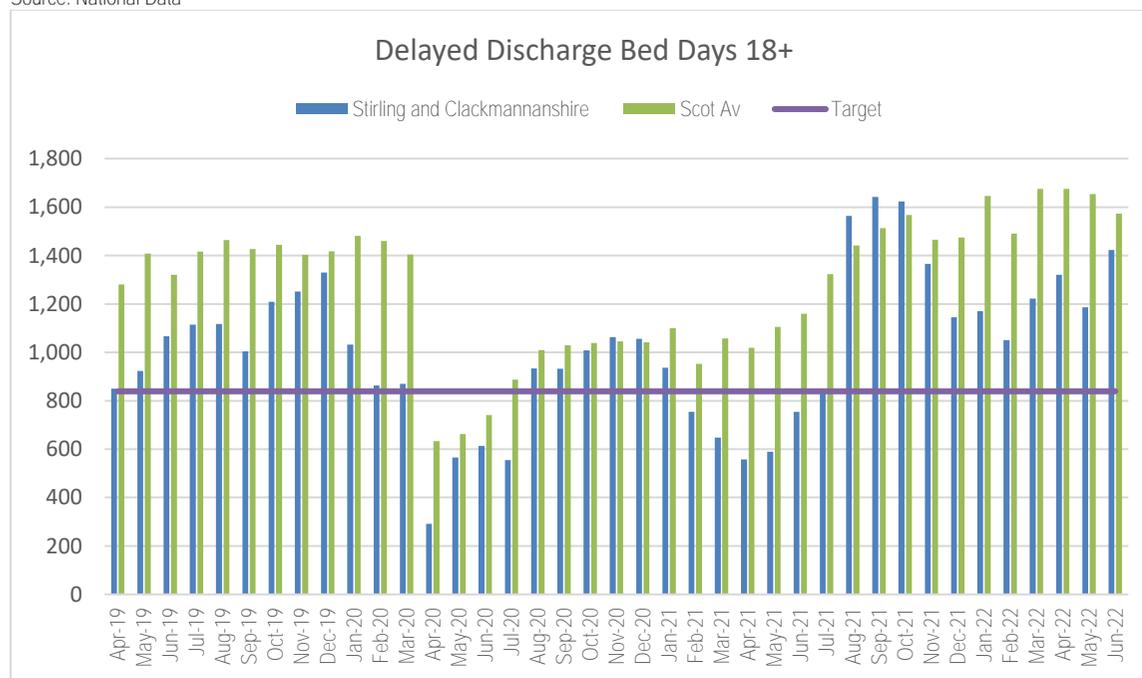
Source: National Data



4. Delayed discharge bed days (18+)

All reasons	Baseline year	Baseline total	% change	19/20 Target
	15/16	10,069	maintain baseline	10,069
	16/17		17.69% increase on baseline	11,851
	17/18		20% decrease on baseline	8,054
	18/19		9.4% increase on baseline	11,016
	19/20		25.4% increase on baseline	12,630
	20/21		7% decrease on baseline	9,355
	21/22	Covid	26% increase on baseline	13,518

Source: National Data



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

Baseline year	Baseline percentage	Percentage point change	19/20 Target%
15/16	85.9%	4.10%	90.0%
16/17		1% increase	86.90%
17/18		1% increase	86.90%
18/19		1.9% increase	87.80%
19/20		2.12% increase	88.01%
20/21		5.2% increase	91.0%
21/22		Completedness issues	89.6%

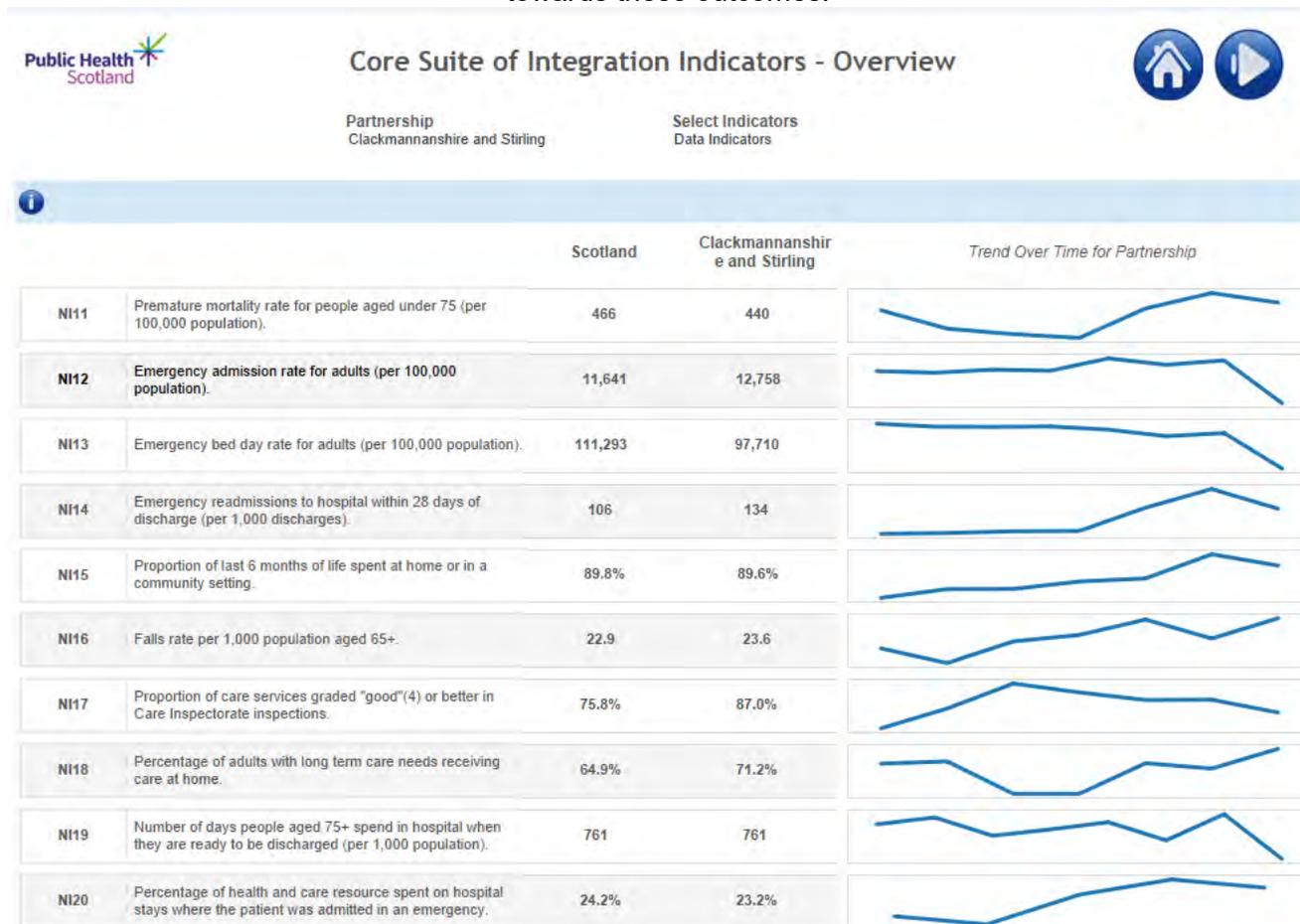
Source: National Data

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

Baseline year	Baseline percentage	Percentage point change	19/20 Target %
15/16	96.5%	0.10%	96.6%
16/17		0.10% increase	96.60%
17/18		0.10% increase	96.60%
18/19		0.30% increase	96.80%
19/20		0.70% increase	97.20%
20/21		0.90% increase	97.40%
21/22		Not available	

Source: National Data

In 2016 the Scottish Government legislated to bring together health and social care in to a single, integrated system. <https://www.gov.scot/policies/social-care/health-and-social-care-integration/> The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. In April 2015 the Scottish Government published a suite of indicators used to measure progress towards these outcomes.



Indicator	Title	Partnership							22/23			
		Baseline 15/16	Current					Q1	Q2	Q3	Q4	
			16/17	17/18	18/19	19/20	20/21					21/22
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429	459	440	No Data			
NI - 12	Emergency admission rate (per 100,000 adult population)	9,985	10,703	10,467	12,660	11,940	12,605	12,758	3,126			
NI - 13	Emergency bed day rate (per 100,000 population)	116,465	113,592	110,147	113,022	106,429	93,593	97,710	19,407			
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	107	107	104	133	146	134	122			
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.0%	87.2%	87.4%	87.6%	90.9%	89.6%	90%			
NI - 16	Falls rate per 1,000 population aged 65+	14.2	16.3	18.5	20.7	22.3	20.9	23.6	6			
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.0%	88.3%	96.2%	93.4%	91.0%	91.1%	87.0%	No Data			
NI - 18	Percentage of adults with intensive care needs receiving care at home	69.7%	70.0%	66.7%	66.7%	69.8%	69.2%	71.2%	No Data			
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	665	448	761	224			
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.9%	20.9%	22.7%	23.7%	23.2%	No Data	No Data	No Data			

Source: National PHS

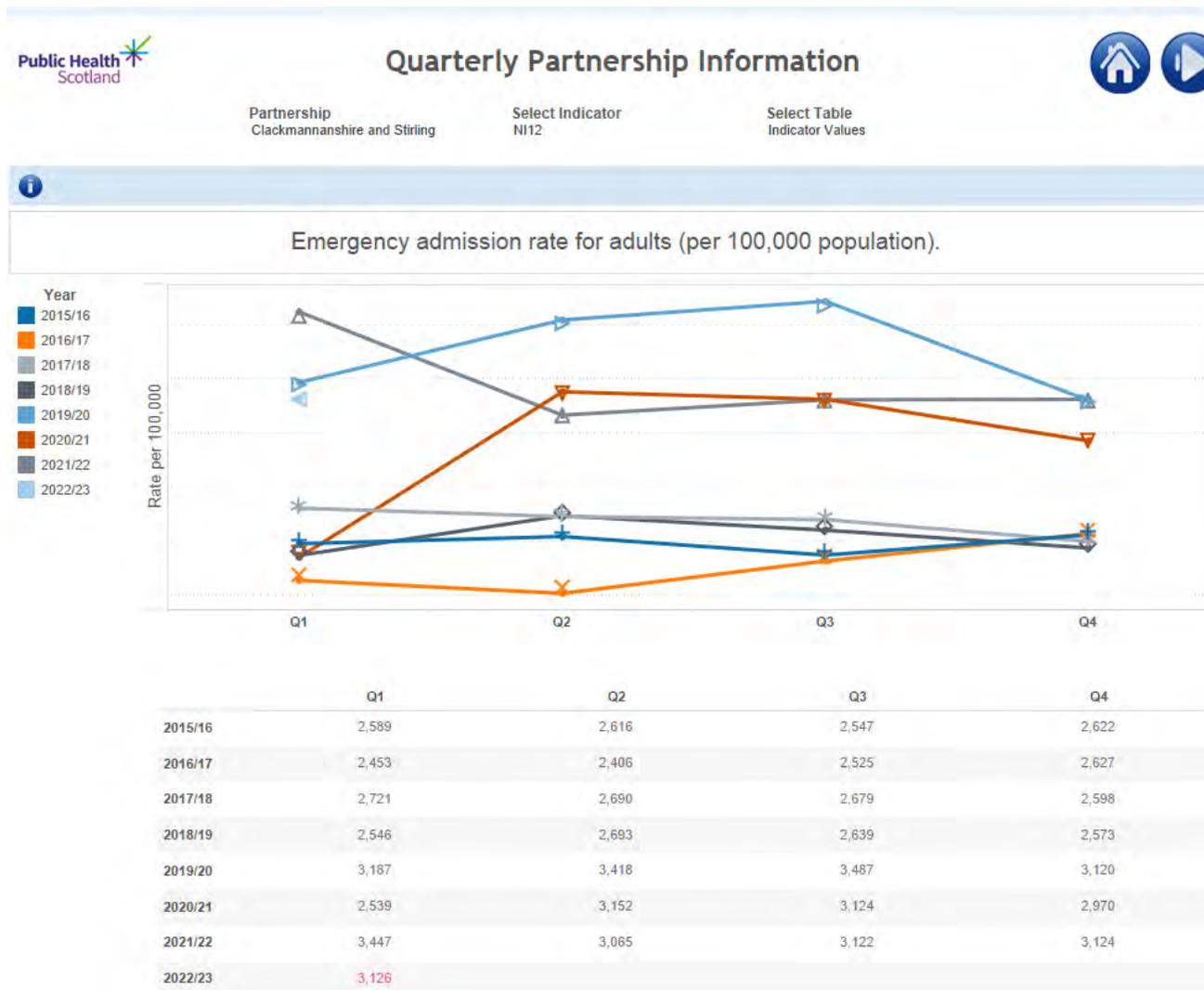
Data Completeness (September 2022 update)

Indicators 12, 13, 14, 15, 16, and 20 are based on patient level hospital activity information called Scottish Morbidity Records (SMRs) which are submitted to PHS by NHS Boards.

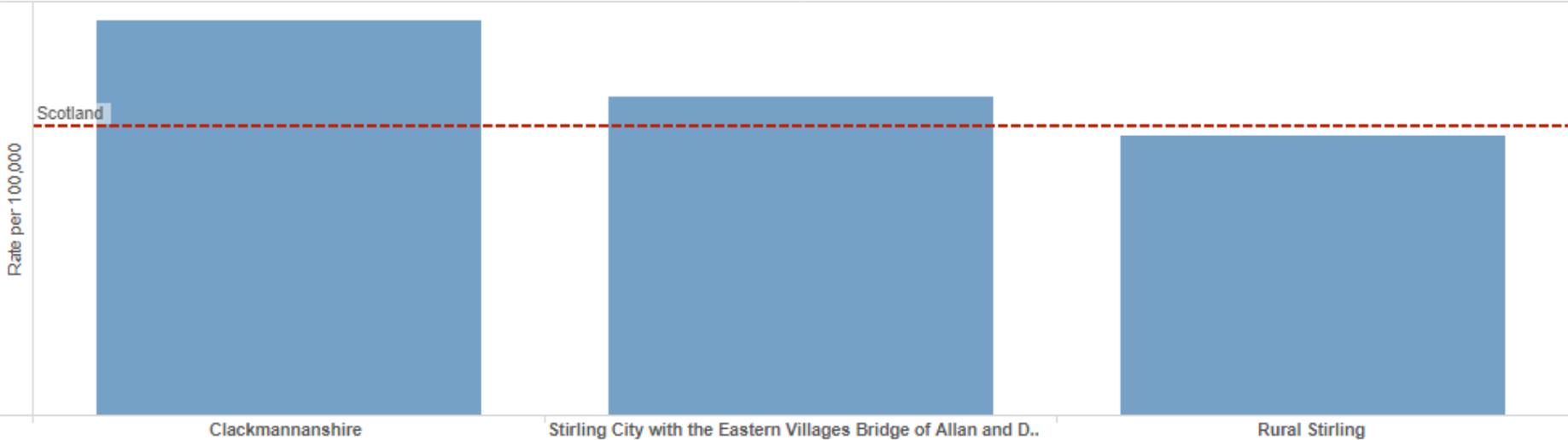
Red text is used in this release to indicate data which may be incomplete, has not yet been published or has been revised for reasons other than more up-to-date SMR information becoming available. Completeness and timeliness information is available at the following links – the tables of interest are Acute (SMR01) and Mental Health (SMR04):

<https://beta.isdscotland.org/products-and-services/data-management-hospital-activity/smr-completeness/>

<https://beta.isdscotland.org/products-and-services/data-management-hospital-activity/smr-timeliness/>



Emergency admission rate for adults (per 100,000 population).



Quarterly Locality Breakdown

Select Locality:

(All) ▼

	Clackmannanshire	Stirling City with the Eastern Villages Bridge of Allan and Dunblane	Rural Stirling
NI12	Q1	Q1	Q1
Admissions	3,641	2,946	2,585
Population	1,503	1,656	532
	41,280	56,211	20,577



Quarterly Partnership Information



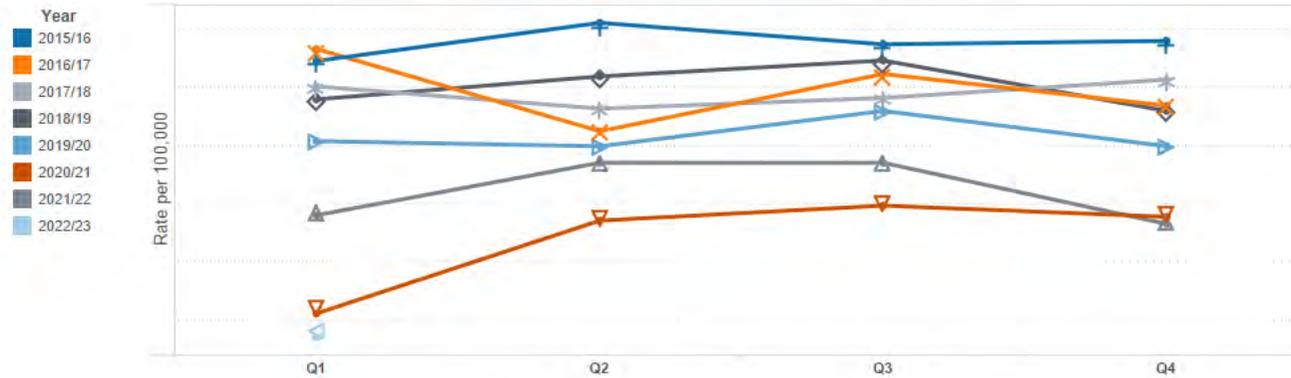
Partnership
Clackmannanshire and Stirling

Select Indicator
NI13

Select Table
Indicator Values

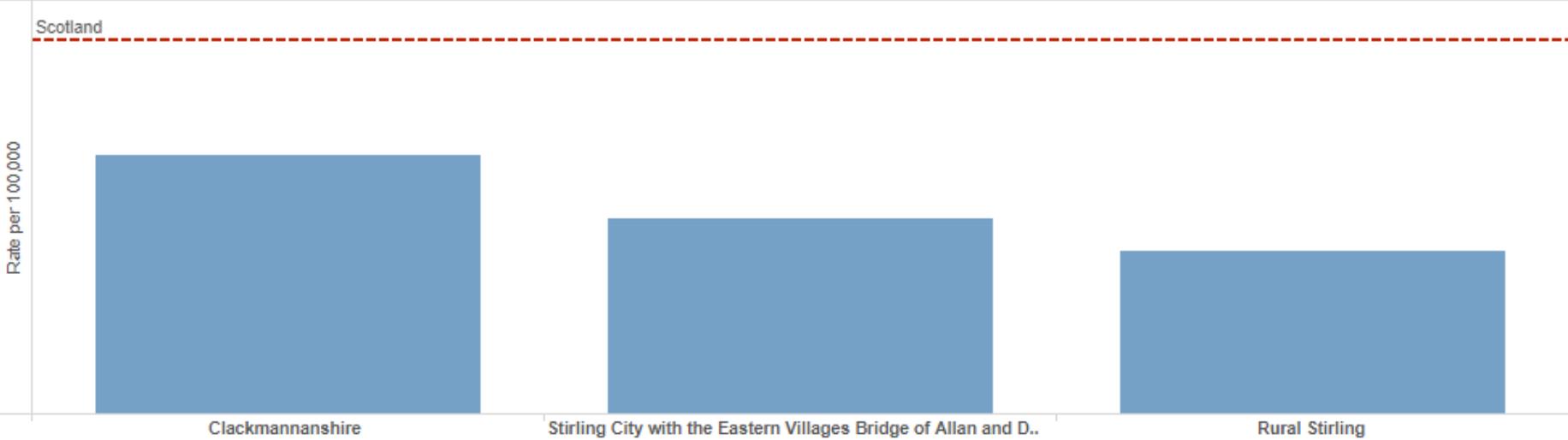


Emergency bed day rate for adults (per 100,000 population).



	Q1	Q2	Q3	Q4
2015/16	28,899	30,209	29,471	29,587
2016/17	29,311	26,486	28,452	27,363
2017/18	28,026	27,261	27,630	28,258
2018/19	27,581	28,369	28,915	27,183
2019/20	26,145	25,970	27,183	25,971
2020/21	20,228	23,418	23,930	23,547
2021/22	23,603	25,403	25,402	23,301
2022/23	19,407			

Emergency bed day rate for adults (per 100,000 population).

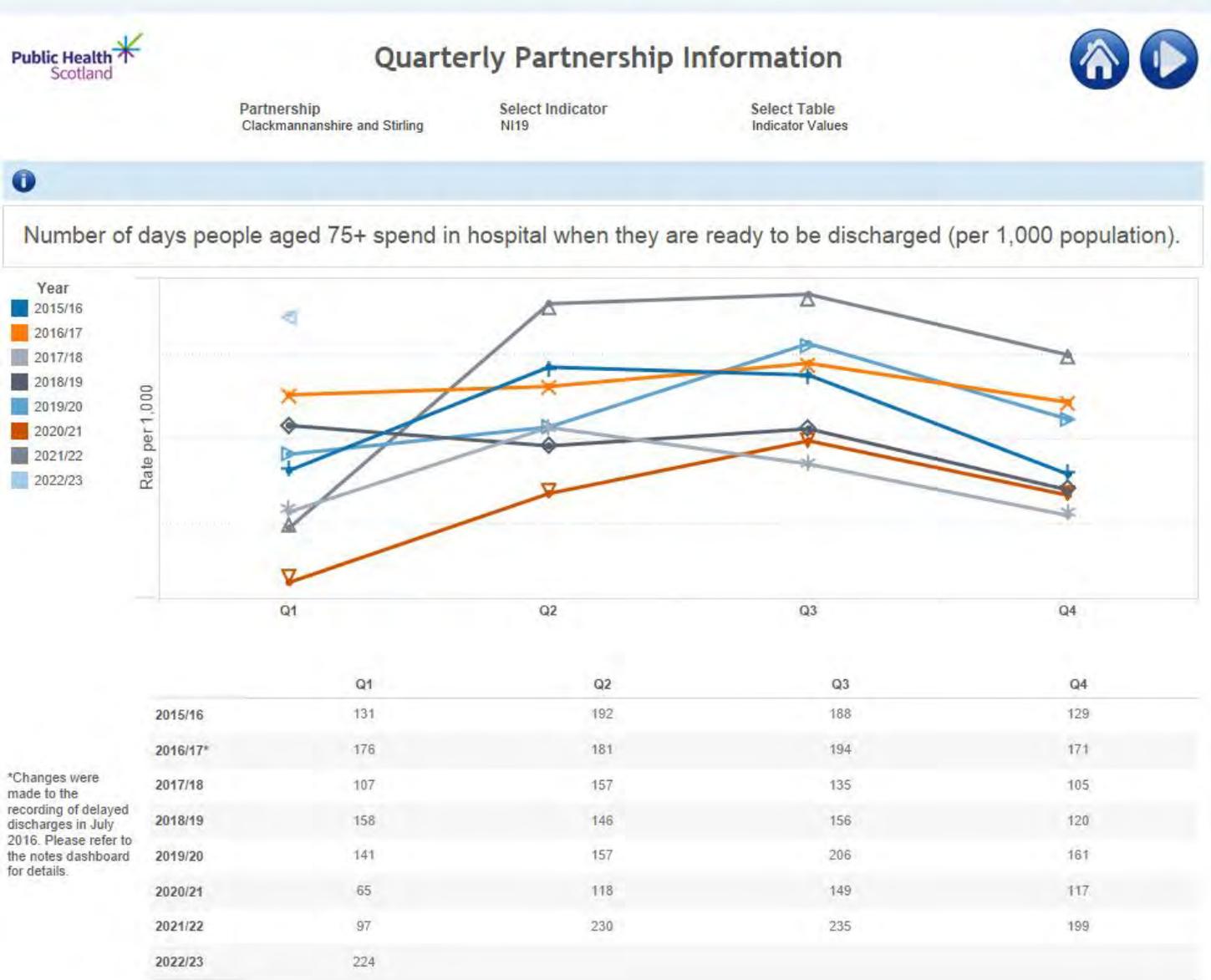


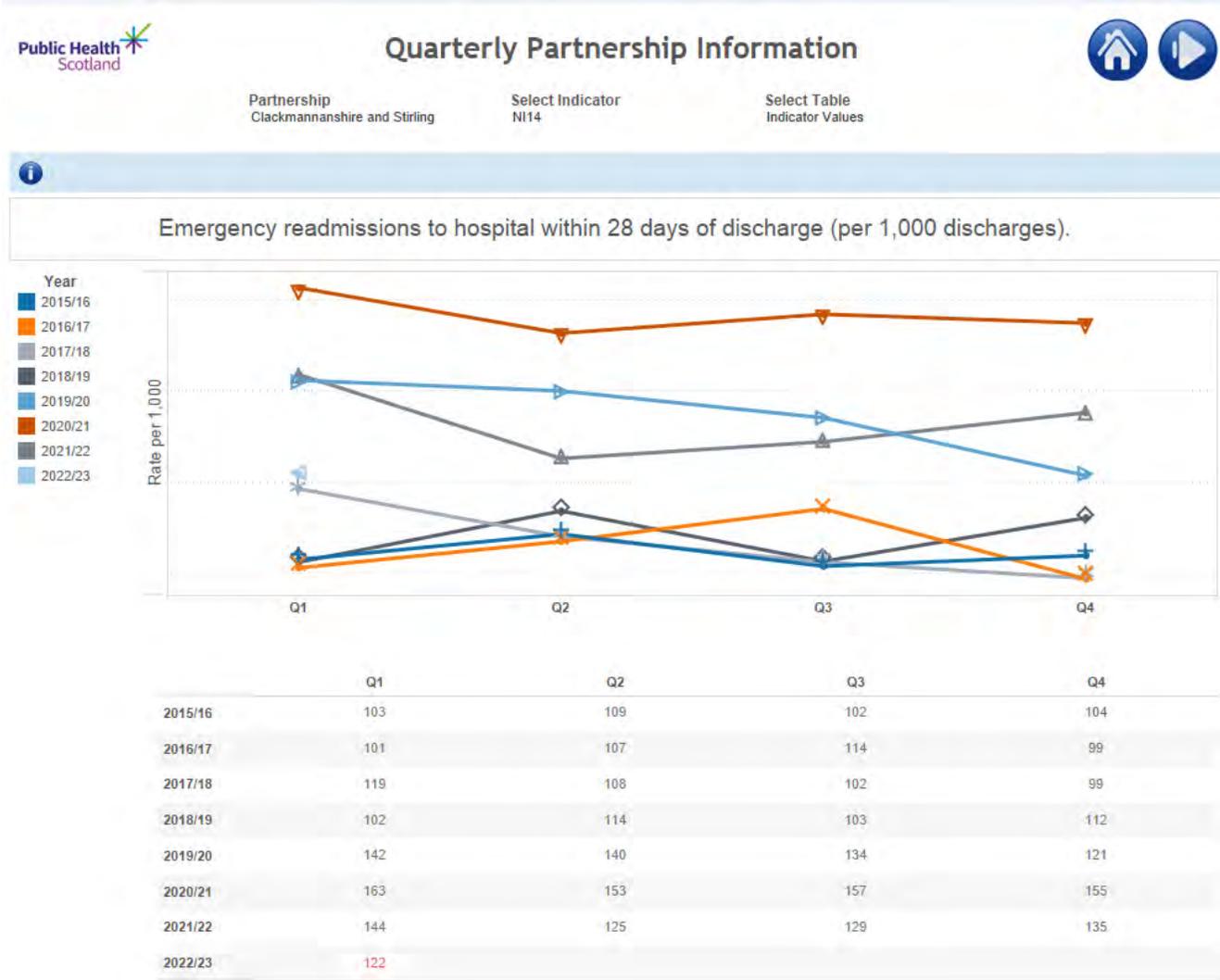
Quarterly Locality Breakdown

Select Locality:

(All) ▼

	Clackmannanshire	Stirling City with the Eastern Villages Bridge of Allan and Dunblane	Rural Stirling
	Q1	Q1	Q1
NI13	23,328	17,851	15,789
Beddays	9,630	10,034	3,249
Population	41,280	56,211	20,577





Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges).

Quarterly Locality Breakdown

Select Locality:

	Clackmannanshire	Stirling City with the Eastern Villages Bridge of Allan and Dunblane	Rural Stirling
NI14	Q1	Q1	Q1
Re-admis..	138	119	93
Total Ad..	278	261	84
	2,017	2,201	906



Quarterly Partnership Information



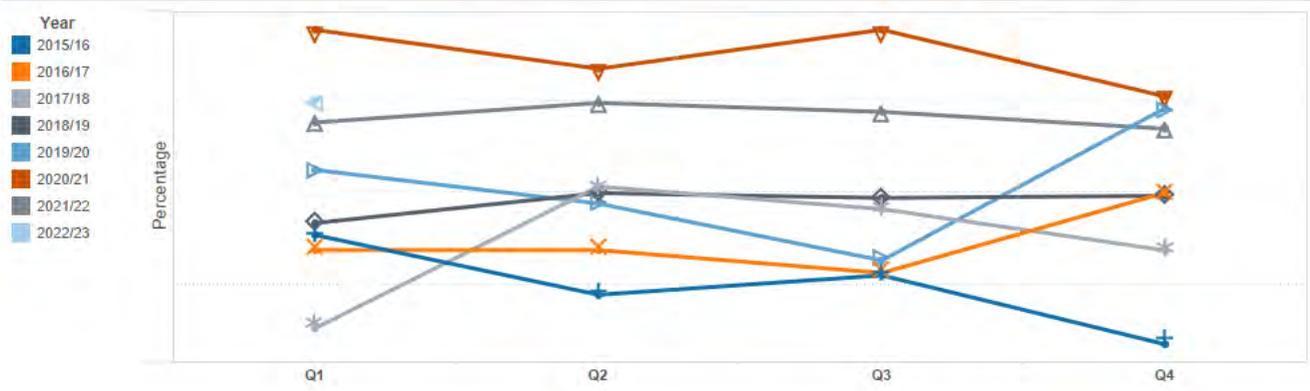
Partnership
Clackmannanshire and Stirling

Select Indicator
NI15

Select Table
Indicator Values

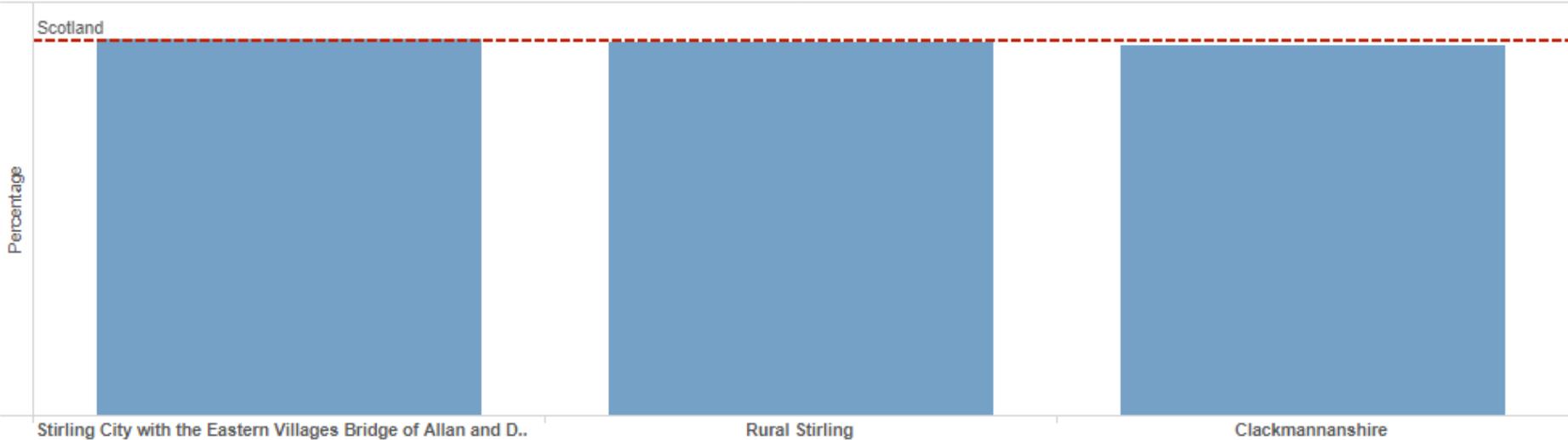


Proportion of last 6 months of life spent at home or in a community setting.



	Q1	Q2	Q3	Q4
2015/16	87%	86%	86%	85%
2016/17	87%	87%	86%	88%
2017/18	85%	88%	88%	87%
2018/19	87%	88%	88%	88%
2019/20	88%	88%	87%	90%
2020/21	92%	91%	92%	90%
2021/22	90%	90%	90%	89%
2022/23	90%			

Proportion of last 6 months of life spent at home or in a community setting.



Quarterly Locality Breakdown

Select Locality:

(All) ▼

	Stirling City with the Eastern Villages Bridge of Allan and Dunblane	Rural Stirling	Clackmannanshire
NI15	Q1	Q1	Q1
Beddays	91	90	88
Total Dea..	2,874	1,047	2,819
	182	59	128



Quarterly Partnership Information

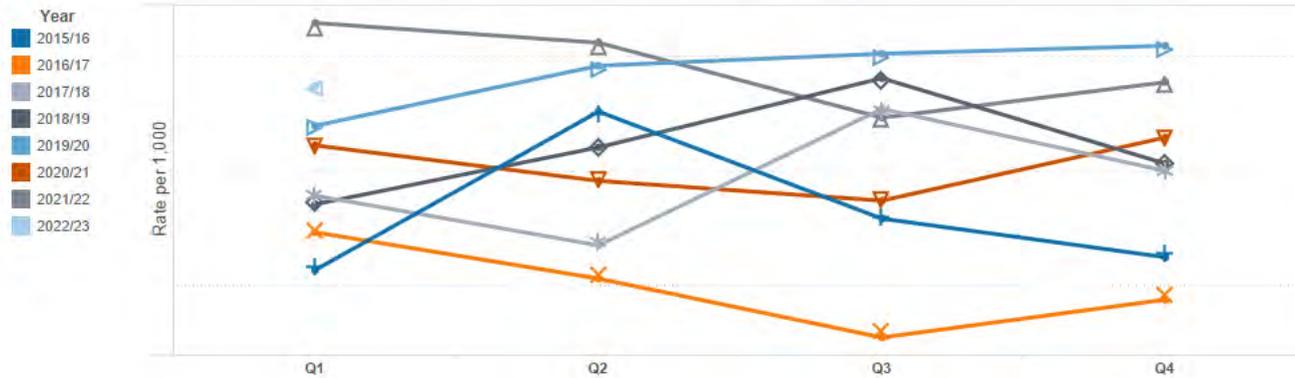


Partnership
Clackmannanshire and Stirling

Select Indicator
NI16

Select Table
Indicator Values

Falls rate per 1,000 population aged 65+.



	Q1	Q2	Q3	Q4
2015/16	4	6	5	4
2016/17	4	4	4	4
2017/18	5	4	6	5
2018/19	5	5	6	5
2019/20	5	6	6	6
2020/21	5	5	5	5
2021/22	6	6	5	6
2022/23	6			

Falls rate per 1,000 population aged 65+.

Quarterly Locality Breakdown

Select Locality:

(All) ▼

	Clackmannanshire	Stirling City with the Eastern Villages Bridge of Allan and Dunblane	Rural Stirling
NI16	Q1	Q1	Q1
Number ..	7	6	4
Population	73	73	21
	10,576	12,658	5,858

Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 8.2

Annual Performance Report 2021-2022

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Carol Johnson, Principal Information Analyst & 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 delegated functions, and as set out in the current Strategic Commissioning Plan. Agree draft Annual Performance Report 2021 / 2022.
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Recommendations:	The Integration Joint Board is asked to: 1) Approve the Draft Annual Performance Report 2021 / 2022.
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Key issues and risks:	<p>Issue</p> <ul style="list-style-type: none"> Rise in patients who were delayed in their discharge from hospital, compared to the previous year. Sharp increase in demand on assessment, care at home and care home provision. <p>Risk</p> <ul style="list-style-type: none"> Reduced/restricted flow through the unscheduled care pathway.
------------------------------	--

1. Background

- 1.1. Health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services.
- 1.2. The Public Bodies (Joint Working) (Scotland) Act 2014 established the legislative framework for the integration of health and social care services in Scotland. Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 1.3. The purpose of the performance report is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities. The required content of the performance

reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports)(Scotland) Regulations 2014.

- 1.4. The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership (HSCP).
- 1.5. Under the Public Bodies (Joint Working) (Scotland) Act 2014 Section 42 the Integration Authority must produce an Annual Performance Report (APR) for the reporting period, in this case 1 April 2021 to 31 March 2022. The report must be published by 31 July. However, during the pandemic the Scottish Government put in place the Coronavirus Scotland Act (2020) and Schedule 6, Part 3 enabled the delay of the publication of the APR to November. This legislation has been extended to 30 September 2022. Which means that, Integration Authorities can delay the release of their APR until November 2022 using the same mechanisms as last year.

2. Requirements of The Annual Performance Report

- 2.1. As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 No. 326 the APR must cover a range of areas, these include:
 - An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.
 - Financial planning and performance
 - Best value in planning and carrying out integration functions
 - Performance in respect to Localities
 - Inspection of services
 - Review of Strategic Plan
 - Any other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

3. Annual Performance Report

- 3.1. The Annual Performance Report (Appendix 1) reflects on our progress together as a HSCP from 1 April 2021 to 31 March 2022.
- 3.2. The Health and Social Care Partnership vision remains “to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities”.
- 3.3. We must recognise the impact of the COVID-19 pandemic which was declared by the World Health Organisation on the 11 March 2020. Not only was the care and support needs of the population impacted by COVID-19 but it also had an impact on staff. The HSCP, alongside colleagues in our partner organisations across the statutory, third & independent sectors, have worked tirelessly to

ensure the continued safe and effective provision of health and social care support to people in all our communities.

- 3.4. This report reflects the significant work and efforts of all people who supported the communities of Clackmannanshire & Stirling throughout the pandemic, covering the second lockdown period and beyond to the end of March 2022.
- 3.5. It must also be noted that although public behaviours changed most during the 20/21 period of lockdown, it has still not returned to pre-pandemic trends. Coupled with the ongoing strain of the pandemic, pressures continue upon care and support services, that may last for many years to come.
- 3.6. Across health and social care services there has been fluctuating demand and fluctuating capacity caused by Covid 19. Most especially within Care Homes and Care at Home services, who support many of the most frail and vulnerable people within our communities.
- 3.7. There have also been significant pressures on other areas of care and support for example on unpaid carers. There have been challenges in the delivery of short breaks and respite. Due to ongoing staffing pressures and fluctuating infection rates, the re-opening of respite has focused on the most vulnerable.
- 3.8. The APR evidences that there is much to be proud of but it also shows that we have work to do to continue to meet the challenge of the growing and changing level of need in our population, against a backdrop of financial challenge, as well as responding to the flexes in the system caused by the COVID-19 pandemic.
- 3.9. Within the APR, Appendix 2 illustrates the linkages between the Strategic Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards.
- 3.10. As Scotland progresses through the phases of emerging from lockdown increased pressures and therefore costs could be experienced. The impacts of this are difficult to forecast at this point.

4. Local & National Data Availability

- 4.1. The report uses a range of data to describe and illustrate performance within the HSCP, and when data is used the source will be noted. Local data is gathered within the HSCP or Forth Valley NHS, and national data is provided by Public Health Scotland and relates mainly to the national Core Suite of Integration Indicators that are used to measure performance and progress of all HSCPS towards the national Wellbeing Outcomes. Integration Authorities have been required by legislation to report on the Core Suite of Integration Indicators within their Annual Performance Reports since 2016/17.
- 4.2. A summary of the national indicators and data is found in Appendix 3 of the APR, looking at performance since the beginning of the HSCP. It is also

referred to where relevant throughout the main body of the report. This national data covers all residents within the HSCP area and all services that have been used. This means that if they attended a hospital out with Forth Valley the data will be included. However, local data, particularly in relation to health will only refer to users of health services within Forth Valley. It is therefore not always possible to compare and contrast national and local data.

- 4.3. The Core Suite of Integration Indicators are based on Standardised Mortality Ratio (SMR01) returns from the Health Board. Where not all 100% of records have been submitted/published/validated, this affects the data and will be the main reason why figures change retrospectively from year to year and month to month. Where completeness is an issue, it has been noted and mainly affects national data only.
- 4.4. Some methodology has also changed within the Health Care and Experience Survey which makes comparison with previous year's data difficult. Again, this has been noted where appropriate.
- 4.5. In order to help provide a better understanding, or more information around a topic, hyperlinks have been built into the report which will be active when read digitally and with access to the internet. The report is published on the HSCP website for the public, and therefore it is aimed at that audience. The report is therefore more dynamic across a range of platforms, and as such offers a greater choice and access to different levels or depth of information. Where previously, case studies might have been used within the narrative, hyperlinks are now embedded to provide access to videos of service users and staff telling their own stories and using their own words.

5. Highlights Progress & Achievements

- 5.1. There are a number of aspects within the APR which are set out below as they demonstrate progress achieved over 2021 / 2022:
 - There has been some improvement around the number of patients waiting in hospital for over 2 weeks to be discharged with the appropriate care and support, and the number of those readmitted to hospital within 28 days.
 - More visits and treatments were undertaken by District Nurses over the period.
 - The number of adults with intensive care needs receiving care at home increased. And over 79% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life.
 - The HSCP Is taking forward a Transforming Care programme of work, The review of adult social care proposed a number of recommendations to improve performance. A high level pathway and framework has been developed. The next stage is a broader staff engagement and consultation, in partnership with trade unions.

- A programme of work to deliver on the one HSCP wide commissioning approach within the Commissioning Consortium is underway and will ensure commissioned services are aligned with priorities. This work stream will continue to transform over the next 12 months.

6. Challenges

- 6.1. The level of support required for people in the Clackmannanshire & Stirling communities is changing due to an increasing proportion of older adults and increasing numbers of people with more than one long term condition (also known as comorbidities). As previously presented within the HSCP Strategic Needs Assessment.
- 6.2. This is all against a backdrop of financial challenge: savings required through our Transformation Programme; cost implications of COVID-19 pandemic.
- 6.3. There is exhaustion within the system, with COVID related sickness and isolation impacting on Care at Home staff within the framework providers and Care Homes, as well as a restricted pool of new staff to fill vacancies due to Brexit.

7. Conclusion

- 7.1. The APR evidences that there is much to be proud of within another difficult year of the pandemic, and recovery will take many years. But it also shows that we have work to do to continue to meet the challenge of the growing and changing level of need in our population, against a backdrop of financial challenges.
- 7.2. The Integration Joint Board is asked to approve the Draft Annual Performance Report 2021 / 2022. The final report will be published on the website following any feedback from the IJB, or the publication of more appropriate or relevant data.

8. Appendices

Appendix 1 – Draft Annual Performance 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 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
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>

Annual Performance Report

2021 – 2022



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Our Sixth Year

Message from the Chair

Welcome to our sixth annual performance report, which reflects our progress as Clackmannanshire and Stirling Health and Social Care partnership over a challenging year.

We faced the multi-faceted fall-out of the pandemic, national issues in recruiting care staff and the biggest cost of living crisis in a generation.

However, the vision remains the same - **to enable people in Clackmannanshire and Stirling to live full and supportive lives within the community.**

A key focus remains on prevention and protection. We strive to support people to remain independent and safe in their own homes, so they can keep their connections with friends and family and maintain quality of life.

The report illustrates that, despite the challenges, we made a difference to thousands of lives in 2021-2022 and that is down to the resilience and dedication of health and social care staff and third sector colleagues and partners.

I would also acknowledge the debt we all owe to the army of unpaid carers in Clackmannanshire and Stirling and to thank my predecessor Les Sharp for his leadership.

Going forward, we will face difficult choices as public finances are squeezed and needs become more complex. That is why it is important that we keep listening to the communities we serve. To ensure that we prioritise what is important to you.

Message from the Chief Officer



Annemargaret Black
Chief Officer

We must recognise the impact of the COVID-19 pandemic which was declared by the World Health Organisation on the 11th March 2020.

I want to express my sincere thanks to HSCP staff alongside colleagues in our third and independent sector who have worked tirelessly to ensure the safe and effective provision of community health and social care and support across our communities.

This report reflects some of the significant work and efforts of all people who worked alongside the communities of Clackmannanshire & Stirling throughout the last year of the pandemic.

This 6th Annual Report evidences that there is much to be proud of but it also shows that the HSCP continues to meet the challenge of the growing older people's population and increasing levels of need in our population against a backdrop of financial challenge.



Allan Rennie
Chair Clackmannanshire & Stirling

31st March 2022

Activity On This Day

Care



Personal Care

1,603 clients received help with personal care. This can include things like hygiene, mobility, health and well being.

Health Care

284 visits to patients in their own home by District Nurses who provide direct care and support self care or by others. As well as vaccinations to vulnerable patients, they also cared for 7 patients at end of life and 5 deaths from the previous day.



Health

Support



Learning Disability

555 clients were living at home and them as well as their unpaid carers were receiving a range of support from the HSCP. For example, day care, respite, personal/non personal care at home.

Unpaid Carers

2,898 carers were registered and active with local Carers Centres. Receiving advice and support which will include promoting health and wellbeing, training, information and completion of Adult Carer Support Plan. As well as referral to Adult Social Care where appropriate.



Support

Section 1 - Introduction

Introduction to the 6th Annual Performance Report

Clackmannanshire and Stirling Integration Joint Board (IJB) is responsible for strategic planning and budget management of community health and social care services for adults.

This report is the IJB's assessment of progress towards "enabling people in Clackmannanshire and Stirling to live full and positive lives within supportive communities".

Clackmannanshire and Stirling HSCP 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.



The HSCP area is served by one acute hospital, Forth Valley Royal Hospital, and community hospitals based in Clackmannanshire and Stirling, which also incorporate a minor injuries unit and primary care services.

The HSCP covers a large mixed urban and rural geographical area with some of the most stunning scenery in Scotland. The HSCP has a population of approximately 145,370 across three Localities: Rural Stirling (25,235); Stirling City (68,845) and Clackmannanshire (51,290)¹, with 65% of the population residing in Stirling and 35% in Clackmannanshire.

There are close working relationships with supported people, unpaid carers, local communities, staff & professionals and key delivery partners in the third and independent sectors. The HSCP has an ambitious programme of transforming care and strategic improvement.

For more than twenty four months the HSCP has been responding to the COVID-19 pandemic, and has continued to be in an emergency response phase.



For most of 2021/2022 all non-essential activity was stood down in line with Government restrictions, however mobilisation and recovery planning was put in place across community health and social care services to reflect a community first approach and an outcomes based service model within communities. Our service delivery partners in third and independent sectors have worked in partnership with us to ensure this approach is applied consistently.

Our performance is compared with previous years affected by COVID which skews the trends but it is important to reflect the impact of COVID and new trends which will arise as part of the ongoing recovery.

Based on the current Strategic Needs Assessment (SNA), it is projected that more people living in Clackmannanshire and Stirling will have long term conditions, multiple conditions and complex needs. As such we need to transform our services to be able to respond to these needs.

¹ Based on 2020 Population from, statistics.gov.scot

Information and data we use to measure our performance

To compile this report, data has been accessed from a range of published national and local data sources.

The Annual Performance Report will set out how well the HSCP is meeting the outcomes of local people. The report will lay out, measure the impact of the changing model of care, and support being delivered for the people of Clackmannanshire & Stirling.

The Strategic Commissioning Priorities form the focus of this Annual Performance Report, drawing attention to day-to-day performance as well as to areas of good practice and plans for improvement.



To provide a wider context, Appendix 1 lays out how the current Strategic Plan 2019-2022 priorities link with the National Health and Wellbeing Outcomes and the National Health and Care Standards. In Appendix 2 we also map our progress against these outcomes using national core indicators.

Our Strategic Commissioning Plan and Partnership Priorities 2019-2022

HSCP PRIORITIES:

Care Closer To Home

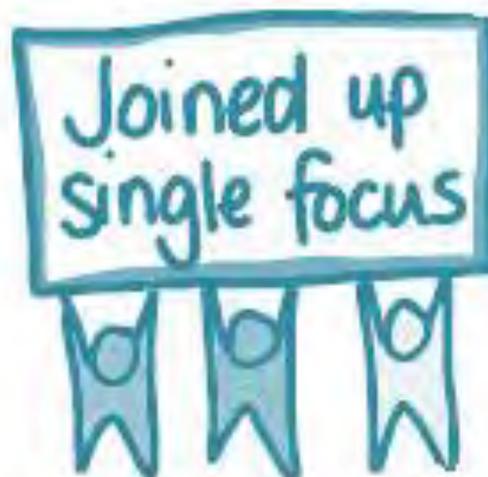
Primary Care Transformation

Caring, Connected Communities

Mental Health

Supporting People Living With Dementia

Alcohol And Drugs



Section 2 - Care Closer To Home

Throughout local consultation, as well as being documented nationally, it is clear that people wish to stay at home and independent for as long as possible.

“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 HSCP.”

As such, our focus on, Integrated community health and social care creates the conditions to shift the balance of care away from acute hospital. To ensure that **‘people live independently at home or in a homely setting in their community’**.

It is also well documented that people also have the right and also may wish to make **personal choices at the end of life**, to be supported in their home or within the community in a care home or community hospice.



Improving emergency or unscheduled care within hospitals is a key priority for the Scottish Government and locally for the HSCP.



The National Unscheduled Care – 6 Essential Actions Improvement Programme aims to improve the timeliness and quality of patient care from arrival to discharge back into the community.

688

Number of times a person aged 65+ was admitted to hospital as an emergency as a result of a fall. 21/22

Source: National Core Data

Operational services are working with individuals and their carers to ensure people are attending the right service at the right time. There is ongoing work with those who frequently attend hospital to be supported with community based interventions.

The ongoing programme of service re-design is focused on a home first ethos to minimise any delays to discharge, and access to care and support to avoidance of unnecessary admissions.



'Emergency Admission Rate'

Rank 11/33

More than Scottish average
13,921 emergency admissions over 21/22

National Indicator 12 - 2021/2022

Source: PHS Source



3%

The proportion of all discharges from hospital that experienced a delay.

Emergency hospital admissions have a significant impact on both acute and community services. People who may have had no need for very little social care support before admission, often require increased support after leaving hospital. Often people's independence may have reduced following a hospital stay regardless of their presenting health condition.

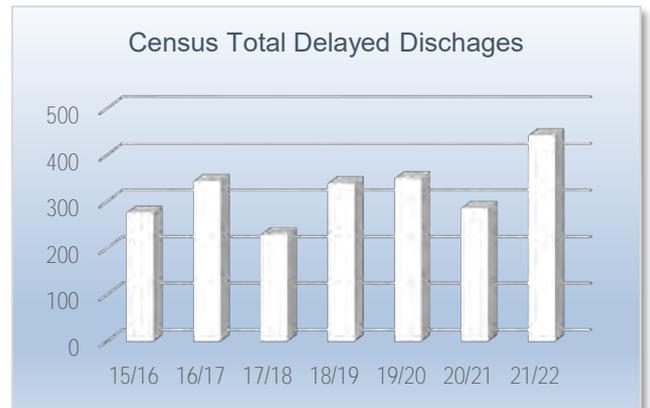
A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place.



Average daily emergency admissions over 21/22

39

An emergency admission is when a patient is admitted to hospital which is unpredictable and at short notice.



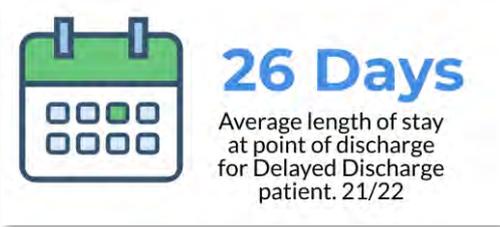
Source: National data PHS

Unintentional injury due to a fall is the main cause (67%) of emergency admissions to hospital in Scotland 2021/22. Falls are the cause of such a higher proportion of hospital admissions, especially in the older age groups. Those aged 65 and over are almost 7 times more likely to have an emergency admission compared to those aged under 65.

The graph above shows a rise in patients who were delayed in their discharge from hospital, compared to the previous year. The COVID-19 pandemic had an impact on behaviours in 20/21, with many people not attending hospital especially during lockdowns restrictions.

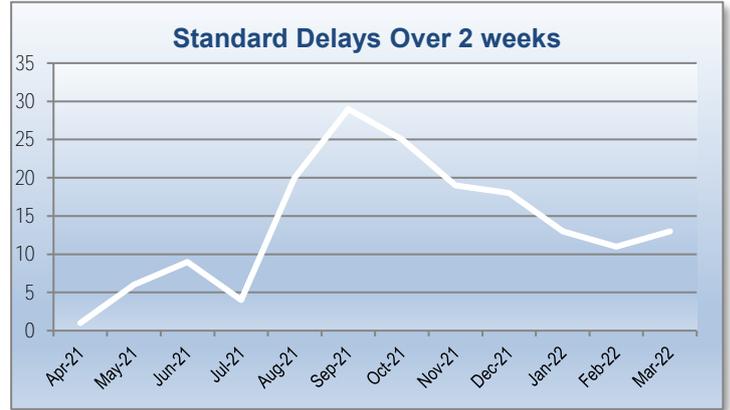
² A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place.

There were many new challenges in the community, sourcing packages of care and placements in care homes last year as a result of the Covid pandemic. However, our delivery partners worked together with HSCP colleagues to meet as much demand as possible based on their work.



Source: National data PHS

In line with other HSCPs and Health Board areas, managing pathways between community and the hospital over the past year has proved challenging. In addition, capacity within care homes fluctuated due to sporadic COVID-19 outbreaks and staff sickness. Care at home services were also challenged by cyclical outbreaks and workers self-isolating.



Source: Local NHS FV

Our performance for those patients waiting two weeks or more to go home shows a variable trend for 21/22 with the second lockdown ending just before April 2021. The trend reflects the sharp increase in demand on assessment, care at home and care home provision as a result of the end of lockdown restrictions, followed by the response of our service delivery partners in the third and independent sectors to rise to the challenge.



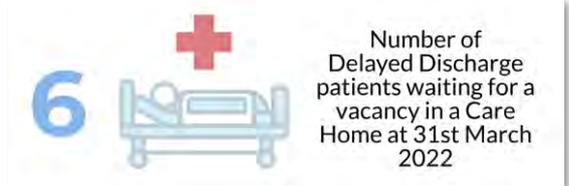
Source: National data PHS



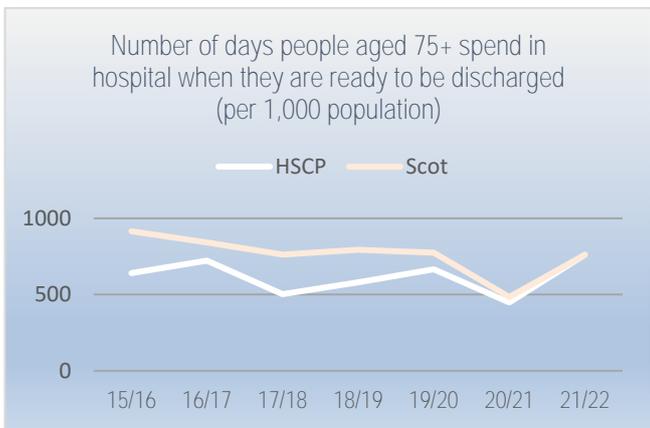
Source: National data PHS



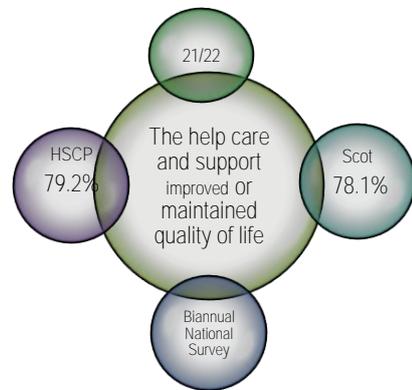
Source: Local NHS FV



Source: Local NHS FV



Source: National data PHS



Source: National Core Indicators

Alternatives To Admission And Supported Discharge

Many adults and older people can be supported at home, even when unwell, because it is well documented that staying unnecessarily in hospital can be detrimental to a person's ability to be re-abled or rehabilitated which may lead to a loss of function.

This has led to a strong focus on working to improve pathways to reduce delays in patient discharge planning. Planning for an effective discharge from hospital is vital in also reducing the risk of re-admission.



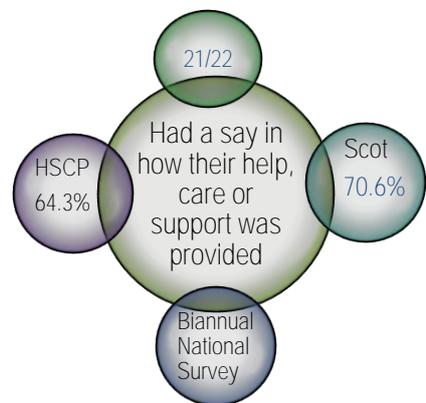
'Emergency readmissions to hospital within 28 days of discharge (rate per 1,000).'

Rank 4/33 Value 134

More than Scottish average 106

National Indicator 14 - 21/22
Source: PHS Source

A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay.



Source: National Core Indicators

District Nursing

The community nursing team is available 24 hours a day, 365 days a year, and provides planned and unplanned care and support.

Activity over 21/22 included:

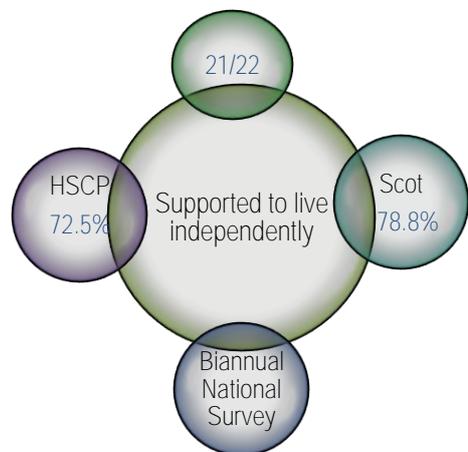
	20/21	21/22
Home Visits	77,066	86,034
Treatment Room	14,424	22,573
Telephone Calls	1,362	912

Source: Local Data – NHS FV

The prevention of unnecessary hospital admission can be achieved when people can regain or maximise their independence by being offered reablement or access to intermediate care. This can be offered to prevent an individual from having to go into hospital or when someone is leaving hospital to go home.



Source: Local NHS data



Source: National Core Indicators

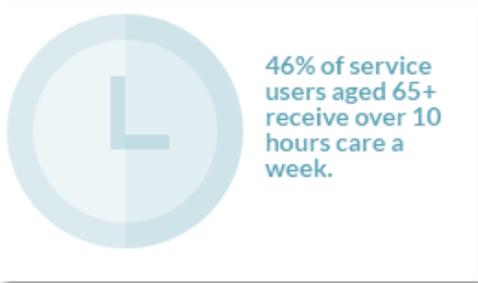
Adult

Social Care services such as; Intermediate Care, Reablement Services, and Care at Home, support people to achieve their agreed personal outcomes, based on assessment of need. People who are eligible for social care support can get services 'personalised' to individual needs and wishes through Self Directed Support.

There has been a focus, as a HSCP to ensure that Self-Directed Support (SDS) is fully implemented and that the principles of SDS are embedded in practice. SDS is about giving all supported people and unpaid carers choice, control and flexibility over their assessed needs for care and support.



However demand to remain at home with support is much greater than supply, this is a national problem that HSCP's face, which has worsened over the pandemic.



Source: Local Data – Adult Social Care



Source: Local Data – Adult Social Care

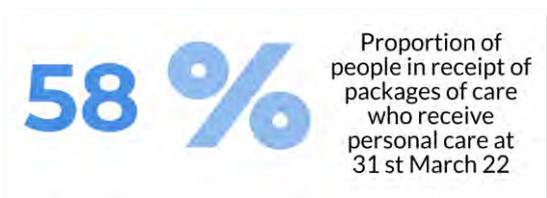
Reablement services focus on helping people to regain daily skills they may have lost due to a deterioration in their condition, a crisis or as a result of hospital admission. Supporting people to regain confidence and their independence, can potentially avoid a hospital admission or readmission, and can support live safely at home for as long as possible.

Review of adult social care

As part of the HSCP transformation programme, is the implementation of the Social Work Review. This work includes service modernisation across adult social work, a refresh of how we are implementing Self-directed Support, investment in our workforce and the delivery of Adult Support and Protection.



Source: Local Data – Adult Social Care

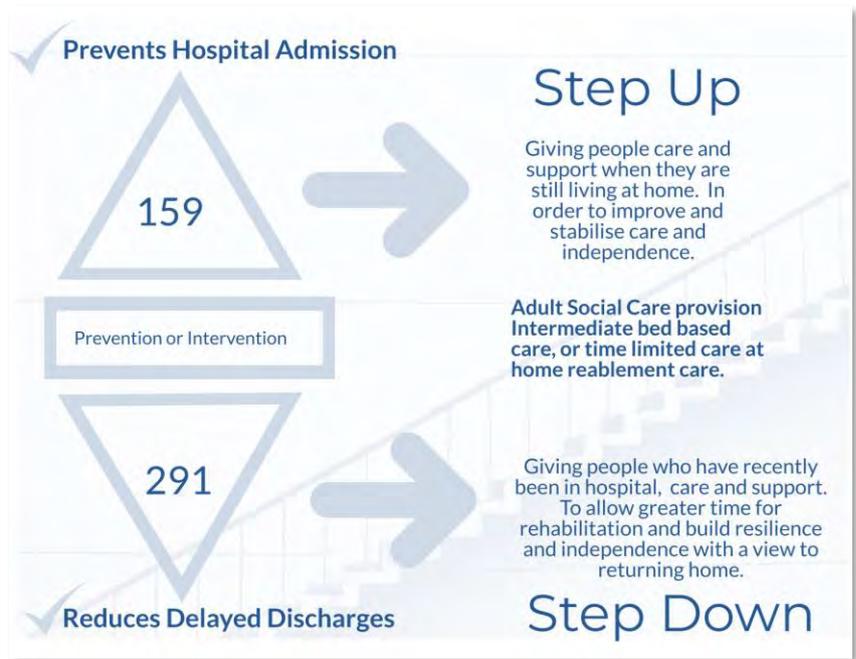


Source: Local Data – Adult Social Care

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.



Services Provided By Adult Social Care To Support Independent Living In The Community



Source: Local Data – Adult Social Care

Care Homes

When people are assessed as no longer able to live at home independently, they can move to a care home.

The 2022 care home census tells us that the number of care homes within the HSCP area reduced from 34 to 31 in 2021/2022. However, the number of long-term residents increased from 875 to 902. 78% of these residents were mainly or fully funded by HSCP in Clackmannanshire and 45% in the Stirling area. Nationally, it is estimated that 40% of new residents are admitted from hospital, and 36% from their own home.

Care Home Census	Average length of stay 1-2 years	Average length of stay - 5 or more years
Clackmannanshire	35%	20%
Stirling	32%	10%
Scotland	31%	12%

Source: National data

The average age of all residents at admission to a care home in Clackmannanshire is 66, and 70 in Stirling. In Scotland 10% of residents in a care home are aged 18-64, it is 35% in Clackmannanshire and 28% in Stirling. The health characteristics of long stay residents tell us that in Scotland 6% have learning disabilities, in Clackmannanshire it is 25%, and 21% in Stirling.

Care Home Assessment and Review Team (CHART)

As part of the ongoing community health and care response to COVID-19, the Care Home Assessment and Response Team (CHART) continued to support in statutory and independent sector.

This innovative approach has been mainstreamed across the whole care home sector to support consistency and provide assurance of quality of care, as well as access to clinical care and support for local care homes across Forth Valley.



'Proportion of care services graded good or better in care inspectorate inspections'
 Rank 6/33 Value 87%
 More than Scottish average 75.8%
 National Indicator 17- 21/22 Source: PHS Source

What Can Delay A Move Into A Care Home?



Time

- . Getting legal powers of Guardianship when no Power of Attorney in place and client has no capacity to make their own decisions.



Location

- . Finding a care home near to family that also provides the care the client needs.
- . Waiting on a vacancy in the chosen home.



Finances

- . Legal action for Guardianship
- . Completion of financial assessment
- . Agreement on a budget



Covid -19

- . Must have a negative test
- . Care Home must be clear of any outbreaks

Section 3 – 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

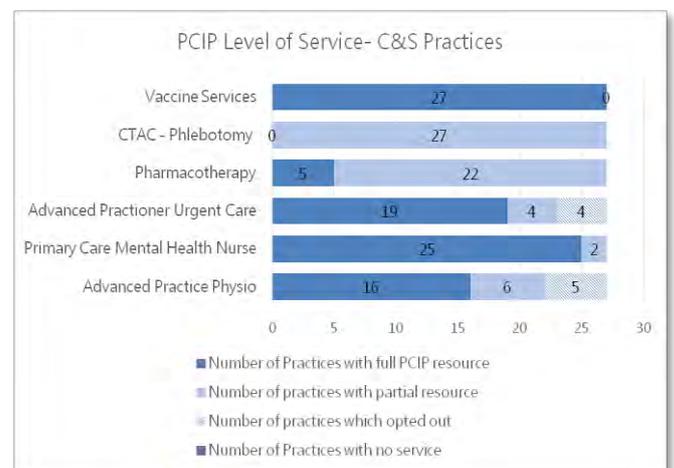
The Primary Care Improvement Plan 2018-2021 has been implemented and encourages General Practices (GP) to work together and take a multi-disciplinary approach to improving primary care including working on a Locality based model.

By developing the role of community health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioner, it frees up GPs time to focus on patients with more complex needs.

All practices now have a level of multidisciplinary support in place, and the model of care is now well embedded.

Nationally, the pace of service redesign has been impacted by the COVID-19 pandemic across all areas. This included the reduction of appointment times, reduction to programme management capacity, restrictions to patient capacity and workforce reallocation. Many appointments shifted to telephone or Near Me video consultations, with face-to-face appointments offered following telephone triage where necessary.

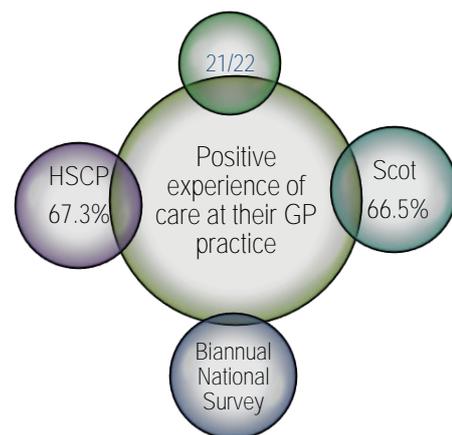
All areas are now working on remobilisation of services.



Source: Local NHS Data



Source: National Core Indicators



Source: National Core Indicators

Section 4 – Caring Connected Communities

*“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**. “*



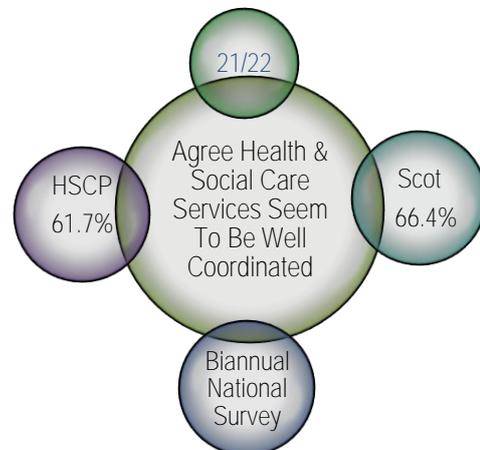
The HSCP strives to support people to remain independent and safe within their own home or a homely setting for as long as they are able to, as well as maintaining their connections with their communities and their quality of life.

In early 2020, as part of the development of the new HSCP Senior Management Team, dedicated resource was allocated to support the development of Localities to ensure community participation and co-produced local services models.

The HSCP has three distinct localities Clackmannanshire, Stirling Rural and Stirling Urban. Each of these areas is sufficiently large enough to support area based service planning and development, whilst also providing scope for local involvement.

During 2021/2022 this work will recommence, with the development of an approach to supporting Localities which is inclusive and addresses disparity.

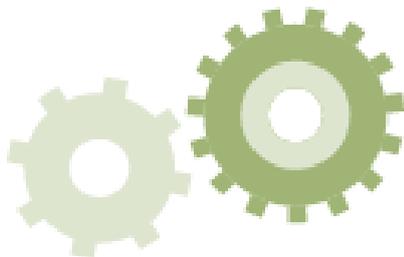
It is well documented that population changes mean a changing demand and use of services, particularly for older people and people with multiple and complex health conditions.



Source: National Core Indicators

However there are some significant variances in terms of socio economic opportunity across the three Locality areas. This has an impact on health and wellbeing outcomes within our communities, as demonstrated within the locality profiles which are published on our [website](#).

Moving forward we will seek to re-organise community care delivery, including care at home and district nurses etc into geographical patches which will bring a range of benefits including strengthening multi-disciplinary delivery.





Source: National Data – Core Indicator



Following investment from the IJB, the HSCP invested in Locality focussed multi-disciplinary teams within Stirling Rural, Stirling Urban and Clackmannanshire. These integrated teams focus on individual outcomes with the right professional / practitioner at the right time.

Ongoing development of the model of care ensures the delivery of outcomes focused practice in line with national policy; the continuation of the shift away from institutional bed based care where possible towards person centred community care.

These commitments align to the priorities of the current HSCP Strategic Plan which describes the move towards more outcomes focused care and support; access to technology enabled care and choices and control over care and support.

The model of care and support for Rural Southwest Stirling has been developing by working alongside our communities, third sector partners, primary care colleagues as well as leaders within community health and social care services.

The IJB has invested additional resources to support people in our communities who have been identified as requiring community reablement; personal care at home or appropriate long term nursing care. In addition, also developing the offer to increase technology enabled care in the rural area.

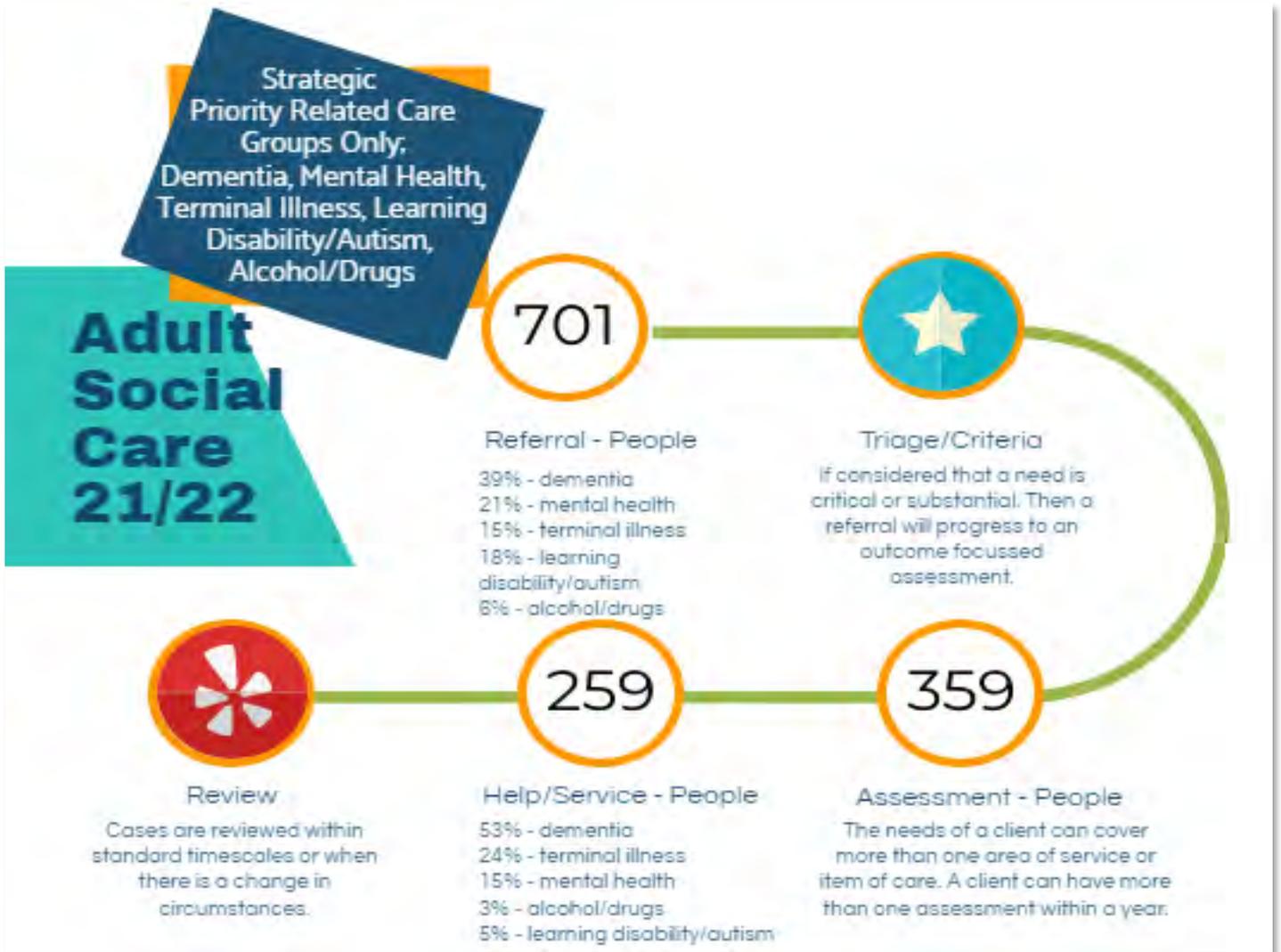
The HSCP continues to focus on the delivery of care and support which will enable individuals, their families and carers more choice and control over their care and support.

Kate's Story

Kate tells us what her support needs are

YouTube

Adult Social Care – All clients - 2021/22



The graphic above shows a process timeline for clients who contacted the service throughout 2021/2022, for the care groups we are focussing on in this report.



The two local carers centres continue to be funded to support carers in their caring role and undertake Adult Carer Assessments. They offer carers information and advice as well as provide training to carers and workers across the HSCP. Carers organisations locally are key partners of the HSCP as representing the voice of carers and offering carers locally focused care and support.



National implementation plan

The HSCP continues to be committed to supporting carers who have been more significantly impacted by the ongoing pandemic



Care Homes affected by COVID-19

There have been ongoing challenges in the delivery of short breaks and respite as a result of the pandemic. Due to ongoing staffing pressures and fluctuating infection rates, the re-opening of respite has focused on the most vulnerable.

The HSCP Carers Strategy outlines how we will support unpaid carers as well as meets our statutory requirements. This strategy dovetails with the HSCP Short Break Services Statement, which sets out our approach to short breaks from caring and what is available.

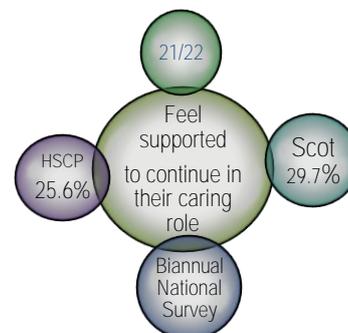
The HSCP Carers Planning Group membership expanded to include more unpaid carers and the options for the Carers Forums to feed in directly to the local planning and delivery of support for carers. An updated Action Plan was agreed based on good outcomes for carers and ensuring the needs of carers are being met.

2021-2022 Adult Support Plans

496 ASP's for Carers completed by local Carers Centres and 173 ASP's completed in Adult Social Care.



Source: Local Data – Adult Social Care/Carers Centres

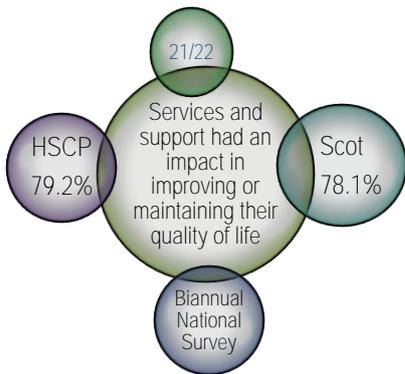


Source: National Core Indicators

Support more people at end of life

Palliative and/or end of life care is provided by community health and social care services across our communities. There are also specialist services for those with more complex health needs.

The number of people with complex long term conditions and palliative care needs are increasing based on the current HSCP Strategic Needs Assessment. The HSCP works to offer choice of care and support for individuals at end of life.



Source: National Core Indicators

We aim to ensure everyone who has palliative/end of life needs is identified and their needs are met.



'Proportion of last 6 months of life spent at home or a community setting.'

Rank 18/33 Value 89.6%
Less than Scottish average 89.8%
National Indicator 15 - 21/22 Source: PHS Source

Learning Disabilities

Our commitment to improving outcomes for people with learning disabilities reflects the national strategy. Staff are integrated to ensure a consistency of service.



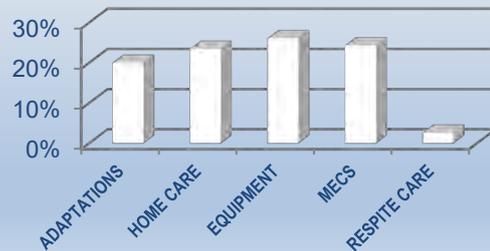
The HSCP continues to be committed to the delivery of the Coming Home Report which was about improving care for people with complex needs and learning disabilities and asked HSCPs to look at any out of area placements they had. The aim was to reduce people who are

108 referrals to Adult Social Care for those in Terminal Illness care group over 2021-22

60 referrals assessed

61 clients received a care package

21/22 Adult Social Care Terminal Illness Referrals Who Received a Service



Source: Local Data – Adult Social Care

Palliative care services also provide support to care homes to manage patients with complex needs during an end of life.

delayed in their discharge and provide care closer to home for people with learning disabilities and complex needs.



Source: Local Adult Social Care data

129 referrals to Adult Social Care for those in Learning Disability/Autism care group over 2021/22

42 referrals were assessed

13 client received a care package

Section 5 - Mental Health

Scotland's Mental Health Strategy emphasises the need to prevent and treat mental health problems with the same commitment as physical health problems. In line with the national strategy the HSCP aims to support prevention and early intervention.

Community Support

Primary care is the first point of contact with the NHS. This includes contact with community based services such as general practitioners (GPs), community nurses, and Allied Health Professionals (AHPs).

The mental health nurse team are now embedded in the majority of GP practices offering around 500 weekly appointments across the area. The service is redirecting consultations which would otherwise be with a GP.



Community Support – Outpatients

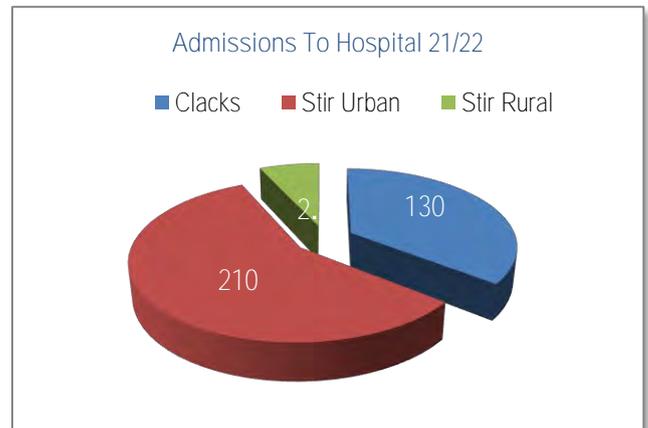
Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

Community Mental Health Teams (CMHTs) support people with severe and enduring mental health in the community. They saw 2,200 new referrals in the period, and 19,441 return appointments over 21/22.

Acute Support

Acute hospital care includes activity 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.

There were 374 admissions to hospital over 21/22, and the chart below shows the proportion by locality area.



Source: Local Data – NHS FV

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.

Social Care

47.5% of people with mental health problems who were referred in 21/22, went on to receive a care package from Adult Social Care that provided them with practical support in the form of personal or non-personal care. Many of the other referrals may already be known to the service and who may already be in receipt of a service.



Source: Local Data – Adult Social Care

Section 6 - 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 partnership with the Third Sector.”

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of Post Diagnostic Support (PDS).

Integrated community health and social care services also work to ensure those with dementia and their unpaid carers are supported to remain living at home and with their family for as long as possible.

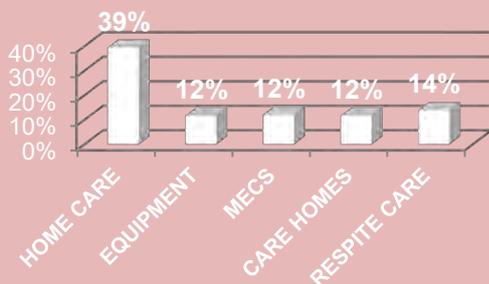
272 referrals to Adult Social Care for those in Dementia care group over 2021-22

151 referrals were assessed

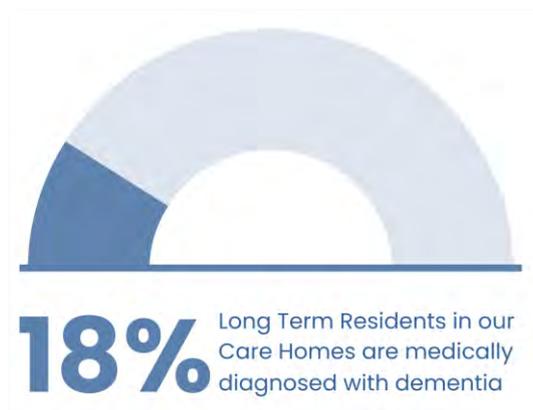
137 clients received a care package

Source: Local Data – Adult Social Care

21/22 Adult Social Care Dementia Referrals Who Received A Service



Source: Local Data – Adult Social Care



Source: National Data

The national Care Home census tells us that the prevalence of dementia locally is lower than the national average of 26%.



Dementia is a common condition which can include problems with memory loss, thinking speed, mental agility, language, understanding and judgement.



Section 7 - 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.”

Strategic Plan 2019-2022

The Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) consists of statutory, third and independent sector organisations. It works to prevent and reduce harm from substance use. We have identified numerous areas of good practice across our partnership, which we will grow using our commissioning consortium approach in 2022/23.

Waiting Times 2021/2022

The national target - 90% of people should wait no longer than 3 weeks to access Drug and Alcohol treatment. Has been met consistently, and we are working to reduce other barriers to treatment, for example people also seeking mental health support.



As at 31st March 2022 Source: National data.

Recovery Activity 2021/22

The Clackmannanshire and Stirling ADP funds Recovery Scotland to deliver recovery-oriented activity across our communities. This includes recovery cafes in every locality, women’s spaces and organised walks for people in recovery. The continued delivery of our peer recovery worker programme sees people with lived experience supporting others in housing, psychology and justice settings.



Source: Local Data

45 referrals to Adult Social Care for those in Alcohol or Drugs care group over 2021-22

24 referrals were assessed

9 client received a care package

Source: Local Data – Adult Social Care

As the strategic planning partnership with responsibility for substance use harm reduction, the ADP has reflected on the numbers of people receiving social work support. We now intend to invest in specialist social work support, targeted for people with substance use issues who might not otherwise be assessed as meeting the threshold for statutory social work intervention.



Source: Local Data – Adult Social Care

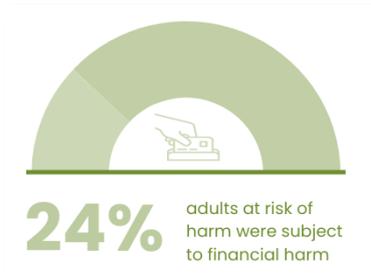


Section 8 - Adult Protection



Adult Protection (ASP) offers support and protection to adults who may be at risk of harm or neglect. It aims to balance people's rights and taking action, where necessary, to support and protect them.

An 'adult at risk' of harm is defined as a person aged 16 years or over, who may be unable to protect themselves from harm, exploitation or neglect, because of a disability, mental disorder or mental illness, physical or mental infirmity.



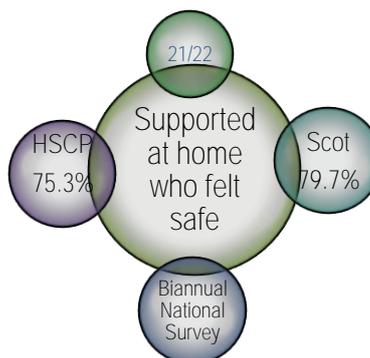
Source: Care Inspectorate

Clackmannanshire and Stirling Adult Support and Protection Committee assures that each of the community services in place for adult protection are performing well and keeping the residents of the HSCP area safe.



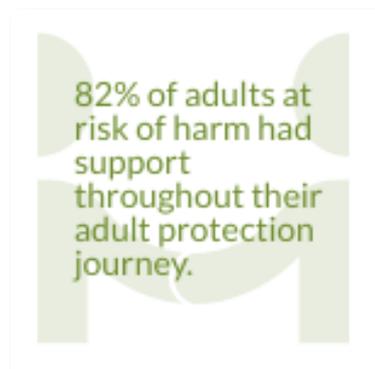
Source: Care Inspectorate

When a concern is reported (called a referral), initial inquiries/discussions are made before taking action. This information helps make the best decision with the involvement of the adult concerned. It may lead to immediate action or a more planned response.



Source: National Core Indicators

In 2021/2022 there were two separate ASP inspections across the Clackmannanshire and Stirling areas. A programme of improvement has been implemented and continues to redesign and refresh the ASP arrangement.



Source: Care Inspectorate



Source: Care Inspectorate

Section 9 - Finance & Governance

Annual Financial Statement

We will continue to use the funding available to the Partnership to improve services for people and pursue our Strategic Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Plan priorities and key performance measures is improving and will continue to do so.

Financial Performance

The funding available to support the delivery of the Strategic Plan comes from payments from the constituent authorities (Clackmannanshire and Stirling Councils and NHS Forth Valley), the Set Aside budget for Large Hospital Services and allocations for specific purposes within the responsibilities of the IJB from Scottish Government.

The IJB directs partners to deliver and/or commission services across the Partnership on its behalf.

For the financial year ended 31 March 2022 the IJB achieved a breakeven position on the Integrated Budget after a contribution from further covid funding utilised in line with Scottish Government guidance.

The expenditure of the IJB for year ended 31 March 2022 is detailed in the table below. These figures are subject to statutory audit and it is useful to read the content of the IJBs Annual Accounts alongside this report. The 2021/22 IJB Annual Accounts and accounts relating to previous financial years are published here:

<https://clacksandstirlinghscp.org/about-us/finance/>

Service Area	2017/18	2018/19	2019/20	2020/21	2021/22
	£'000	£'000	£'000	£'000	£'000
Set Aside Budget for Large Hospital Services	19,985	20,633	22,006	23,588	24,736
Adult Social Care: Clackmannanshire Locality	16,539	17,136	16,130	17,326	21,583
Adult Social Care: Urban and Rural Stirling Localities	32,383	34,889	37,733	36,895	42,447
Health Services under Operational Responsibility of IJB	33,543	36,039	36,129	37,623	39,774
Universal Family Health Services including Primary Care Prescribing	67,034	70,365	76,594	82,090	83,691
Integration (Social Care) Funding *	8,860	8,808	8,838	23,072	13,168
Shared Partnership Posts & Statutory Costs of IJB	262	292	284	301	317
Transformation	3,086	2,734	2,202	2,454	2,521
TOTAL EXPENDITURE	181,692	190,897	199,916	223,349	228,237

* For 2020/21 this figure includes Covid-19 funding passed through to Local Authorities and is therefore not directly comparable with previous years.

Best Value

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the constituent authorities) delegate budgets, referred to as payments and Set Aside budget for Large Hospital Services, to the IJB which decides how to use these resources to pursue the priorities of the Strategic Plan and progress on performance against the national health and wellbeing indicators. The Board then directs the partnership through the constituent authorities to deliver services in line with this plan.

The governance framework is the rules, policies and procedures by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council areas.

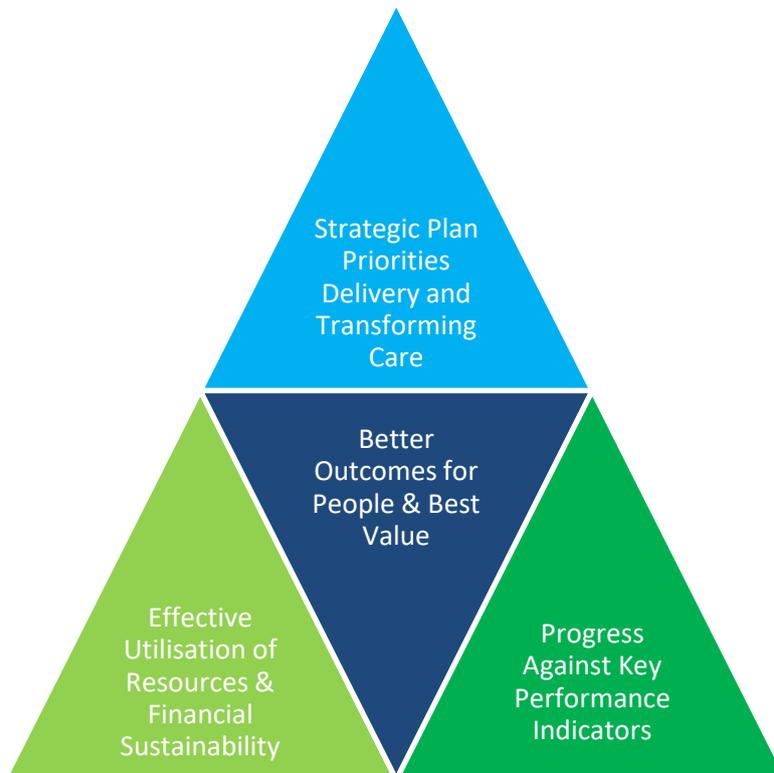
The Board ensures proper administration of its financial affairs by having a Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973).

As part of governance arrangements the Chief Officer leads the Senior Leadership Team (SLT) and chairs the Senior Leadership Management Team (SMLT).

The Partnership views the triangulation of key performance indicators, measurable progress in delivering the priorities of the Strategic Plan, and financial performance as forming the cornerstone of demonstrating best value. This is set out graphically below.



'% Health Care Resources spent on hospital stays where patient was admitted in an emergency'
Rank 18/33 Value 23.2%
Less than Scottish average 24.2%
National Indicator 20- 19/20
Source: PHS Source



Appendix 1 – Strategy Map

National Health & Wellbeing Outcomes	Strategic Plan Priorities					
	Care closer to home	Primary Care Transformation	Caring, connected communities	Mental Health	Supporting people living with Dementia	Alcohol and Drugs
People are able to look after and improve their own health and wellbeing and live in good health for longer.						
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.						
People who use health and social care services have positive experiences of those services, and have their dignity respected.						
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.						
Health and social care services contribute to reducing health inequalities.						
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.						
People who use health and social care services are safe from harm.						
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.						
Resources are used effectively and efficiently in the provision of health and social care services.						

National Health & Care Standards	Strategic Plan Priorities					
	Care closer to home	Primary Care Transformation	Caring, connected communities	Mental Health	Supporting people living with Dementia	Alcohol and Drugs
I experience high quality care and support that is right for me	✓	✓	✓	✓	✓	✓
I am fully involved in all decisions about my care and support	✓	✓	✓	✓	✓	✓
I have confidence in the people who support and care for me	✓	✓	✓	✓	✓	✓
I have confidence in the organisation providing my care and support	✓	✓	✓	✓	✓	✓
I experience a high quality environment if the organisation provides the premises	✓	✓	✓	✓	✓	✓

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

Appendix 2 - Core Indicators

	Indicator	Title	15/16	17/18	19/20	21/22
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	93.6%	91.7%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	82%	82% Not comparable with 19/20	76.1%	72.5%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	76%	74%	74.4%	64.3%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	73%	76% Not comparable with 19/20	68.8%	61.7%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78% Not comparable with 19/20	75.2%	67.8%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87% Not comparable with 19/20	78.8%	67.3%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	79.1%	79.2%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38% Not comparable with 19/20	29.6%	25.6%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86% Not comparable with 19/20	83.5%	75.3%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	No data	No data	No Data	No Data

The 'outcome' indicators above are normally reported every 2 years from the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. The Health and Care Experience survey for 2021/2022 was published by the Scottish Government on 10 May 2022 with local-level results available via interactive dashboards on the PHS website. Please note that the figures presented in the Core Suite Integration Indicators may differ from those published.

Indicator	Title	Partnership							
		Baseline 15/16	Current					20/21	21/22
			16/17	17/18	18/19	19/20			
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429	459	440	
NI - 12	Emergency admission rate (per 100,000 adult population)	9,985	10,703	10,467	12,660	11,940	12,605	12,758	
NI - 13	Emergency bed day rate (per 100,000 population)	116,465	113,592	110,147	113,022	106,429	93,593	97,710	
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	107	107	104	133	146	134	
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.0%	87.2%	87.4%	87.6%	90.9%	89.6%	
NI - 16	Falls rate per 1,000 population aged 65+	14.2	16.3	18.5	20.7	22.3	20.9	23.6	
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82.0%	88.3%	96.2%	93.4%	91.0%	91.1%	87.0%	
NI - 18	Percentage of adults with intensive care needs receiving care at home	69.7%	70.0%	66.7%	66.7%	69.8%	69.2%	71.2%	
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	665	448	761	
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20.9%	20.9%	22.7%	23.7%	23.2%	No Data	No Data	
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data	No Data	No Data	No Data	No Data	No Data	No Data	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data	No Data	No Data	No Data	No Data	No Data	No Data	
NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data	No Data	No Data	No Data	No Data	No Data	No Data	

Indicators 12, 13, 14, 15, 16, and 20 are based on patient level hospital activity information called Scottish Morbidity Records (SMRs) which are submitted to PHS by NHS Boards.

Indicator 20 - Health costs used within this indicator are calculated during the patient level costing (PLICS) process: <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/Method-Sources.asp>

June 2022 update - data not presented beyond financial year 2019/20. Indicator 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. Information for this indicator was previously released up to calendar year 2020 but is now presented to financial year 2019/20 only. PHS have recommended that Integration Authorities do not report information for this indicator beyond 2019/20 within their Annual Performance Reports.

Indicator 20 relies on the Patient Level Information Costing System (PLICS) which requires cost information at hospital/specialty level. Due to changes in service delivery during the COVID-19 pandemic, NHS Boards were not able to provide information at this level for financial year 2020/21. As a result, PHS are not able to produce cost information for that year. The latest year for which costs are available in the required format is financial year 2019/20. Normally costs from the previous year could be used as a proxy for costs in future years but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate due to the potential impact on interpretation of the data.

Appendix 3 - Inspections

The Partnership underwent two strategic inspections in the period. Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and **Her Majesty's Inspectorate of Constabulary in Scotland**. The aim of these inspections is to provide timely national assurance about individual local partnership areas effective operations of adult support and protection key processes, and leadership for adult support and protection.

- The joint inspection of the Clackmannanshire area took place between October 2021 and February 2022. **They concluded the partnership's key processes** for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.
- The joint inspection of the Stirling area took place between September 2021 and January 2022. **They concluded the partnership's key processes for adult** support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Strengths	Clackmannanshire	Stirling
	Adults at risk of harm experienced improved safety outcomes because of multi-agency collaboration and intervention	Adults at risk of harm and unpaid carers' views were sought throughout adult support and protection processes.
	The partnership consistently carried out all adult support and protection processes in a timely manner. This was in keeping with local procedure and the adult at risk of harm's needs.	Partners worked collaboratively with staff and the community to raise awareness of financial harm. This had a positive impact on reducing risks associated with financial harm.
	Screening and initial inquiries upheld the principles of the Adult Support and Protection (Scotland) Act 2007 for adults at risk of harm. The three-point test was routinely clearly recorded in the adult at risk of harms' records .	Community health services and acute hospital services helped to improve outcomes for adults at risk of harm through effective information sharing and recording.
	Early intervention initiatives, such as 'safeguarding through rapid intervention; and the early intervention to welfare concerns initiative' (STRIVE), effectively supported vulnerable individuals.	The partnership worked collaboratively with care home providers to raise awareness of adult support and protection and referral processes.
	Leadership for adult support and protection was effective throughout the Covid-19 pandemic. The partnership maintained critical services to adults at risk of harm.	The partnership continued to operate effectively during the pandemic, maintaining ongoing support for adults at risk of harm.
Priority areas for improvement	The partnership should remove the 'police only' investigations procedure from its adult support and protection work as a priority.	The partnership should fully embed quality assurance and self-evaluation processes for adult support and protection.
	Clear chronologies, risk assessments, and protection plans should be done for all adults at risk of harm who require them.	The partnership should fully implement the recently developed Adult Support and Protection Improvement Plan and include how the priority areas for improvement set out in this report will be met.
	The partnership should engage with adults at risk of harm and their unpaid carers in adult protection case conferences.	Decision-making processes of large-scale investigation planning meetings should be clearly recorded in adult at risk of harms' multiagency records.
	Managers' expectations of adult protection practice should be in line with published guidance.	The quality of chronologies, risk assessments and protection plans should be improved to promote better management of risk. Consistent use of templates could contribute to this.
	Stages of the adult support and protection process should be clearly defined. This should be supported by templates for recording adult support and protection work. The lived experience of adults at risk of harm and their unpaid carers should be represented at the partnership's strategic decision-making forums for adult support and protection.	An adult protection case conference should always be convened when necessary. Police and health should attend when required.
		The partnership must adhere to its statutory obligations where it believes an adult is at risk of harm and an intervention may be required. Investigations must always be completed by trained Council Officers.

	What needs to improve?	Action plan	Monitoring progress	WHO/RAG
STIRLING PRIORITY AREAS FOR IMPROVEMENT				
1.	<p>Priority areas for improvement</p> <p>The partnership should fully embed quality assurance and self-evaluation processes for adult support and protection.</p>	<p>Develop a robust programme of audit and evaluation to evaluate and evidence if procedures are effective in improving outcomes for people. Embed monthly Self-Evaluation Program with practitioner and team leaders using established CI file reading tool.</p>	<p>The themes arising from audits will be reported back into the PQI sub-committee through the ASP lead officer report.</p>	ASP lead officer
		<p>ASP HSCP lead will co-ordinate and develop program of multi-agency Audits which feed back into PQI sub committee</p>	<p>Feedback to PQI subcommittee every 3 months through lead officer report template & ASP lead officer annual evaluation report to identify key themes and actions taken.</p>	All agencies to be involved HSCP lead
		<p>Service User evaluation - We have commissioned a third sector provider to undertake Service user evaluations following support.</p>	<p>ASP lead officer to feedback to PQI sub-committee through lead officer report which will be fed up to PPC and COG</p>	ASP lead officer
		<p>As part of the evaluation program all IRD's will be reviewed to ensure consistency and embed improvement. All agencies will review IRD Overview Group following implementation of EIRD.</p>	<p>All agencies Lead officers to feedback to PQI sub-committee which will be feed up to PPC and COG</p>	HSCP/NHS/ police
2.	<p>Priority areas for improvement</p> <p>Fully implement the recently developed Adult Support and Protection Improvement Plan and include how the priority areas for improvement set out in this report will be met.</p>	<p>All agencies require to contribute towards improvement and will feedback into the ASP short life Improvement working group</p>	<p>Feedback into the ASP short life Improvement working group The HSCP ASP lead officer will also provide feedback to the following committees; PQI sub committee, PPC, COG.</p>	HSCP/NHS/police
3.	<p>Priority areas for improvement</p> <p><i>Decision-making processes of large-scale investigation planning meetings should be clearly recorded in adult at risk of harms' multi-agency records.</i></p>	<p>We will ensure that we maintain and embed good record keeping across our agencies, ensuring that any LSI involving a service the adult is supported by, is recorded with timely updates as the LSI progress. We will monitor Client Records and the quality of our record keeping, through our internal evaluation program as well as multi- agency audits.</p>	<p>Performance will be monitored through supervision and the peer self-evaluation programme. Areas of improvement and success will be fed back through the self-evaluation program and detailed in the ASP lead officers report to the PQI sub-committee and PPC/COG</p>	HSCP ASP lead officer
4.	<p>Priority areas for improvement</p> <p>The quality of chronologies, risk assessments and protection plans should be improved to promote better management of risk.</p> <p>Consistent use of templates could contribute to this.</p>	<p>Clear frameworks in place for chronologies, risk assessments and protection plans, developing training for staff which are embedded consistently into operational practice. Review and evaluate chronologies, risk assessments and protection plans as part of the overall self-evaluation and audit framework. Develop a chronology, risk assessment and protection plan for all case conferences, we will monitor the activity as part of our PQI framework.</p>	<p>Feedback the outcome of the self-evaluation and audit program through the ASP Lead officer report to PQI sub-committee and then up to the PPC/COG. Monitor the completion of Chronologies, risk assessment, protection plans through our PQI framework, and report data back to the PQI subcommittee.</p>	HSCP ASP lead officer and PP L&D officer

		<p>The HSCP has developed Performance Quality Indicators, which specifically will monitor chronologies, risk assessments and protection plans. Specifically the indicators look to identify that the practice is embedded, of a quality expected and completed timeously.</p> <p>Embed one template to be shared and completed by all council officers and remove any documents not relevant.</p>	<p>Monitor and report on data regarding staff training events through the L&D subgroup</p>	
5.	<p>Priority areas for improvement</p> <p>An adult protection case conference should always be convened when necessary.</p>	<p>Ensure that Adult protection case conferences are quorate thus having all key agencies present or providing a report.</p> <p>Ensure Adults at risk of harm and their unpaid carers are supported to attend and fully participate in the discussions of the case conference. (Advocacy)</p> <p>Monitor attendance at APCC's through our PQI framework as well as monitoring that APCC's have been arranged timeously.</p> <p>Develop and deliver Adult Support and Protection Case Conference Training (Council officer).</p>	<p>Feedback any challenges through the lead officer report to the PQI sub-committee, which will examine data and performance.</p>	HSCP/NHS/police
6.	<p>Priority areas for improvement</p> <p>The partnership must adhere to its statutory obligations where it believes an adult is at risk of harm and an intervention may be required.</p> <p>Investigations must always be completed by trained Council Officers.</p>	<p>Review and evaluate internal pathways and processes, which reflect the respective statutory obligations, resulting in the comprehensive ASP improvement plan.</p> <p>Ensure that an appropriately qualified Council officer leads all visits and investigations, which will be monitored through our internal program of self-evaluation and fed up through the lead officer's report to PQI and PPC.</p>	<p>The HSCP lead officer will oversee the peer evaluation program and work collaboratively with the partner agencies to embed and review the multi-agency audits. The evaluation of both of these processes will inform the lead officer report for the PQI subcommittee, evidencing that partners are meeting statutory obligations and where required, identify actions for improvement.</p>	HSCP/NHS/police

CLACKMANNANSHIRE - PRIORITY AREAS FOR IMPROVEMENT

7.	<p>Priority areas for improvement</p> <p>The partnership should remove the 'police only' investigations procedure from its adult support and protection work as a priority.</p>	<p>Update guidance and communicate through the practitioner and management forums; EIRD group to ensure this message is clear and outline the expectation of staff where there is criminality within referrals.</p>	<p>Monitored closely through the multi-agency audit process.</p>	<p>HSCP Lead and ASP Lead Officer</p>
8.	<p>Priority areas for improvement</p> <p>Clear chronologies, risk assessments, and protection plans should be done for all adults at risk of harm who require them.</p>	<p>Clear frameworks in place for chronologies, risk assessments and protection plans, developing training for staff.</p> <p>Review and evaluate chronologies, risk assessments and protection plans through self-evaluation and audit framework.</p> <p>Develop a chronology for all case conferences, monitor the activity as part of our PQI framework.</p> <p>Develop Performance Quality Indicators, which will monitor chronologies, risk assessments and protection plans.</p>	<p>Feedback to PQI sub-committee and then up to the PPC/COG.</p> <p>Monitor through PQI framework, and report data back to the PQI subcommittee.</p>	<p>HSCP ASP lead officer and PP L&D officer</p>
9.	<p>Priority areas for improvement</p> <p>The partnership should engage with adults at risk of harm and their unpaid carers in adult protection case conferences.</p>	<p>Develop and deliver robust training for practitioners, paid carers and informal carers.</p> <p>Carer's lead will work across the statutory and third sector.</p> <p>Carers Strategy to ensure that there are robust assessment pathways in place to provide support to carers.</p> <p>Gather the views of the lived experiences of adults at risk of harm and their unpaid carers</p> <p>Invite Adults at risk of harm and their unpaid carers and support to attend and fully participate in the discussions of a case conference.</p>	<p>monitor through the PQI Framework and report back into the PQI sub-committee</p> <p>Central carers have been commissioned to deliver training.</p>	<p>HSCP ASP lead officer and PP L&D officer</p>
10.	<p>Priority areas for improvement</p> <p>Managers' expectations of adult protection practice should be in line with published guidance.</p>	<p>Ensure a self-evaluation programme to support improvement, development and promote good practice.</p> <p>A programme of audit and evaluation will evidence if our procedures are effective in improving outcomes for people.</p> <p>Monitor performance through our newly developed Performance and Quality Framework which will be fed back into the PQI sub-committee, identify areas for improvement if necessary.</p> <p>Review core supervision pathways.</p>	<p>Embed and review the multi-agency audits.</p> <p>Lead officer report for the PQI subcommittee.</p> <p>feedback to team managers responsible for supervision of Council officers.</p>	<p>HSCP ASP lead officer</p>
11.	<p>Priority areas for improvement</p> <p>Stages of the adult support and protection process should be clearly defined. This should be supported by templates for recording adult support and protection work.</p>	<p>Review all documentation in use for each stage of the ASP process and undertake improvements.</p> <p>Ensure that entry fields are mirrored taking into account the statutory process and local FV ASP guidance.</p>	<p>short life-working group to look at internal processes and current templates. feedback to PQI sub-committee</p> <p>Longer term goal to replace Client recording system</p>	<p>HSCP ASP lead officer</p>
12.	<p>Priority areas for improvement</p> <p>The lived experience of adults at risk of harm and their unpaid carers should be represented at the partnership's strategic decision-making forums for adult support and protection.</p>	<p>Review the service user evaluation process, with commissioned third sector providers who undertake this on our behalf.</p> <p>Ensure evaluation and feedback pathway is open to service users as well as unpaid carers and demonstrate that there is a clear line of direction to inform and shape strategic plans through to our committees, evaluation reports and strategic planning.</p>	<p>link in with national campaigns and local comms offices as well as high lighting any forthcoming publicity to PQI subcommittee and PPC/COG committees.</p> <p>Lead officer for carers currently being recruited</p>	<p>HSCP ASP lead officer</p>

Registered services owned by the Partnership are inspected annually by the Care Inspectorate, there was 1 service inspected during 2021/2022. Additional information and full detail on inspections can be found at the Care Inspectorates website www.careinspectorate.com.

Since 1 April 2018, the new Health and Social Care Standards have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people.

Unit	Date Inspection Completed	How well do we support peoples wellbeing?	How well is our care and support planned?	How good is our leadership?	How good is our staff team?	How good is our setting?	Recomm- endations	Requirements	Areas for improvement
Menstrie House	04/05/2022	Adequate	Adequate	Adequate	Adequate	Good		2	5

Source: Care Inspectorate

Rec - A recommendation sets out actions that a provider should take to improve or develop service quality, but where failure to do so would not directly result in enforcement.

Req - A requirement sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in statutory requirements. Requirements are enforceable in law.

Inspection Requirements, Recommendations, and Areas For Improvement

Unit	Action
Menstrie House	
<p>Requirement - 1. By 29 April 2022, the provider must ensure that people are supported with all aspects of their nutrition and hydration. To do this the provider must, at a minimum, ensure:</p> <p>a) They use their screening tool, Malnutrition Universal Screening Tool (MUST) fully.</p> <p>b) Where anyone is identified as at risk of malnutrition, then appropriate actions are followed. This should include, but not be limited to, MUST Step 5.</p> <p>c) Where anyone is identified at risk of dehydration or needs increased fluids due to infection, then a fluid chart is in place.</p> <p>d) All staff, including kitchen staff, are aware of each person's dietary needs.</p> <p>e) Provision of any dietary needs are followed throughout the day.</p> <p>f) Training is provided to staff to allow them to support nutritional needs</p>	<p>Action taken on previous requirement All People had a Malnutrition universal screening tool (MUST) completed and reviewed, however not all were completed accurately. Training had been identified for staff and a date confirmed, however no training had commenced. We saw fluid and food daily charts were completed for people identified at risk, however inaccuracies remained in recordings. We saw a process in place for sharing of information on dietary requirements for people with the kitchen, however on the day of inspection it didn't reflect the current people's dietary needs. This requirement was not met and have therefore extended the timescale to 2 September 2022.</p> <p>MUST training dates provided by the Care Inspector for Menstrie House – this will include some Ludgate staff (key trainers). Staff training in the use of this tool is planned 24th May, 7th June with the Care Inspector</p>

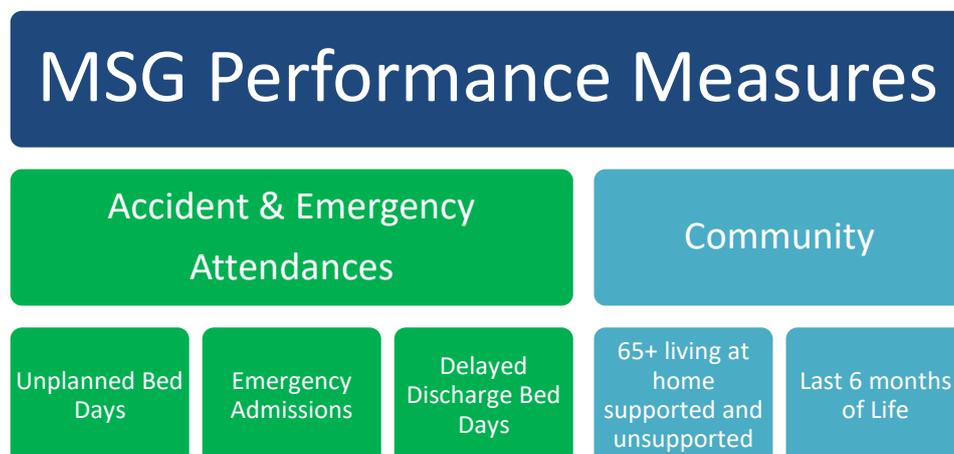
<p>Requirements 2. By 29 April 2022, the provider must ensure that people are supported with all aspects of life and that assessments are holistic and related to the individual's needs and the personal outcomes they seek. To do this the provider must, at a minimum, ensure: a) Each service user has a personal plan in place to guide staff on how to care and support them and which identifies any necessary daily supporting documents. b) Daily supporting documents are fully completed and senior staff have oversight of these. c) Any identified changes to a service user's health are documented, with follow up actions noted. d) Care plan evaluations are meaningful and ensure that information is current. This requirement has been carried over from the last inspection and was Not Met and the timescale has extended to 2 September 2022.</p>	<p>Action taken on previous requirement All people supported by the service had individual support plans in place. The plans provided details around healthcare needs and choices. Staff were knowledgeable about the plans and people. However many remained inaccurate and didn't reflect people's current changing care needs which meant that there was a risk that people did not have their care needs met. Reviews had been commenced, which informed changes of care for people. Care planning audits had commenced and informed changes for people, however not all had been completed. This requirement was not met and have therefore extended the timescale to 2 September 2022.</p> <p>Improvement plan being actioned / completed - some areas being supported by the SW Chart team around care plan requirements.</p> <p>Chart team visits from both social work and clinical teams take place frequently. Audits of service user files and procedures take place regularly. Reviews of all residents in care have taken place by the Chart team.</p>
<p>Area For Improvement</p> <p>1. To fully support meaningful contact to resume between adult care home residents and their loved ones, the provider should work within the Scottish Government Guidance - 'Open with Care'. They should also support people to get the most out of life by the re-introduction of external activities and entertainers.</p>	<p>Action taken since then This area for improvement was reviewed during an inspection on 2 May 2022. We saw people were supported to maintain contact with their family and friends, with the use of skype calls and room visits however the booking system was restrictive and did not fully embrace Scottish Government's 'Open with Care' guidance. People told us the activities remain limited to small groups within the home. We saw outdoor activities taken place and the service assured that external activities and entertainers shall commence in the home. When reviewing activity records, some people's activities were limited to watching TV and listening to music. This area for improvement was not met and therefore repeated.</p> <p>The original opening with care guidance has been rolled out since March 21, with additional guidance currently being reviewed to allow increased visiting back into the home, to bedrooms, include hairdressing and outings, with all appropriate safety measures in place. Alleviating staff stressors around this has been a focus of latest discussions/ meetings with staff and families. The home protocols are updated in line with new guidance to open for more/ longer visits as well as leaving the home to visit family. Visits to the home are still being managed by appointments to prevent too many outside visitors in the home at any one time.</p>
<p>2. In order to promote an environment that enhances people's quality of life and is a pleasant place to live, the provider should: Devise a refurbishment plan which identifies priority areas for repair and clearly records actions taken and dates for completion.</p>	<p>This area for improvement was made on 24 February 2022. Action taken since then This area for improvement was reviewed during an inspection on 2 May 2022. We saw that work had commenced on the repairs of walls and furniture, however there was no clear plan devised to identify priority areas, actions taken and timeframes. This area for improvement was not met and therefore repeated.</p> <p>Since the Inspection there has been a great deal of upgrade work carried out by Clackmannanshire council facilities team. Also some decoration carried out in main areas of the home. All this is improving the environment and in turn will improve staff and resident morale. Essential building repairs are taking place however property services are advised in advance of any covid + situations and risk assess trades entrance. Trades are carrying out LFT before entering the home for repairs.</p>
<p>3. To support good infection prevention and control practices, the provider should: a) Ensure that wall mounted alcohol based hand rub is available throughout the care home. b) Ensure that all lidded bins can be operated ideally by foot or if not, then without touching the lid. c) Ensure that the cleaning of frequently touched areas is recorded.</p>	<p>This area for improvement was made on 24 February 2022. Action taken since then This area for improvement was reviewed during an inspection on 2 May 2022. We saw frequently touched areas were being cleaned but there was no written record of this. All staff had handheld Alcohol Based Hand Rub (ABHR), we discussed with the service the lack of wall mounted dispensers and was assured areas have been identified for their placement and are on order. We found some lidded bins to not operate by foot pedal. This area for improvement was not met and therefore repeated.</p> <p>Indoor visiting means on some days additional staff hours have been increased to manage and co ordinate the visits, cleaning down areas after visitors as well as the lateral flow testing and recording.</p>

	<p>Internal Quality audit schedule is up to date to ensure all areas of the home are Quality Assured especially infection control and cleaning schedules. Recent care assurance visits regarding Infection control feedback scored 96.04%</p> <p>Ongoing guidance, monitoring and support to staff to ensure that the latest infection control procedures are implemented and ensure that staff has the correct PPE to do their jobs safely.</p> <p>Ongoing guidance to staff to ensure that visits are carried out safely as per procedure.</p>
<p>4. To ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should: a) Review the current quality assurance system to include the key areas for auditing such as Nutrition and pressure area care. b) The manager to have oversight and ensure actions have been taken.</p>	<p>Interim team manger appointed.</p> <p>A business case has been submitted to request additional 18hrs of senior care officer grade.</p> <p>Regular contact with the Chart team for care assurance and reporting any covid related issues.</p> <p>Internal Quality audit schedule is up to date to ensure all areas of the home are Quality Assured especially infection control and cleaning schedules.</p>
<p>5 To ensure that staff are confident and competent to support people and improve outcomes for people, the provider should: a) Review current residents and specific care needs, to inform a training plan for staff. b) All new staff should have a completed induction and a plan for mandatory training to be completed.</p>	<p>Improvement plan being actioned / completed - some areas being supported by the SW Chart team around care plan requirements</p> <p>Clacks academy being rolled out and promoted to all staff, Moving and handling training and emergency first aid been carried out in smaller groups.</p>

Source Care Inspectorate

Appendix 4 – Unscheduled Care

To support the delivery of the National Priorities Partnerships we completed a self assessment and improvement action plan as well as agreeing local targets for the following key areas: Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).



Completedness issues impact on some of this data where SMR01 records submitted by NHS Forth valley are not 100%. Data for 20/21 and 21/22 is 97% or above but none are 100% which means that some figures are likely to change. Where there are completedness issues this has been noted and the figure is highlighted in red italics.

18+ age group

1. Emergency admissions

Baseline year	Baseline total	% change	19/20 Target
15/16	11,141	5% decrease	10,584
16/17		0.5% decrease	11,082
17/18		5.5% increase	11,755
18/19		5% increase	11,699
19/20		31% increase	14,563
20/21	all months 97% and above complete but none 100%		12,608
21/22			13,921

Source: National Data

2. Number of unscheduled hospital bed days

	Baseline year	Baseline total	% change	19/20 Target
	Acute	15/16	94,472	6% decrease
16/17			5.79 % decrease	88,996
17/18			4.68 % decrease	90,043
18/19			1.5% decrease	93,050
19/20			5.98% increase	100,127
20/21		all months 97% and above complete but none 100%		83,487
21/22				94,696

Source: National Data

Geriatric Long Stay	Baseline year	Baseline total	% change	19/20 Target
	15/16	18,109	18% decrease	14,884
	16/17			14,884
	17/18			14,151
	18/19	Coding issues affect this area		11,421
	19/20	Coding issues affect this area		947
	20/21	Completedness issues		727
	21/22			242

Source: National Data

Mental Health	Baseline year	Baseline total	% change	19/20 Target
	15/16	24,851	maintain baseline	24,851
	16/17		1% decrease	24,599
	17/18		3.8% increase	25,799
	18/19		7.8% increase	26,800
	19/20		9% decrease	22,628
	20/21	Completedness issues		21,452
	21/22			18,608

Source: National Data

3. A&E attendances

Baseline year	Baseline total	% change	19/20 Target
15/16	26,585	maintain baseline	26,585
16/17		0.58% decrease on baseline	26,430
17/18		6.31% increase on baseline	28,264
18/19		13.91% increase on baseline	30,284
19/20		20.51% increase on baseline	32,040
20/21	Covid	13.1% decrease on baseline	23,091
21/22		7% increase on baseline	28,505

Source: National Data

4. Delayed discharge bed days (18+)

All reasons	Baseline year	Baseline total	% change	19/20 Target
	15/16	10,069	maintain baseline	10,069
	16/17		17.69% increase on baseline	11,851
	17/18		20% decrease on baseline	8,054
	18/19		9.4% increase on baseline	11,016
	19/20		25.4% increase on baseline	12,630
	20/21		7% decrease on baseline	9,355
	21/22	Covid	26% increase on baseline	13,518

Source: National Data

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

Baseline year	Baseline percentage	Percentage point change	19/20 Target%
15/16	85.9%	4.10%	90.0%
16/17		1% increase	86.90%
17/18		1% increase	86.90%
18/19		1.9% increase	87.80%
19/20		2.12% increase	88.01%
20/21		5.2% increase	91.0%
21/22		Completedness issues	89.6%

Source: National Data

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

Baseline year	Baseline percentage	Percentage point change	19/20 Target %
15/16	96.5%	0.10%	96.6%
16/17		0.10% increase	96.60%
17/18		0.10% increase	96.60%
18/19		0.30% increase	96.80%
19/20		0.70% increase	97.20%
20/21		0.90% increase	97.40%
21/22		Not available	

Source: National Data

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Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 9.1

Workforce 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	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 and highlight Scottish Government Feedback on the draft integrated strategic plan 2022 -2025, which was received on the 26 September 2022.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) To note the feedback from Scottish Government on the draft integrated strategic workforce plan, 2022 -2205, which was received on 26 September 2022. 2) To provide assurance to the Board of the approach to develop the draft Plan including to continue to seek feedback from stakeholders and partners on the draft Plan before final publication October 2022. 3) Seek for officers to provide a final version back to the Board following October 2022 publication deadline
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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 have now completed 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.
- 1.3 A process of feedback has now been completed and feedback 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 Delivery Plan

- 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 from both Councils and NHS Forth Valley
 - 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 continues to be 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.
- 3.2. There has been additional content requested to be included as part of the continued process of consultation throughout the summer; including more detailed input from Third Sector Interfaces, a request for more explicit description of the role of the Trade Unions and staff side within the body of the

document and clarity & context around sector referring to review of terms and conditions. This refers to workforce planning around new roles and functions linked to integrated team working, meeting public expectations and addressing the current & future levels of need as described within the Strategic Needs Assessment 2022 and Burden of Disease Report 2022. These changes will be reflected within the final version of the published Plan following feedback from Scottish Government.

4. Scottish Government Feedback

- 4.1 Feedback was received from Scottish Government on 26th September 2022 and the feedback is outline below:
- 4.1 The plan is well structured, with clear linkages between the local strategic, operational, financial and workforce planning processes. There is also helpful alignment with the 5 Pillars of the National Health and Social Care Workforce Strategy for Scotland.
- 4.2 The workforce plan data (pages 14-16) is informative though described at a relatively high level (we note the advice that similar data will be contained within individual service plans developed locally);
- 4.3 We note that circa 30% of the combined workforce is over 50 years old. It may be helpful, as well as the combined HSCP workforce age profile, to show this detail by NHS- and Council-employed staff; as well as further developing the narrative to set out the partnership's assumptions around any associated anticipated staff loss due to retiral across the timeframe of the plan (3 years), and in the medium term (5 years);
- 4.4 We note the details provided for staff turnover across the three employers. It may be useful to provide further context on this, particularly for NHS staff where the figure is relatively high. We wondered, if this figure has increased post-pandemic, what this may imply for the HSCP in relation to how many staff it will require to replace annually, should this turnover level continue. The aspiration to use exit interview data is welcomed: it would be useful to know where the HSCP is losing staff to (given the HSCP's central location is close to a number of surrounding NHS Boards and Local Authorities). It would be useful to see any further work the partnership is able to do on turnover referenced in the action plan;
- 4.5 Details of specific Hard to Fill posts are welcome, and if possible, we would encourage additional detail on activities underway to support recruitment and retention in these areas – with inclusion in the “Attract” section of the action plan;
- 4.6 The projected changes in population demography (page 19) are noted, in particular the increase in over-75s. We wondered if the partnership could explore this data further, in relation to its anticipated requirements for workforce across those services dealing specifically with the elderly population;

- 4.7 The action plan is well developed and the alignment to short, medium and long term timeframes is very useful. The action plan may benefit from some further detail on more specific pieces of activity underway which are referenced in the narrative (e.g. exit interviews, specific recruitment initiatives);
- 4.8 Overall the plan is well considered, though we suggest it would be enhanced by more detailed identification of wte workforce needs by professional group. The proposed template for workforce planning on page 29 provides an excellent framework for local services to outline this level of detail, and we look forward to any updates arising from the use of this template.

5. Conclusion

- 5.1 The Clackmannanshire & Stirling Health and Social Care Partnership draft Integrated Workforce Plan first draft was submitted to Scottish Government by 31st July 22. Feedback from Scottish Government was received on the 26th September and officers are working on making the necessary amendments and are on track to meet the publication deadline date of 31st October 2022.
- 5.2 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.

6. Appendices

Appendix 1 – Workforce Plan

Fit with Strategic Priorities:	
Care Closer to Home	X
Primary Care Transformation	X
Caring, Connected Communities	X
Mental Health	X
Supporting people living with Dementia	X
Alcohol and Drugs	X
Enabling Activities	
Technology Enabled Care	X
Workforce Planning and Development	X
Housing and Adaptations	X
Infrastructure	X
Implications	
Finance:	There are no finance implications

Other Resources:	
Legal:	There are no finance implications
Risk & mitigation:	There is a risk going forward of recruitment and retention issues due to a reducing working age population. Mitigation for this is in place in the form of recruiting from overseas, career fairs and taking opportunities into communities.
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>



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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- Workforce Planning Process
- Workforce Data
- Workforce Challenges
- Unpaid Carers, Independent Sector, Third Sector & Volunteers
- Population of Clackmannanshire & Stirling
- Action Plan

Introduction

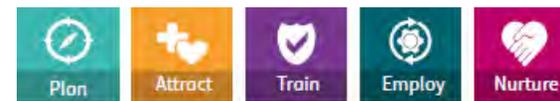
This document sets out our intention for Integrated Workforce Planning over the next three years. A process that is a continuous cycle (Model of Improvement, Plan, Do, Study & Act), to ensure that we are a dynamic and flexible organisation, capable of dealing with what comes our way.

At the centre of all this work is person centred care and a human rights based approach. We recognise that our workforce and strategic partnerships are our most valuable resources and we could not provide the care and support across our communities without the dedication of our own staff, providers and partners.

We are embedding our integrated approach to Workforce Planning in our wider service planning and delivery process. This plan outlines the initial steps of the re-design and modernisation of community health and care workforce, which is being delivered through the development of our new Strategic Commissioning Plan and our ambitious programme of transforming care.

This Workforce Plan has therefore been developed using the Skills for Care model of self-assessment and guidance produced by the Improvement Service as well as the National Workforce Strategy for Health and Social Care published by the Scottish Government in April 2022, which is detailed within five elements called pillars: Plan, Attract, Train, Employ and Nurture.

We have also supported this process with a number of co-production workshops, discussing the elements of the five pillars. We have encouraged everyone who has a role in providing health and social care services across Clackmannanshire & Stirling. These discussions will continue and we are developing actions to deal with the ideas and challenges that have been raised. This work compliments the work we are doing within our Localities where we are co-designing our services with people with lived and living experience.



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

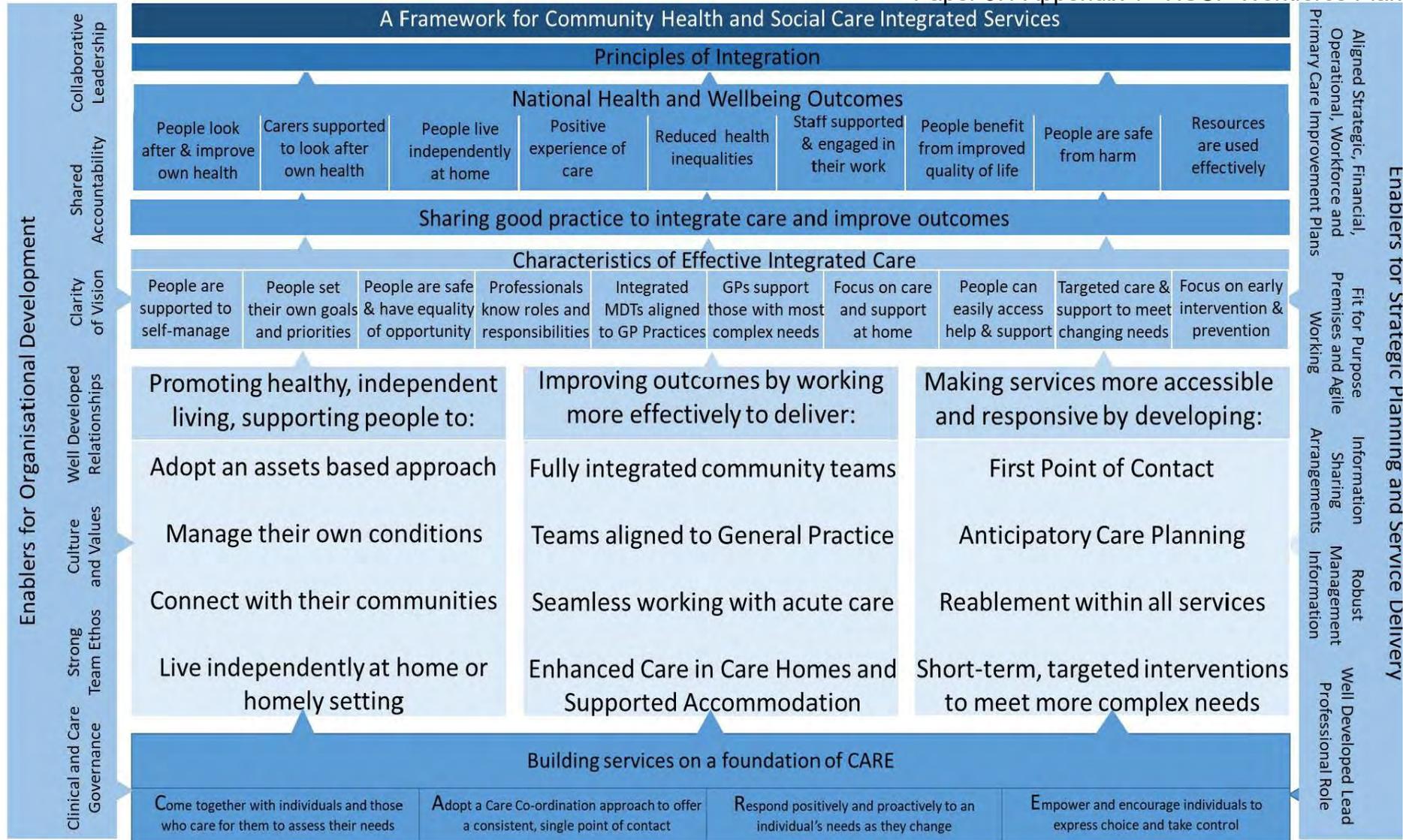
Framework for Community Health and Social Care Integrated Services

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.

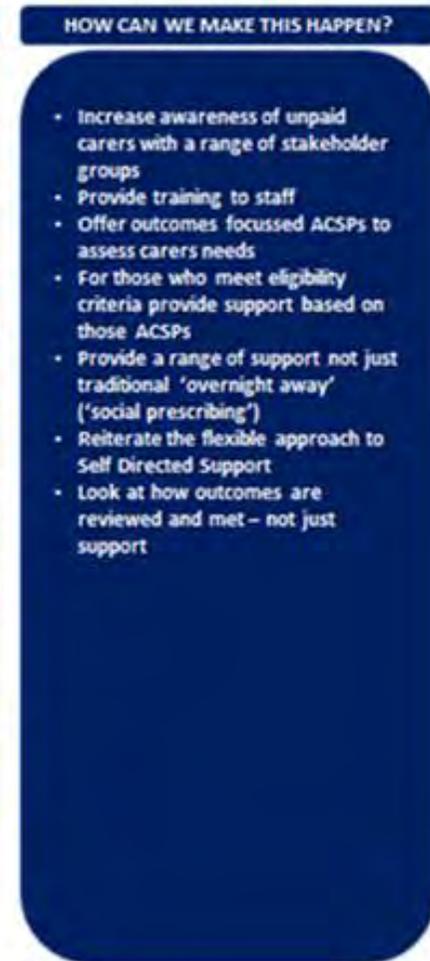
The success or failure of our recovery of services and re-design changes relies on ensuring that our affected workforce understands, and are part of the decisions being taken, as this will affect how they deliver care and support and work with other partners and organisations. This Plan demonstrates 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 and will create additional carer support capacity and 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.



What is Workforce Planning?

Integrated workforce planning ensures we have a competent, confident and compassionate workforce who put people at the heart of everything we do by making 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.

We value our workforce as our biggest asset. 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 to ensure our workforce is sustainable.

The National Workforce Strategy sets out five pillars to workforce planning; Plan, Nurture, Train, Attract and Employ.

Plan looks at the workforce, service demand and need, within the context of legislation, policy and environmental pressures.

Attract is about making health and social care in Clackmannanshire and Stirling attractive to the best people and looking at our recruitment processes to support inclusivity and value diversity in our workforce.

Train supports workers through learning and development to equip them with the skills, knowledge and competence required to deliver the best quality of care and experiences to people.

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

Nurture focuses on the importance of the health and wellbeing of all workers.

The key aim of this Integrated Workforce Plan is to ensure a compassionate leadership, a flexible and supported workforce who work collaboratively with all partners. A confident and self-assured workforce working within an inclusive and supportive HSCP.

Methodology

This Workforce Plan, merges with the Scottish Government National Workforce Strategy in 2021 – 2022 with both having a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.

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

We have coproduced this plan through workshops with stakeholders, data on current workforce, demographics, and issues faced by the workforce were explored.

Invitation and participation was wide reaching. From Clackmannanshire Council, NHS Forth valley and Stirling Council, Human Resources (HR) and Organisational Development (OD) leads were involved in the planning and data collection. Trade Unions, local service planning leads, third and independent sector representatives, financial planning leads, social work and social care leads, professional lead officers attended. Service users and unpaid carers also made valuable contributions to ensure they were at the heart of our plan. 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 have also contributed to the drafting of this document 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:

Plan

- Ageing population - There is an increasing number of people who need care people with co-morbidity and complex needs.
- Workforce - Our workforce is also ageing with 47% aged 50+. We need succession planning and develop staff for the future.
- National shortages of specific professions 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.

Attract

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

Train

- Missed opportunities without collaborative and inclusive approach to training.

Employ

- Attracting people into the sector and retention.

Nurture

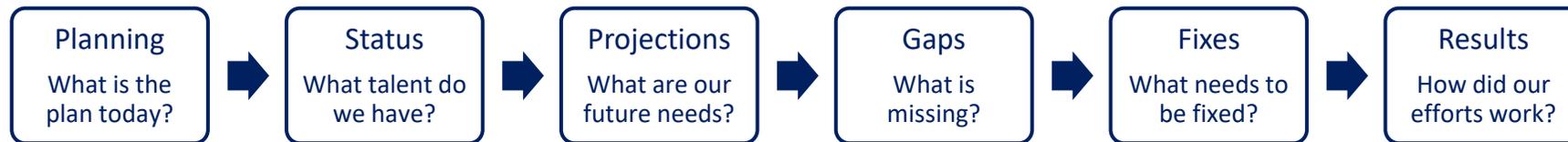
- Staff are recovering from supporting people through the pandemic – health and wellbeing is challenged by the impact of trauma experienced by staff.
- Promoting a healthy work-personal life balance and meet the needs of people needing our care and support.
- The Cost Living Crisis is impacting staff. 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.

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 undertaken 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.

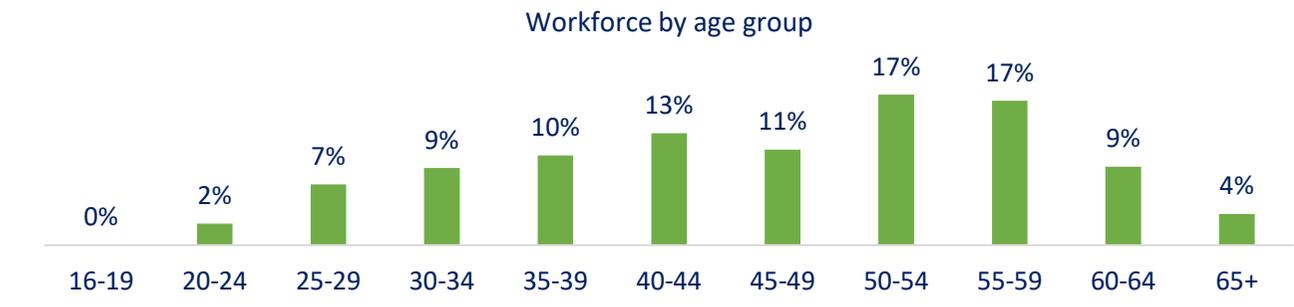
Clackmannanshire and Stirling HSCP is unique in that it has two local authorities within the HSCP, and an NHS Health Board whose remit also includes another HSCP area. It has further complexity in that some of the key functions, as outlined in the Public Bodies (Joint Working) Scotland Act have not yet 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 our workforce consists of a wealth of people including employees of Clackmannanshire Council, Stirling Council and Forth Valley NHS, third and independent sector organisations and is further enhanced by the support of unpaid carers across our communities.

This section focuses on the demographics of the workforce within the three employing organisations within the HSCP – Clackmannanshire Council, NHS Forth Valley and Stirling Council. For ease of reference, this section of the workforce will be described as the HSCP workforce.



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

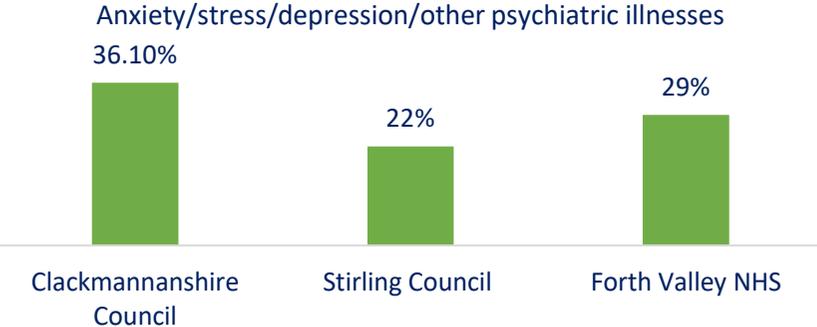
Data for each service will be contained in Service Plan and will identify gaps and demand on services.

Sickness absence



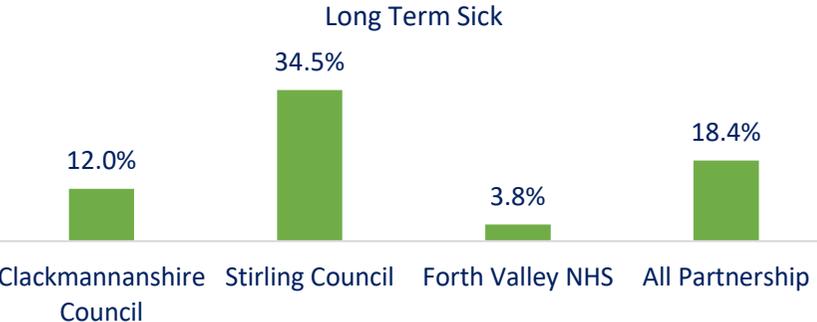
Each of the employing organisations record absence in different ways, grouping reasons differently and terminology. Forth Valley NHS have reported the lowest absence rate, which is similar to Clackmannanshire Council. Stirling Council has reported the highest rate. However, due to the differences in 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.



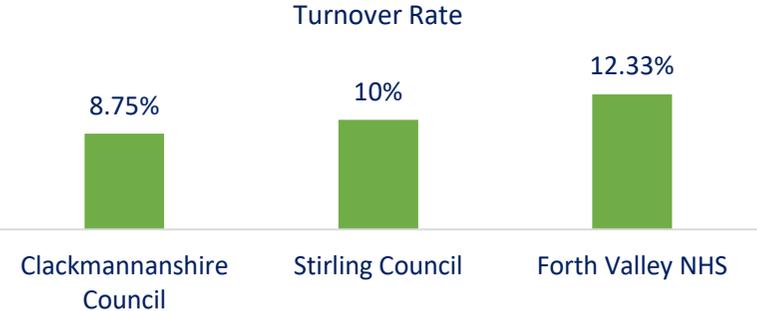
Mental health conditions such as stress (work related and non-work related), anxiety, depression and other psychiatric illness was the most common reason for absence for all three organisations. These figures are not comparable due to the differences in coding, but give an understanding that mental health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



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.

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

Staff Experience – imatter

imatter is the staff experience tool the HSCP currently uses to help individuals, teams and organisations understand and improve staff experience.

Below are a number of key indicators from the imatter survey carried out in 2021 and 2022 which show general improvements in experience for staff. 53% of HSCP staff participated in 2022 although we aim to see completion rates increase in the coming year. 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

Staff experience, health and well-being is detailed further within the “nurture” and “employ” elements of this plan.

Workforce Challenges

Recruitment and vacancies

Recruitment is an issue nationally and locally. There are 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, care workers, personal care workers. 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.

Succession Planning

A key part of our service and workforce planning will focus on developing and growing our talent and 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.

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 there are three 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 of staff from one organisation to another, from one sector to another as people follow better terms and conditions.

We will review the data collected, the opportunities we create, 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.

Trauma

Responding to psychological trauma is, now more than ever, a public health priority. COVID-19 and the restrictions put in place to contain the virus have significantly increased the risk of people experiencing trauma and re-traumatisation. The prevalence of trauma is already higher for people facing adversity, disadvantage and inequality and we know that the pandemic has exacerbated existing economic and social inequalities. Without access to high-quality support, people affected by trauma are at higher risk of experiencing poorer outcomes at all stages of their lives. Trauma can impact on outcomes across mental and physical health, education and employment, and we know that trauma and vicarious trauma can cause poor wellbeing, chronic stress and burnout across the workforce. A trauma informed and trauma responsive workforce is therefore vital in recognising where people are affected by trauma and adversity and responds in ways that prevent further harm and supports recovery and we have a duty to ensure our workforce is supported as well.

Attracting and Retaining Staff

Reducing turnover by understanding the reasons for leaving is important to supporting and developing our workforce and in turn, delivering our services. Understanding the barriers to employment for people with caring responsibilities and people with lived and living experience, and providing support to people

from diverse backgrounds will increase the reputation of the HSCP as an employer. By understanding how we can support people in employment and in their personal life retention of staff should increase.

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.

Unpaid Carers, Independent Sector, Third Sector & Volunteers

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.

It is also important to consider that unpaid carers do not receive the terms and conditions of other workers in terms of pay, pension, holiday entitlement, restricted hours, training, health and safety, supervision and support etc. This makes it vitally important we provide them with support needed to achieve the outcomes important to them and allow them to continue to care.

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. Concern was voiced around 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.

The HSCP will support the independent sector and third sector with recruitment and retention and look to how we can build opportunities and link with each other in future

Third Sector Activity in the Partnership

The Third Sector employs around 4,500 people across Clackmannanshire and Stirling. The Third Sector includes charities, social enterprises, community anchor organisations, housing associations, and further education. A further 39,000 people are involved in volunteering across the Partnership area (based on figures from National Household Survey 2019).

The number of people directly involved in delivering health and social care services is made up through a variety of different ways:

Commissioned health services

These include for example delivery partners for the Alcohol & Drug Partnership (ADP) ([Change Grow Live, Scotland's Families for Drugs and Alcohol, Recovery Communities Scotland, Transform Forth Valley](#)); mental health and dementia provision ([Wellbeing Scotland, Action in Mind, Town Break, Alzheimer's Scotland, Artlink](#)); carers' support ([Falkirk and Clackmannanshire Carers' Centre and Stirling Carers' Centre](#)); supported discharge services ([Royal Voluntary Service, Food Train, Dial-a-journey and Strathcarron Hospice](#)); and advocacy and support services ([Forth Valley SDS, Forth Valley Advocacy, People's First, Forth Valley Sensory Centre and Stirling Council on Disability](#))

Community provision that supports health outcomes – a mixture of commissioned services (sometimes via Self Directed Support (SDS) and care packages) and non-commissioned services.

Third sector activity includes organisations that support people with learning disabilities (**Play Alloa, People First, Neighbourhood Networks, PLUS, C-change, Scottish Autism, Council on Disability (Stirling)**); supporting people facing barriers or experiencing inequality (**Clackmannanshire Citizens Advice Bureau, Stirling Citizens Advice Bureau; The Gate and Start Up Stirling, Clackmannanshire Women's Aid, Stirling Women's Aid, Forth Valley Rape Crisis, APEX, Families Outside**); and health and employability providers (**Enable, CERT, Resilience Learning Partnership, Stirling Community Enterprise**) as well other local mental health and wellbeing providers (**Reachout with Arts in Mind, Resonate, Artlink, Creative Stirling, Braveheart and Mens' sheds and Wellbeing Scotland**). In addition, many churches across the Partnership area provide support activities for people from young to old.

Community anchor organisations

Development trusts and community anchor organisations operate in the area, playing a key role in supporting the HSCP outcomes. Many also manage their local community facilities and host lunch clubs and activity groups. These are particularly vital in rural areas where they offer a range of services and supports to help people stay healthy at home. Some of the groups are: **Balfron Lunch Club, Dollar Development Trust, Clackmannan Development Trust, Killin and District Car Club, Lomond and Trossachs National Park, Salvation Army, Sauchie Community Group, Strathfillan Development Trust**). The **Mountain rescue teams Ochils and Trossachs** have also provided support, Trossachs acting as first responders (including for MECs) and both supporting the statutory sector regarding safety of missing persons.

Some voluntary sector organisations operate as social enterprises serving specific health needs in communities (**Dynamic Wheel, Forth Valley Top Toes, HSTAR, The Gate Meals at Home Service, Playpen Café CIC, Killin Car Club and Dollar Car Club, Rubber Chicken Theatre, Yoga Tree Stirling**).

Voluntary support groups

Voluntary groups, many of which have no paid staff, provide vital support to the Partnership and include peer support groups for those who have enduring conditions or are recovering from illness (**Neuro Central, Breatheasy, Stirling Access Panel, Stroke Association, Breastfeeding Network, Recovery Community**), and for those who are maintaining their wellbeing in their communities and using a social prescribing model of care (**Bannockburn House, EPIC Ochils, Macmillan Cancer Relief, Men's Sheds, Parkinsons Association, Tullibody Community Garden, Wee County Walkers, Wee County Veterans**).

Care providers, National providers and Care homes

Some of the leading care providers and care homes are third sector organisations in the Partnership area as well as some of the larger national organisations who provide support via helplines to local people (**Richmond Fellowship, Abbeyfield, Camphill, Sight Scotland, Samaritans, Age Scotland**).

Other key Third Sector partners

The Partnership works closely with our local housing associations who are coproducing housing solutions to meet changing healthcare needs and have staff employed who are skilled to support people with illness and disabilities who are tenants (**Kingdom Housing Association – Primrose Place, Alloa; Rural Stirling Housing, Ark Housing Association, Ochil Housing Association, Bield, Key, Hannover, Paragon**); and locally-based further education providers support training and development of our current and future healthcare staff as well as provide innovation and research around healthcare , provision, disability and dementia (**Forth Valley College and University of Stirling**)

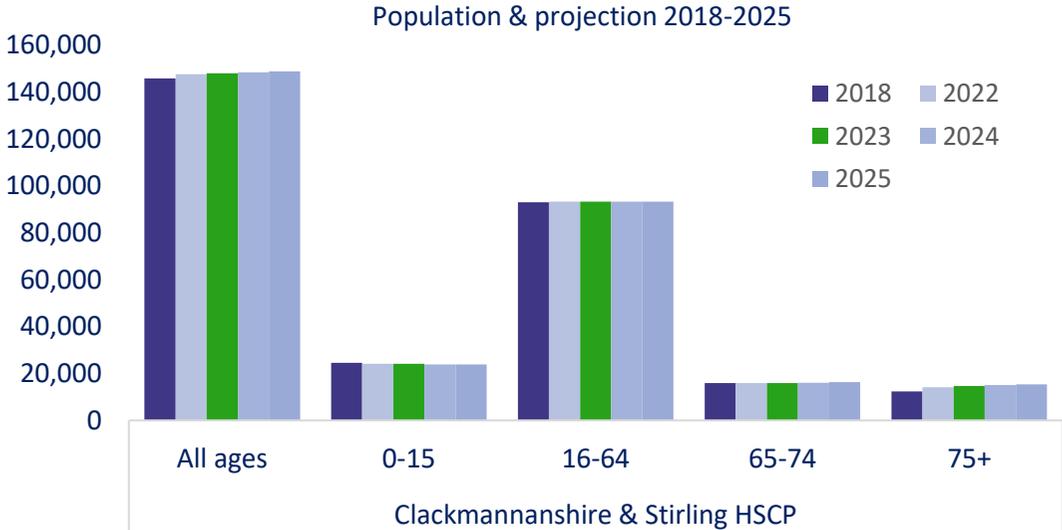
Volunteers

Volunteering is supported across Scotland by **Volunteer Scotland** and the **TSI Scotland Network**. In the Partnership area volunteers are represented by **Stirlingshire Voluntary Enterprise(SVE) and Clackmannanshire Third Sector Interface (CTSI)**. Volunteering is actively promoted by the TSIs to help people stay active and healthy through volunteering and by encouraging volunteers to take up roles within many of the organisations listed above and support healthcare provision. The TSIs will be working with **Volunteer Scotland** and the **Scottish Government** to deliver the new Volunteering for All Action Plan which was launched in Summer 2022.

The numbers of people involved in volunteering had increased before the pandemic in both local authority areas – including formal and informal volunteering. More people are involved in volunteering in rural areas with numbers as high as 50% in Rural Stirling. The TSIs operate the Saltire Awards scheme for young volunteers and advertise opportunities for young people. This can play a critical part in encouraging young people to consider a career in health professions in the future and they are keen to work with the Partnership to develop meaningful opportunities for volunteering.

Both TSIs celebrate their volunteers through the annual Volunteers’ Week and with regular awards ceremonies and this helps raise the value of volunteers and the critical role they play within our communities.

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%

Paper 9.1 Appendix 1 - HSCP Workforce Plan

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.

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.

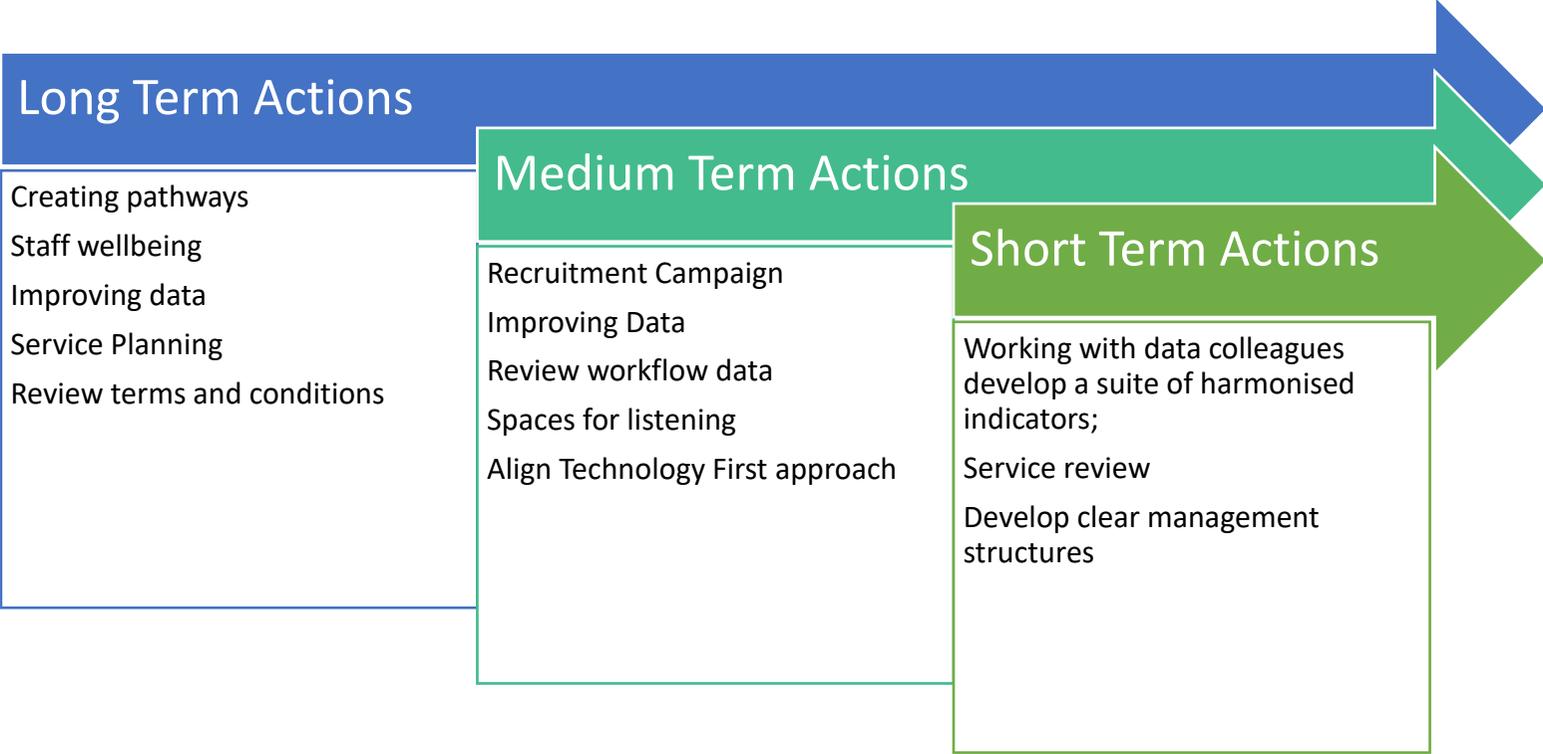
Inequalities and COVID-19 Pandemic

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

Workforce Action Plan

The following actions plan details the priorities upon which we will focus. These are based on 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 considers staffing levels, demand, single points of failure and risks and focusses 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 at the time of writing. 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 has a wealth of experience and knowledge that cannot be easily replaced, and therefore needs to be nurtured and shared. 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.

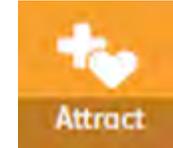
We also aim to increase [diversity](#) in our workforce and to include more people with lived experience – this is focused within [Employ](#).

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.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Service Planning	Workforce planning is based on up to date and accurate quantitative and qualitative workforce data	HR leads to define a framework of HR data which can be harmonised and shared across the HSCP	Suite of Core harmonised indicators	Year 1
	Workforce planning is based on up to date and accurate locality data.	Review and analysis of workflow data and geographical / Locality pressures on services		Year 1
Demand	Workforce planning is a critical component of continuous improvement and transformation across the HSCP	Service Plans will look at workload and review resources to deliver a modernised of model of care and support locally. Managers will be supported to integrate workforce planning into everyday responsibilities.	Model of care being delivered to meet local needs.	Ongoing
	Workforce recruitment planning means the right staff (compassionate, competent, and confident) are in the	Service plans include intensive programmes of recruitment across all communities to meet the gaps in workforce across HSCP, partners and providers. Planning includes focused activity to meet Locality pressures.	Increased numbers of staff recruited across all organisations	Ongoing

	right roles in the right places at the right time.			
	Workforce planning ensures workforce and workforce resources are in place necessary to support what social work is entrusted and required to do.	Service plans will consider the “Setting the Bar” review and workforce planning and delivery adapted as necessary.		Year 1
Staff profile	We plan for an ageing workforce.	We continually consider the challenges and potential solutions to address an ageing workforce. Talent development and succession planning is a mandatory component of Service Plans to reflect ageing workforce and local pressures within provider organisations.		Ongoing
Learning and Development Planning	Learning and Development is planned to meet need and demand and to support talent development and succession planning and is also informed by supervision/1-1/continuous professional development (CPD) conversations.	We work collaboratively with partners to agree learning priorities and to plan delivery. We have systems and processes in place to ensure learning needs data is available from CPD conversations.		Ongoing





Attract

Campaigns for recruitment are critical to attract people to work in the sector and in Clackmannanshire and Stirling. Creative ways of reaching people, making use of all available media and social media including films and case studies, showcasing not only the role, but the impact it has on people's lives will help us support people into health and care roles, paid and voluntary within the HSCP. There is already evidence this has had a positive impact on recruitment before and for volunteer recruitment.

Creating **Opportunities**, 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.

There is also great 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 (including barriers to employment such as cost and availability of child care, public transport network and cost, cost of petrol, mental health and confidence and benefits) and development of **value based recruitment and** recruitment pathways through training and accreditation would support this ambition as would more inclusive recruitment for marginalised groups.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Recruitment Programme	We deliver recruitment programmes and campaigns to meet demand	Intensive programmes of recruitment across all communities to meet the gaps in workforce across HSCP, partners and providers are part of all service and transformation planning.	Increased numbers of staff recruited across all organisations	Ongoing
		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	Year 1
		Working with partners (Third Sector & Independent) for continuous campaign for recruitment into social care	Increased numbers of staff recruited	Ongoing

Paper 9.1 Appendix 1 - HSCP Workforce Plan

		HSCP staff are empowered and confident to be ambassadors for their service area	Confident and self-assured staff	Ongoing
Inclusive and Diverse Workforce	We engage a younger workforce	Create opportunities for young people to join the HSCP through learning contracts and Modern Apprenticeships. Create opportunities for young people to join the Partnership through learning contracts. We work with Stirling University and Forth Valley College to recruit students and newly qualified staff during their study and when they leave.	Increased numbers of staff recruited Gaps in service areas addressed. Clear succession planning in place.	Ongoing
	We engage a diverse workforce	We ensure recruitment opportunities are accessible to all groups, making best of all media available to do so. We introduce value based recruitment for entry level roles. We provide appropriate learning and awareness raising of the needs of different groups/individuals.	Increased diversity amongst workforce	Ongoing
	We engage people living within our communities	Review of pathways and career opportunities with partners. We work with local employment partnerships, local providers and third sector partners to offer opportunities for those further from labour market.	The number of staff under 50 will increase.	Year 1
Attracting Talent	We value, support and attract students to the HSCP	We have a consistent and quality approach to attracting and supporting students at all levels within our services. We will review and promote placement opportunities across the HSCP in collaboration with Education and Employability services, Stirling University and Forth Valley College.		Ongoing
Recruitment Experience	Recruitment to the HSCP will be a positive and welcoming experience for the applicant, encouraging others to do so.	We will review staff terms and conditions across Clackmannanshire Council, Stirling Council and NHS Forth Valley with the aim of seeking alignment.		Year 1 and 2
		We will review our recruitment processes to ensure applicant experience is as good as it can possibly be. We review our recruitment processes in relation to lived experience and ensure trauma responsive approaches are in place.		Year 1 and 2



Train

Creating opportunities to further progress skills, knowledge and careers will help us engage, empower and retain the workforce. Career Development Pathways will be reviewed and developed to support progression. We will now build on opportunities to collaborate the-pandemic offered, including trying different roles, shadowing/work experience to learn about different roles.

We will work towards equitable access to learning and development regardless of organisation. Formal learning and training will be organised collectively and advertised, pooling resources and sharing opportunities. Sharing learning and training with unpaid carers would support and develop carers, this can also be applied to Personal Assistants etc. This will help us achieve a “Training for All” approach. The third sector have also offered to open up training to HSCP staff, for example the Care with Confidence programme. Delivery of training digitally has opened up capacity to allow this.

Learning needs analyses are needed to identify gaps and need across several HSCP areas (e.g. Volunteer management learning and training) and resultant provision will be made available to staff and volunteers. An audit of all mandatory and core training available to the HSCP will be undertaken with a view to sharing what is available, make it more effective and keep costs down.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Clarity of Role	Our workforce understands their role and how they work with each other as well as the valued contribution they make to people and their communities.	Managers will be supported to include role clarity and development as a key element of induction and ongoing supervision.	Staff understand their roles and function within their teams and wider HSCP.	Ongoing
Demand	Learning and development offerings are fair and inclusive across services and delivery meets need.	Work with Localities to support continuous identification of learning and development needs across all services working within communities including primary care multi-disciplinary teams.	A programme of statutory, mandatory and core training is available.	Ongoing
		Learning and development is available to meet changing demand.		Ongoing
		Working with strategic partners and employing organisations to ensure learning and development provision is equitable across the HSCP – looking at COMMS, advertising, funding, allocation, collaborative procurement etc.		Year 1

		<p>Learning and training is advertised and shared with staff using various media, including HSCP Newsletter.</p> <p>Pooling resources and looking at opportunities for unpaid carers, partners, providers and volunteers to access learning.</p>	<p>Take up and impact on practice is monitored across the HSCP.</p>	<p>Ongoing</p>
		<p>Specific learning and development needs are assessed, addressed and met in relation to:</p> <ul style="list-style-type: none"> ✓ Adult Support and Protection in line with HSCP Adult Support and Protection Improvement Plan ✓ Supporting Unpaid Carers and the Carer's Act ✓ Trauma Informed Trauma Responsive Practice ✓ Suicide Prevention ✓ Self-Directed Support 	<p>Staff understand their roles and responsibilities and have the skills and knowledge to do so.</p>	<p>Ongoing</p>
<p>Creating Learning Opportunities</p>	<p>Learning, development and career pathways make the best of collaborative and partnership working.</p>	<p>Working with partner organisations to develop pathways around supporting learning and development. Identifying opportunities where learning can be shared.</p>	<p>Learning and development planning is part of Locality planning.</p>	<p>Ongoing</p>
		<p>Learning and training is advertised and shared with staff using various media, including HSCP Newsletter</p> <p>Pooling resources and looking at opportunities for unpaid carers, partners, providers and volunteers to access learning.</p>	<p>Measuring who attends training from each organisation</p>	<p>Ongoing</p>
<p>Digital Capability</p>	<p>Our workforce has the confidence and competence to work digitally and our leaders model are skilled to operate and promote digital working.</p>	<p>We will undertake a review of digital capabilities and look to support a programme of development.</p>	<p>Report to SLT</p>	<p>Year 2</p>



Employ

How staff are paid is a significant factor in the value they feel. Clackmannanshire Council, Stirling Council and Forth Valley NHS, differ in terms of policies and procedures and also in terms and conditions. This complicates the recruitment process and can lead to delay and can create an unfair context in which workers

are required to be equal. For people working within NHS FV, Clacks and Stirling Councils, pension, holidays, sick pay and wages were are hugely beneficial influential in terms of recruitment and retention. Aligning terms and conditions among third sector and independent sector organisations will be considered in further engagement and planning.

The Scottish Government has set out its intention to establish a National Care Service to oversee the delivery of care, improve standards, ensure enhanced pay and conditions for Social Care workers and provide better support for unpaid carers. The National Care Service will require legislation to be set up and the intention is to establish it by the end of this Parliamentary term (2026). We will therefore need to be mindful of the need to plan for changes in due course.

Scottish Government also has the vision that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society and that fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. We therefore pledge our commitment to the Fair Work Framework in support of achieving this aim for our workforce.

Registration of the workforce has been a driver to increase the skills and qualification levels across the Social Care sector. The way services are delivered, in job roles, and in the complexity of tasks, all reinforce the need to continuously update and further develop qualifications to ensure their relevance and enable a flexible, confident and competent workforce. We will therefore continue to review and resource the support of registration applications and maintenance across the workforce.

Theme	Priority Outcomes	Actions	Measured by	Timescales
Transparency	Our workforce is accountable.	Clear management and governance structures in place across HSCP delegated services.	Structures published.	Year 1
Fair and Meaningful Work	We ensure fair and meaningful work experiences for our workforce that is responsive to personal circumstances.	We will work to progress the Fair Work Framework in all that we do with our workforce.		Ongoing
		We will continue to review hybrid and new ways of working.		Ongoing
		We will continue to review registration support and resources across the workforce.		Ongoing



Nurture

The wellbeing of employees is a priority. Nurture is a highly emotive pillar, especially following the Pandemic. The [compassion](#) of our workforce is highly valued with our belief “you can’t teach someone to be compassionate” widely shared. Compassionate Leadership is a value strongly held by the HSCP and we will continue to consider and plan to meet the health and well-being needs of the workforce, what pressure they are experiencing and what we can do to support people, building on what has worked well so far. With the protective measures in place during the pandemic and the introduction of 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). We will also work on ways of bringing people together safely and induction for new members of staff in relation to prioritising health and well-being will be reviewed.

Anxiety, stress, depression and other psychiatric reasons are 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.

Theme	Priority Outcome	Actions	Measured by	Timescales
Health and Well-Being	Our workforce are supported to be as well as they can be.	We will ensure management and governance structures in place and we will prioritise supervision/1-1/CPD conversations to ensure our workforce has support and will prioritise health and well-being of staff. We will look at skilling our managers in coaching for change to support our workforce.	Workforce feels valued and supported	Ongoing
		We will harmonise and monitor relevant data using it to inform how we can improve and support staff health and well-being. This includes absence data and reasons for leaving. We will also review the exit/off-boarding process for employees.	Data analysis	Ongoing
		Our workforce will be supported with seasonal programmes and resources to support health and well-being that consider seasonal and other service pressures. This will include Winter and Spring well-being programmes.	Programmes of activity and attendance	Ongoing
		We will look at creating opportunities for unpaid carers to access our health and well-being resources and programmes.	Unpaid carers feel supported.	Ongoing

Paper 9.1 Appendix 1 - HSCP Workforce Plan

		We will review and evaluate “spaces for listening.”	Report to SLT.	Winter 2022
		We will support specific health and well-being needs of our workforce including: <ul style="list-style-type: none"> ✓ Menopause ✓ Mental health and suicide prevention ✓ Work based trauma and vicarious trauma ✓ Financial support and well-being ✓ COVID guidance and precautions 	Programmes of activity and attendance.	Ongoing
Compassion	Our workforce is compassionate and leadership is compassionate at all levels.	Continue to develop conditions for compassionate leadership to thrive across the HSCP making good use of the “Leading to Change” resources to do so.	Confident and compassionate leaders	Ongoing



Proposed Workforce planning template for Service Plans

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

23 November 2022

Agenda Item 9.3

Winter Plan

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Carolyn Wylie, Head of Community Health and Care
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 the draft Winter Plan for 2022 / 2023
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Recommendations:	The Integration Joint Board is asked to approve the Winter Plan
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Key issues and risks:	<p>The whole system is already facing unprecedented challenges and winter will add to these challenges.</p> <p>The HSCP worked with colleagues across the area to develop the winter plan for the HSCP and considered options to progress increased service capacity to meet expected increases in demand.</p> <p>This additional capacity includes supporting people delayed in their discharge from the acute hospital and ensuring additional capacity is available in care at home services.</p> <p>The HSCP is also bringing the two existing discharge teams together as a result of service redesign, the RAPID team developments as outlined in the Chief Officer report and the rural care at home team, to complement current providers and increase sustainable care at home provision in rural communities.</p>
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1. Background

- 1.1. Each year Scottish Government publish their expectations for the Winter, this year this was the [Winter Resilience Overview 2022 / 2023](#) published on the 4 October 2022.
- 1.2. Further to this a letter was received on 12 October 2022 from Humza Yousaf Cabinet Secretary for Health and Social Care and Shona Robinson [Cabinet Secretary for Social Justice, Housing and Local Government](#) stating further key areas to focus on.

2. Winter Resilience Overview 2022 / 2023

- 2.1. The winter resilience overview 2022 / 2023 set out eight priorities for HSCPs, Local Authorities and Health Boards to consider when writing their winter plans. These are:
- Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
 - Focus on expanding our workforce over the course of the winter, through recruitment, retention and wellbeing of our health and social care workforce, all with the aim of expanding and supporting our workforce over the course of the Winter period.
 - Support the delivery of health and social care services that are as safe as possible throughout the autumn/winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.
 - Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
 - Protect planned care with a focus on continuing to reduce long waits.
 - Prioritise care for the most vulnerable in our communities.
 - Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
 - Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.
- 2.2. Further to this a letter was received on 12 October 2022 from Humza Yousaf Cabinet Secretary for Health and Social Care and Shona Robinson Cabinet Secretary for Social Justice, Housing and Local Government stating further key areas to focus on (appendix 1) these are:

Focus Area
1. Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
2. Criteria Led Discharge
3. Hospital to Home transition teams with reablement focus / Discharge to Assess
4. Hospital at Home
5. Anticipatory Care Plans
6. Effective End of Life pathways in strong collaboration with our Hospice colleagues.
7. Discharge co-ordination to be extended to all Emergency Departments.
8. Support for Care Homes
9. Increasing/supplementing workforce
10. Review and Refresh approach to SDS across Clackmannanshire and Stirling
11. Increase capacity in social work teams,
12. Commission beds in care homes
13. Streamline processes for patients on the AWI/ Guardianship pathway

2.3. The HSCP Winter Plan was drafted with all of these areas in mind.

3. HSCP Winter Planning

3.1. On 27 July and 7 October 2022 the HSCP brought together senior managers and clinical leaders to discuss winter proposals that the HSCP could implement to support the whole system.

3.2. The Forth Valley area received £0.528m of Winter Funding for financial year 2022/23 (within a broader package of Urgent and Unscheduled Care Collaborative Funding). Proposals for funding submitted to this process were:

- Hybrid Health Care Support Worker for rural areas for End of Life/Palliative care
- Trial of service aligned to Hospital Discharge Team where a car suitable for patient transfer and support worker who can drive, are available 7 days a week to take patients out of either the acute site or community sites each day, returning them to their own home.
- A joint submission with Falkirk HSCP to purchase equipment to facilitate the rollout of the Prescribing Proportionate Care (PPC) programme. PPC is a development in patient/service user moving and handling techniques which reduces the number of carers required to deliver care at home (and on the ward).
- Working in partnership with third sector on guardianship, power of attorney and local response groups. Will be subject to same rigour as the above proposals.

3.3. The wider draft Winter Plan (appendix 2) which covers the wider areas set out in the Winter Resilience Overview 2022 / 2023 and the focus areas set out in the Cabinet Secretary's letter (12 October 2022). This sets out all of the work the HSCP are undertaking for winter 22/23 to ensure the HSCP provide right care, right place, right person and right time.

3.4. There are key items detailed in the Winter Plan, not limited to however including:

- **Interim Care home placements** - we have operated a process where if a CH has a vacant bed and there is no one waiting for the bed permanently, we negotiate with the provider to spot purchase the bed for a sideways move. Block purchase in Stirling City and Urban
- **Care at home** - The Commissioning Team continue to secure an average of 75 new packages of care monthly across the partnership which includes hospital discharges, Intermediate Care Discharges, Re-ablement discharges and supporting those at greatest need in the community to prevent them from becoming discharges. We have implemented meetings with our external providers to develop geographical patch-based working, which will provide some efficiency gains and release capacity back into the system.

- **Hospital at home** - Over the next 6 months there are plans to double the H@H capacity from 25 to 50 virtual beds. The Hospital to Home team support frail, elderly patients, and those with complex health problems in the community, which also supports the ideology of hospital at home and thus preventing admission. District Nursing Teams also actively work to avoid hospital admissions; however, this is harder to quantify given the breadth of their areas of work.
- **Development of Rural Care at home Team and RAPID response team** - The HSCP has had significant challenges commissioning care at home in the more rural areas of Stirling. Accordingly, a business case developed for the IJB, seeking investment to develop an in-house rural team to complement our existing external providers. We are currently running a robust recruitment campaign with staff recruitment videos and posters within the local communities, as we would like to encourage local people in the rural communities to apply. The RAPID response team includes
- **Support for Carers** - We recognise that we need to support carers in order to prevent crisis through breakdown. A Carers' Investment Plan has been developed and agreed by Carers Planning Group. Carers Lead post has been appointed to Short Breaks Co-ordinator is in place. Recovery funding was approved by Senior Leadership Team to be given to the carers centres to support them in their recovery.
- **Intermediate Care** - We need to examine the current model and consider the future model of care required given our changing landscape re capacity and demands. This work stream will look at the model of care, purpose and function of units and how could we improve.

3.5. The IJB is asked to approve the Winter Plan for 2022 / 2023.

4. Conclusions

4.1. This report provides the Integration Joint Board with an update on the development of the Winter Plan 2022 / 2023.

5. Appendices

Appendix one – Supporting our Health and Social Care System

Appendix two – Winter Plan 2022 / 2023

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:	None
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 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>

Cabinet Secretary for Health and Social Care
Humza Yousaf BPA/MSP
Cabinet Secretary for Social Justice, Housing and
Local Government
Shona Robison MSP



Scottish Government
Riaghaltas na h-Alba
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To: Local Authority Leaders,
Chairs & Vice Chairs Integration Joint Boards
Chairs NHS Boards

CC: Local Authority Chief Executives & Directors of Finance;
Health and Social Care Partnership Chief Officers
NHS Territorial Boards Chief Executives;
NHS Territorial Boards Directors of Finance;
COSLA Chairs; Chief Social Work Officers;
NHS Territorial Boards Nurse Directors;

via email

12 October 2022

Dear Colleagues

Supporting our Health and Social Care System

You will no doubt be as concerned as we are about the pressures currently being experienced by the NHS and Social Care system across Scotland. We are in a precarious position and must make every effort to maximise capacity to ensure resilience of these services, as we head into winter. We know this is a shared concern and we are very keen to get in the room with key COSLA and Solace representatives to work together on this collectively, as a matter of urgency. However, given the urgency of situation we feel there are a number of actions we have already identified as necessary.

In conversations with health and social care partnerships, we have heard many examples of good practice and are aware of a range of interventions being applied across the country to address these challenges. However, we are also aware that these evidence based good practices are not yet being applied consistently, and we now need to see an acceleration in spreading and scaling these evidence based good practices across the country.

Therefore, my officials have reviewed interventions and activities already being implemented in part by Health Boards, Local Authorities and Health and Social Care Partnerships; the Winter Pressures Funding Quarterly Key Performance Indicator returns; and wider improvement work across Scotland. The interventions set out in **Annex A** have been shown to have a positive impact.

We must now redouble our efforts and we ask for your support in immediately implementing all of the listed actions, to tackle the challenges that are being faced.

Funding to support the demands of winter pressures, particularly in supporting capacity for Social Care, are set out in **Annex B**.

Assurance and Oversight

We recognise both the need to support each other, and the importance of good information to support our actions. For this reason, we want clearer assurance of the readiness of local planning and resourcing and evidence that winter pressures funding has had any significant impact on system pressures is unclear. In particular, we seek assurance that all possible action is taken to ensure a rapid reduction in the number of patients delayed in hospital who no longer have a clinical need to be there.

An invitation to attend a meeting will be issued in the coming weeks, which will offer an opportunity for us to meet with you to collaboratively gain the necessary assurances that these actions are being effectively implemented across the country. These meetings will also offer opportunity to agree how we can work together to identify solutions to the pressures being faced.

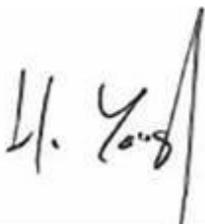
In addition, we ask for your support in ensuring that that social care data relating to outstanding assessments and hours of unmet need at Local HSCP level are made public. This reasoning behind this release of data, currently classified as “management information” is threefold:

- a) The data is regularly shared internally and is FOI-able, and pro-active publication is always preferable;
- b) If we are looking at pressures across the whole system, the lack of social care data hampers decisions about where investment is required to ease patient flow;
- c) It will assist Integration Joint Boards and Local Authority Leaders’ understanding of the risks being carried at a local level.

A programme of work is underway to review these data in more detail with Health and Social Care Partnerships and Public Health Scotland, to improve the quality, completeness, accuracy and consistency of these data.

The current situation requires immediate action to minimise the increasing the impact of pressures on the NHS and Social Care system. By working collaboratively, we can seek to ensure that the system has capacity to serve the people of Scotland approaching winter.

Yours sincerely,



HUMZA YOUSAF



SHONA ROBISON

All Health Boards, Health and Social Care Partnerships and Local Authorities **must renew their focus on the following actions:**

- Home First
- Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
- Criteria Led Discharge
- Hospital to Home transition teams with re-ablement focus / Discharge to Assess
- Hospital at Home
- Anticipatory Care Plans
- Effective End of Life pathways in strong collaboration with our Hospice colleagues.

Additional Measures to support improved flow.

In addition, we will require **Discharge co-ordination to be extended to all Emergency Departments**. It is our view that placing a Discharge Co-ordinator, as a single point of contact (SPOC) to arrange rapid discharge from ED, enables ED staff to focus on seeing and treating patients in the department. This co-ordinator role will take responsibility for co-ordinating community support to enable swift decision making at the front door to prevent admission where it is safe to do so. Arranging discharges from ED can take considerable clinical time, which will be released by having a focussed Discharge Co-ordinator on site.

Support for Care Homes: Building on the successful support provided to care homes during the pandemic; Care Homes must be supported by having timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. This prevents unnecessary ED attendances, which are distressing for residents.

Increase care and support in community by increasing / supplementing workforce:

- Work with local **college and HEI student workforce** to offer holiday shifts and regular part time contracts, Medical students as support workers for medical teams (NHSAA example);
- **Invest in and fund local voluntary and third sector** organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community. This practical support (previous home help role for example) is not the provision of personal care, which would be inappropriate for volunteers. This support

will release time for care@home staff. Some HSCPs have already focussed on this intervention with good impact.

Increase capacity in social work teams, including retirees. There is an urgent need to focus on assessments and reviews in order to ensure people are receiving the right level of support and release potential capacity in the care system. This includes the wider MDT and key staff such as OTs and OT assistants, and MHO roles to focus on AWI / guardianship processes.

Commission beds in care homes as NHS beds to support transfer of care from hospitals to release capacity. This must be supported by re-ablement so that people move on to their correct destination. Some HSCPs have already addressed this and will have learning for others, which we will document and share across the system. Identify designated beds within current footprint. This would enable focussed care for patients experiencing delays with a different model of staffing to meet their care needs, including a focus on re-ablement using OT assistants. This could reduce the care@home demand in the longer term.

Streamline processes for patients on the AWI / Guardianship pathway. There are opportunities to streamline this pathway and ensure that all elements of the process are completed in a timely manner. Discussions are currently under way with the Director of Mental Health that will enable guidance to be given describing the required practice to move any patient from a hospital bed. Guidance is targeted at those areas with the highest AWI delayed discharges. SG officials will continue to meet with these areas to pinpoint and offer assistance in easing their particular difficulties, which differ in each area. A decision to move under AWI MUST be focussed on the individual and each patient must have their own assessment, which agrees the move is in their interests (jointly by MHO and clinician).

The use of NHS commissioned / procured beds may be possible. This was attempted a few years ago by NHS GGC, resulting in reversal of their position following a court case brought by the Equality and Human Rights Commission (EHRC), with the support of the Mental Welfare Commission (MWC). The support of the EHRC and the MWC will be essential to ensure the rights, will and preferences of the person are respected. Officials will be meeting both organisations to explore this.

Funding

In addition to the £300m allocated in 2021/22, additional funding has continued to be allocated to support the demands of winter pressures, particularly in supporting capacity for Social Care.

This funding for 2022-23 is aimed at the following measures:-

- £124 million to enhance care at home;
- £20 million to support interim care arrangements;
- £40 million to enhance multi-disciplinary teams;
- £30 million for Band 2-4 recruitment;
- £144 million for the full year impact of the pay uplift to a minimum of £10.02 per hour in adult social care commissioned services;
- A further £200 million in 2022-23 to uplift adult social care pay in commissioned services to a minimum of £10.50 per hour, as well as providing non ring-fenced additional support to the sector.

You will be aware that the UK Government held a fiscal event on 23 September 2022. Scottish Government has committed to reviewing the 2022/23 budget in light of this and will follow up with more detail on this in the coming weeks.

It is crucial that you review the available funding allocation to consider how it can be appropriately directed to alleviate the current pressures, including targeted recruitment to the sector. The funding must be used for the purpose in which it was awarded and must not be redirected to other pressures, which do not meet the aims of increasing capacity in the community, reducing delayed discharge, or increasing care at home services.

I appreciate that some Authorities may have concerns over the impact of recruiting, when a recruitment freeze exists in other areas of your Authority. I reiterate that local recruitment freezes or delays must not inhibit recruitment to the Social Care sector. All mechanisms for recruitment should be utilised, including collaboration with your Local Employability Partnership and cross partnership working with other Authorities.

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s;
- iii. expanding Care at Home capacity; and
- iv. expanding support for unpaid carers.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the Schedule 1-3 attached to this letter. A template was provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2022-23

The £20 million for interim care and £124 million to enhance care at home capacity were made available to support permanent recruitment and longer term planning. This additional funding was distributed to local authorities via the 2022-23 Scottish Local Government Finance Settlement on a GAE basis, with a requirement to be passed in full to Integration Authorities.

The £40 million to enhance multi-disciplinary teams and £30 million for Band 2-4 recruitment is to cover the period from 1 April 2022 to 31 March 2023 and will be distributed via NHS Boards.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations, according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals.

DRAFT

**Clackmannanshire & Stirling
Health and Social Care
Partnership
Winter Plan 2022 / 2023**

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1. Introduction & Purpose

A key element in the response to the pandemic and to winter pressures has been the ability of the Clackmannanshire & Stirling Health and Social Care Partnership and its partners to demonstrate agility and innovation in making the changes required to meet the needs of the community.

As described within the priorities of the Re-mobilisation Plan developed at the start of July 2020, HSCP frontline staff have continued to deliver services throughout the pandemic in order to ensure the safety of staff, service users, patients and carers. Ongoing robust assessment of need has continued to ensure that individuals receive the right level of support at the right time and via the most appropriate means.

The purpose of the Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) Winter Plan for 2022/23 is to set out our commitment to deliver high quality community health and care services whilst also ensuring that arrangements in place have sufficient capacity, accurate costs and reflect what impact this will have.

2. Policy and Context - Health and Social Care: Winter Resilience Overview 2022 to 2023

Winter pressures are widely understood to increase demand on services with the onset of cold weather, Flu and COVID 19. These pressures are a key planning issue in order to ensure that safe, sustainable, effective, efficient and person-centred care & support can be provided whilst maintaining a well workforce and a safe working environment.

Key areas of winter pressures including demands on capacity have been identified through national and local experience over many years and include:

- Resilience - Managing / Avoiding Admission
- Capacity Planning
- Escalation
- Infection Control
- Workforce

The Winter Plan for 2022/2023 has been developed in line with **Health and social care: winter resilience overview 2022 to 2023**¹ and sets out 8 priorities:

- 1) Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
- 2) Focus on expanding our workforce over the course of the winter, through recruitment, retention and wellbeing of our health and social care workforce, all with the aim of expanding and supporting our workforce over the course of the Winter period.

¹ [Health and social care: winter resilience overview 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-social-care-winter-resilience-overview-2022-to-2023/pages/1-introduction-and-purpose.aspx)

- 3) Support the delivery of health and social care services that are as safe as possible throughout the autumn/winter period, including delivery of a winter vaccination program for Covid-19 and Flu.
- 4) Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
- 5) Protect planned care with a focus on continuing to reduce long waits.
- 6) Prioritise care for the most vulnerable in our communities.
- 7) Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
- 8) Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.

On 12 October 2022 Humza Yousaf, Cabinet Secretary for Health and Social Care and Shona Robison, Cabinet Secretary for Social Justice, Housing and Local Government issued a letter to all Local Authorities, Integration Joint Boards and NHS Boards setting out their expectations for Winter. As an HSCP, we have ensured that these focus areas are integral to our winter plan.

Focus Area
1. Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
2. Criteria Led Discharge
3. Hospital to Home transition teams with reablement focus / Discharge to Assess
4. Hospital at Home
5. Anticipatory Care Plans
6. Effective End of Life pathways in strong collaboration with our Hospice colleagues.
7. Discharge co-ordination to be extended to all Emergency Departments.
8. Support for Care Homes
9. Increasing/supplementing workforce
10. Review and Refresh approach to SDS across Clackmannanshire and Stirling
11. Increase capacity in social work teams,
12. Commission beds in care homes
13. Streamline processes for patients on the AWI/ Guardianship pathway

3. Financial

a) Investment in Services

The Forth Valley area received £0.528m of Winter Funding for financial year 2022/23 (within a broader package of Urgent and Unscheduled Care Collaborative Funding).

In addition to the IJB carried forward £3.2m Scottish Government Funding from 2021/22 as a service pressures earmarked reserve and this would be the appropriate source to resource any required investment in services to assist in winter preparedness and resilience efforts. There may also be a request from NHS Forth Valley to partially resource the additional beds

- To ensure that all local winter planning groups and social care communities have made satisfactory plans
- To create clear escalation and communication processes
- To align winter planning to the COVID pandemic response
- To ensure there is robust staff communication across the HSCP

Responsibilities of the Operational leadership Team:

- Weekly monitoring meeting in place to assess progress against the winter plan. This process will be used to escalate issues that arise during the peak winter period.
- Daily monitoring of data to identify areas of concern or delay.

5. HSCP Winter Plan

Flow through the system requires a whole system view and requires all partners to work together. All partners need to gather data and broaden their understanding of this data. Then use this to ensure the whole system is providing safe, sustainable, effective, efficient and person-centred care & support for the people in the Clackmannanshire and Stirling area.

Patient experience needs to be paramount to ensure we achieve best outcomes for our people. There are plans to hold workshops to help review any lessons learned and implement changes.

The HSCP will continue to deliver community focussed integrated care to people within the area.

The table below sets out the actions the HSCP are undertaking for winter 22/23 to ensure care provided is right care, right place, right person and right time. This also links these actions to the priority areas set out against the priority areas set out in the Cabinet Secretary's letter (12 October 2022).

	Strategic link	Local Overview	Detail	Lead	Timescale
1.	Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time. (Priority 1)	a) Interim Care Home placements	<ul style="list-style-type: none"> Throughout winter 2021 and 2022, we have operated a process where if a CH has a vacant bed and there is no one waiting for the bed permanently, we negotiate with the provider to spot purchase the bed for a sideways move. Block purchase in Stirling City and Urban 	Jennifer Baird	Operational now
		b) External Care Homes – capacity	<ul style="list-style-type: none"> We continue to work swiftly when a person has been assessed for a CH bed requesting three choices We monitor Care Home vacancies daily to consider sideways moves if there are no people waiting on a permanent bed We have a robust Moving on Policy and escalation process with the acute Medical Director should a patient refuse to consider an interim bed New Care Home (Stirling) joining the National Care Home Contract in October 2022. Fifty bed capacity however, due to CI requirements the provider will only accept 2/3 admissions per week. Additionally, the provider will only accept a minimal number of Council-funded placements. The provider has confirmed that they will not accept any block booking (such as interim beds) at this time. 	Jennifer Baird Bob Barr/ Caroline Robertson Helen Skinner (CHART)	Operational now
		c) Care at Home	<ul style="list-style-type: none"> The Commissioning Team continue to secure an average of 75 new packages of care monthly across the partnership which includes hospital discharges, Intermediate Care Discharges, Re-ablement discharges and supporting those at greatest need in the community to prevent them from becoming discharges. We have implemented meetings with our external providers to develop geographical patch-based working, which will provide some efficiency gains and release capacity back into the system. 	Jennifer Baird	Operational now
		<ul style="list-style-type: none"> Increasing capacity Geographic patch based working Fuel payments for providers 			

	Strategic link	Local Overview	Detail	Lead	Timescale												
			<ul style="list-style-type: none"> Due to the increase cost of living crisis, we are supporting our external providers with fuel payments. As of 20 September 2022, we are supporting 1,890 people across Clackmannanshire and Stirling. These people are assessed as requiring 30,480 hours of care per week. This split between Clackmannanshire and Stirling is: <table border="1" data-bbox="884 485 1644 756"> <thead> <tr> <th></th> <th>People</th> <th>Planned Hours</th> </tr> </thead> <tbody> <tr> <td>Clackmannanshire</td> <td>759</td> <td>11,559</td> </tr> <tr> <td>Stirling</td> <td>1,131</td> <td>18,921</td> </tr> <tr> <td>C&SHSCP</td> <td>1890</td> <td>30,480</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The capacity for care and support dropped until 15 March 2022. Since then the number of people, receiving care each week has increased by 8.6% from 1,041 to 1,131. The number of planned hours has also increased by 6.2% from 17,817 to 18,921 hours of care per week. Clackmannanshire locality has seen a gradual increase over the last 5 months in care hours required and people awaiting Care and Support. This peaked in August which saw numbers waiting almost doubling from 39 in July to 60 in August and an almost 50% increase in care hours required from 309hrs to 535hrs, this seems to be reducing for September. 		People	Planned Hours	Clackmannanshire	759	11,559	Stirling	1,131	18,921	C&SHSCP	1890	30,480		
	People	Planned Hours															
Clackmannanshire	759	11,559															
Stirling	1,131	18,921															
C&SHSCP	1890	30,480															
		d) Hospital @ home	<ul style="list-style-type: none"> We know that older people with frailty are the single biggest users of acute hospital beds and the fastest growing demographic. Providing safe, person centered care at 	Dr Claire Copeland	Operational now												

	Strategic link	Local Overview	Detail	Lead	Timescale
			<p>home or in a homely environment, avoids the risks of health care acquired infection, institutionalization and other unintended harms that can occur within hospital. This coupled with costs related to hospital admissions, delayed discharges, ongoing Covid-19 restrictions and the physical, psychological, sociological and emotional impact requires innovative solutions to ensure timely, high quality care in a safe and homely environment.</p> <ul style="list-style-type: none"> • Over the next 6 months there are plans to double the H@H capacity from 25 to 50 virtual beds • The Hospital to Home team support frail, elderly patients and those with complex health problems in the community, which also supports the ideology of hospital at home and thus preventing admission. District Nursing Teams also actively work to avoid hospital admissions; however, this is harder to quantify given the breadth of their areas of work. 	Diane Sharp	
2.	<p>Focus on expanding our workforce over the course of the winter, through recruitment, retention and wellbeing of our health and social care workforce, all with the aim of expanding and supporting our workforce over the course of the Winter period. (Priority 2)</p>	<p>Development of a HSCP Rural Care At Home Team</p>	<ul style="list-style-type: none"> • The HSCP has had significant challenges commissioning care at home in the more rural areas of Stirling. Accordingly, a business case developed for the IJB, seeking investment to develop an in-house rural team to complement our existing external providers. • We are currently running a robust recruitment campaign with staff recruitment videos and posters within the local communities, as we would like to encourage local people in the rural communities to apply. • In the interim whilst we recruit to the team, we are working closely with external providers to create additional capacity • The rural team will be able to support an estimated 320 hours. 	Judy Stein	<p>Recruitment Operational now</p> <p>Completion End of Nov 22</p>

	Strategic link	Local Overview	Detail	Lead	Timescale
3.	Support the delivery of health and social care services that are as safe as possible throughout the autumn/winter period, including delivery of a winter vaccination programme for Covid-19 and Flu. (Priority 3)	Working with Health Board to deliver vaccination programme for COVID19 and Flu.	<ul style="list-style-type: none"> Number and percentage of eligible people vaccinated for COVID and Flu is reported to Clackmannanshire and Stirling Integration Joint Board. 	Fiona Coan	Dec 22
		Care Home Assurance Group	<ul style="list-style-type: none"> Forth Valley has developed and implemented a very successful multi-disciplinary Care Home assurance oversight group chaired by the Director of Nursing. The group has met weekly over the past 2 years and will continue to do so over winter to monitor the Covid, flu, vaccinations for residents and staff as well as having an executive oversight of the CH's performance and risks 	A.Black C.Wyllie	Operational now
4.	Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter. (priority 4)	RAPID Response Service Development Discharge to Assess Falls Lead Post	<ul style="list-style-type: none"> Business case presented to IJB in 2022. We have redesigned our Community Reablement Teams and moving to a Rapid Response Service, which provides a greater flexibility to support people to stay at home longer and facilitate faster discharge home. The breadth of support within the multi-disciplinary team will include reablement, crisis care, Step-up/prevention of admission, step down and early pick up of packages prior to framework providers as well as discharge to assess. The new model also aims to support new packages of care before they are passed to framework (external) providers, which provides the opportunity to review the prescribed care before handing over, delivering what is required and being more efficient and effective with scarce resources. Recruitment process started for Falls Lead. Staff have produced Recruitment videos for advertising campaign. 	Judy Stein	Recruitment Operational now Nov 22

	Strategic link	Local Overview	Detail	Lead	Timescale
			<ul style="list-style-type: none"> • Clackmannanshire Rapid Team Estimated hours = 210hrs • Stirling City Rapid Estimated hours = 350 hrs • Stirling Urban Rapid Estimated hours = 230 hrs 		
5.	<p>Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter. (priority 4)</p>	<p>Review Team Development</p>	<ul style="list-style-type: none"> • Given current pressures and the growing demand for services, it is important that we make the best use of limited resources and ensure that services are provided in the most efficient and effective way possible, to those who are eligible to receive them. To achieve this we need to develop a Care At Home Review Team whose specific remit will include - <ul style="list-style-type: none"> • ensure that clients are in receipt of efficient and effective outcome focused support • Ensure that resources are prioritized, equitable and transparent • ensure that services are monitored within an effective contract framework system • scrutinize and redesign services to reduce duplication and maximize resources • To date, we have temporarily invested in three additional staff to review clients resulting in over 150 hours reinvested back into the system in Clackmannanshire alone over a 3-month period. • Moving forward, we are bring a business case to develop a Care At Home team, which will be built on similar principles of the Care Home Assessment and Review Team (CHART). 	<p>Caroline Robertson</p> <p>Bob Barr</p>	<p>Ongoing now</p>
6.	<p>DWD Programme</p> <p><i>Working in partnership across Health and</i></p>	<p>a) Pharmacy Reviews</p>	<ul style="list-style-type: none"> • The team are supporting a programme of medication reviews to ensure medication is arranged in such a way as to minimise package requirements. • This work has started and is reporting into the DWD work stream with data pending. 	<p>Laura Byrne</p>	<p>Operational now</p>

	Strategic link	Local Overview	Detail	Lead	Timescale
	Social Care Organisations	b) Integrated discharge Team	<ul style="list-style-type: none"> • At present, Clackmannanshire and Stirling HSCP have two hospital discharge teams and therefore our internal plan is to combine into one team with joined up leadership. This will reduce barriers to our staff from each area working as part of one partnership team whilst also be cognisance of the respective council areas. This will help better allocation of staff resources with clearly defined roles, an improved skill mix and supportive culture to achieve better outcomes for both patients and organisation identity for staff. • The key focus of the project is to; <ul style="list-style-type: none"> • Create one Partnership Team (C&S HSCP) • Define Roles (flow, assessment, review and leadership) • Introduce Front Door assessment (admissions and pathways) • Increase Multi-disciplinary assessment of needs • Reduce bed days lost to delay • As part of this project, we are also working collaboratively with Falkirk HSCP and the Acute integrated discharge team to develop efficient and effective pathways where we can work swiftly to support patients on their journey through the hospital to discharge. • We are also moving from 5 to 7 day working for our Hospital discharge Team staff to support weekend discharges 	Barry Sneddon Jayne Stirling Rachel Sinclair	Operational now
		c) Planned Date of Discharge (PDD)	<ul style="list-style-type: none"> • Although this is a project initially driven within acute wards, we are ensuring that there is also a commitment and roll out within our community bed base sites to ensure that we plan and communicate effectively with patients and their families on expectations/arrangements for leaving the hospital. 	Avril Magill (Bellfield) Barry Sneddon (CCHC)	Operational now

	Strategic link	Local Overview	Detail	Lead	Timescale
			<ul style="list-style-type: none"> Collaboratively, we have developed information for patients and their families (Mats, Boards, leaflets) to explain the concept of PDD. Partnership logos are also on the mats etc. 		
		<p>d) Single handled care (Pan FV)</p>	<ul style="list-style-type: none"> We have currently assessing patients/clients who require two people or more, to transfer and assessing if technology, aids and adaptations could support the transfer thus reducing the number staff/carers required (single-handed care or also known as Prescribing Proportionate Care). In effect, this will release time to care for more people in the community and reduce the number of double up visits across all localities. This initiative has been developed across acute, community Hospital sites as well as Care at Home Providers to scope clients living in the community that receive double up support. Working group established with full programme of training completed. The assessment outcomes are reported into the DWD programme via a flash report. 	Shiona Hogg	Operational now
		<p>e) Early supported discharge for Stroke patients (pan FV)</p>	<ul style="list-style-type: none"> START commenced delivering an early supported discharge service for patients who have had a stroke from mid November 2021. MDT work closely with colleagues in the stroke in patient setting to identify suitable patients that can be discharged home safely and provided with the same intensity of rehab as they would have received as an in-patient. Patients can also be referred from A&E department, CAU or from the TIA clinic, who have a diagnosis of Stroke, require 	Shiona Hogg	Operational now

	Strategic link	Local Overview	Detail	Lead	Timescale
			<p>rehabilitation but are safe to return home rather than being admitted.</p> <ul style="list-style-type: none"> Since November the team have seen 147 patients in their own homes, it was predicated that the team would see two new patients per week, however that number has been exceeded and ranges from 2-7 new patients. 		
		<p>f) SAS and Falls</p>	<ul style="list-style-type: none"> As a whole system, we are working with SAS to increase referrals to our Mobile Emergency Care Service where able to do so and prevent patients who are not medically unwell from being transferred to hospital. This previously worked well but there has been a considerable fall in referrals over the last 2 years and the focus of this project is to return and exceed previous numbers. 	<p>Pauline Berne</p> <p>Judy Stein</p>	<p>Operational now</p>
		<p>g) Seven Day admissions into Care homes</p>	<ul style="list-style-type: none"> We are working with our colleagues in Falkirk HSCP to develop and encourage 7-day admissions and transfers to Care Homes due to a decline of transfers at the weekend. Care Homes traditionally do not like to admit new patients over the weekend however are happy to receive residents back after a short period in hospital or if the admission has been pre-planned. 	<p>Claire Chapman</p> <p>Bob Barr & Caroline Robertson</p>	<p>Operational now</p>
		<p>h) Home For Lunch</p>	<ul style="list-style-type: none"> We are working collaboratively across all acute and community bed base sites, to promote discharges pre noon with a new local campaign 'Home for Lunch'. We are working through issues required re transport, medication and will provide packed lunches to patients if their care does not start until teatime. 	<p>Avril Magill (Bellfield)</p> <p>Barry Sneddon (CCHC)</p>	<p>Operational now</p>

	Strategic link	Local Overview	Detail	Lead	Timescale
		i) Third Sector Support	<ul style="list-style-type: none"> We are working closely with our third sector organisations to support rapid discharge from hospital where and when appropriate. At present, both HSCP's jointly commission a third sector provider based within FVRH Discharge Lounge. In the last year the provider has supported over 2000 patients to through their discharge journey. 	Jennifer Baird	Operational now
7.	Community Nursing	Health Care Support Workers	<ul style="list-style-type: none"> We have agreed to provide additional funding to our community nursing teams to employ two additional Health Care support Workers. The gain is to reduce admission/support timely discharge and improve patient flow. This additional capacity will also support those patients who are palliative and wish to remain at home. 	Judy Stein Diane Sharp	Recruitment in progress now
8.	Transforming Care Board	a) AHP	<ul style="list-style-type: none"> Pathway Redesign across AHPs – including aligning with assessment & review process. This project aims to enable AHPs to accompany supported people throughout more of their care journey rather than have as many as eight handovers from AHP to AHP. This will make the workload more efficient for staff and more effective for clients. 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. ReACH - Rehabilitation and assessment in the community and home teams across Forth Valley will respond urgently to patients who are at risk of admission providing holistic assessment relating to mobility and functional ability and 	Shiona Hogg Heather Fraser	Project started and to be completed by April 23

	Strategic link	Local Overview	Detail	Lead	Timescale
	<p><i>Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care. (Priority 7)</i></p>		<p>ensuring early access to rehabilitation. ReACH also provide a Community Weekend service, which ensures patients who are at risk are assessed in a timely way.</p>		
<p>b) Carers</p>		<ul style="list-style-type: none"> • We recognise that we need to support carers in order to prevent crisis through breakdown. A Carers' Investment Plan has been developed and agreed by Carers Planning Group. • This will align to the Commissioning Consortium for Carers. Carers Lead post approved and funded by the IJB in March 21. • Carers Lead post has been appointed to and is currently going through checks. • Short Breaks Co-ordinator is in place (and working towards ensuring availability of a range of respite options. (Gain – reduce crisis situations)) • Recovery funding was approved by SLT to be given to the carers centres to support them in their recovery. This is underway. 	<p>Wendy Forrest</p>	<p>Recruitment successful – start date imminent</p>	
<p>c) TEC - Technology Enabled Care</p>		<ul style="list-style-type: none"> • TEC Coordinator post approved and funded by the IJB. TEC Coordinator post is currently within recruitment. (Gain – where appropriate TEC is recognised as an alternative to paid hours) 	<p>Shiona Hogg</p>	<p>Recruitment ongoing</p>	
<p>d) Social Work Assessment Pathways</p>		<ul style="list-style-type: none"> • Review of assessment and review processes within adult social work. The review of adult social care proposed a number of recommendations to improve performance. (Gain – improve performance and reduce waiting times) 	<p>Bob Barr</p>	<p>Completed by March 23</p>	

	Strategic link	Local Overview	Detail	Lead	Timescale
		e) Intermediate Care Bellfield Centre & CCHC (Clackmannanshire Community Health Centre) Redesign	<ul style="list-style-type: none"> • We need to examine the current model and consider the future model of care required given our changing landscape re capacity and demands. This work stream will look at the model of care, purpose and function of units and how could we improve. (Gain – effective and efficient flow/use of beds) • There was a decision to pause this work stream during Covid pressures however this is to commence January 2023 • Belfield Manager post now filled and stabilising the strained workforce. 	Barry Sneddon & Avril McGill Lesley Fulford	2023
		f) SDS and Effective demand management and signposting within the community	<ul style="list-style-type: none"> • Review and Refresh approach to SDS across Clackmannanshire and Stirling. • Staff Forums have been established and SDS training is being rolled out across the HSCP – feedback from staff has been very positive. • An asset based assessment tool continues to be developed including consultation with staff/partners for initial feedback. (Gain – increase uptake of all SDS options) 	Emma Mitchell	Operational now

	Strategic link	Local Overview	Detail	Lead	Timescale																
			<p>Option 1: From 5 April 2022 (first Tuesday in Financial Year) to 20 September 2022</p> <table border="1" data-bbox="884 264 2042 440"> <tr> <td data-bbox="884 264 1133 333"></td> <td data-bbox="1133 264 1359 333">5 April 2022</td> <td data-bbox="1359 264 1697 333">20 September 2022</td> <td data-bbox="1697 264 2042 333">Increase</td> </tr> <tr> <td data-bbox="884 333 1133 440">People with Active Care</td> <td data-bbox="1133 333 1359 440">1,063</td> <td data-bbox="1359 333 1697 440">1,131</td> <td data-bbox="1697 333 2042 440">68 people - 6.4%</td> </tr> </table> <p>Option 2: From 15 March 2022 (lowest people and hours) to 20 September 2022</p> <table border="1" data-bbox="884 480 2042 655"> <tr> <td data-bbox="884 480 1133 549"></td> <td data-bbox="1133 480 1359 549">15 March 2022</td> <td data-bbox="1359 480 1697 549">20 September 2022</td> <td data-bbox="1697 480 2042 549">Increase</td> </tr> <tr> <td data-bbox="884 549 1133 655">People with Active Care</td> <td data-bbox="1133 549 1359 655">1,041</td> <td data-bbox="1359 549 1697 655">1,131</td> <td data-bbox="1697 549 2042 655">90 people – 8.6%</td> </tr> </table>		5 April 2022	20 September 2022	Increase	People with Active Care	1,063	1,131	68 people - 6.4%		15 March 2022	20 September 2022	Increase	People with Active Care	1,041	1,131	90 people – 8.6%		
	5 April 2022	20 September 2022	Increase																		
People with Active Care	1,063	1,131	68 people - 6.4%																		
	15 March 2022	20 September 2022	Increase																		
People with Active Care	1,041	1,131	90 people – 8.6%																		
		<p>g) Establish effective early intervention model linking people with third sector and community supports.</p>	<ul style="list-style-type: none"> We are committed to ensuring that our resources are distributed effectively and efficiently recognising that there is a pivotal role for our local communities to support peoples' outcomes through third sector groups and volunteers rather than always defaulting to paid care. This will promote assets based assessments and encourages local resources to meet outcomes. It is difficult to estimate the diversion rate from paid hours but important to recognise within the whole system picture) 	Lesley S	April 23																
		<p>h) Locality Planning</p> <p>Co-ordinated and integrated opportunities to improve services/access within local communities.</p>	<ul style="list-style-type: none"> Locality planning groups have been established across our three localities: Clackmannanshire, Stirling (urban) and Stirling (rural). Each meeting attracted an average of 50 attendees who shared in the vision of the group and discussed their health and wellbeing, and what opportunities there are to improve 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. 	Lesley S	December 22																

	Strategic link	Local Overview	Detail	Lead	Timescale
			<ul style="list-style-type: none"> As above, this promotes assets based assessments and encourages local resources to meet outcomes. It is difficult to estimate the diversion rate from paid hours but important to recognise within the whole system picture) 		
10	Business Continuity	<p>a) RAG Care at Home clients to create capacity and protect those most in need</p> <ul style="list-style-type: none"> Needs lead – Resource Bound High community waiting lists 	<ul style="list-style-type: none"> During 2021/22, our local external Providers were reporting a 10-20 % decrease in staffing who are leaving due to fatigue and/or other jobs. As a result, we lost approximately 4000 hours per week across the Stirling localities. In order to provide a service to those in greatest need, we asked providers to enact their BC plans and RAG clients accordingly. From an Assessment perspective, we also supported staff to understand the difference between critical and substantial criteria in order to provide resource bound capacity to those in greatest need. We have not fully recovered from this position with high waiting lists for those living in the community who are waiting on care at home. As a result, the risk is that without early intervention or a prevention ideology, we will see more crisis intervention required. 	<p>Bob Barr</p> <p>Caroline Robertson</p> <p>Jennifer Baird</p>	Operational now
		<p>b) Identify clients with multiple daily visits</p>	<ul style="list-style-type: none"> We reviewed all clients with multiple visits and reduced where possible. We also spoke to referrers (Clinicians, AHPs, GP's etc) to communicate the challenges in providing x4 a day care. This resulted in a marked decrease in the number of hospital requests for multiple care visits to support patients at home. 	<p>Bob Barr</p> <p>Caroline Robertson</p>	Operational now
11	Health and Wellbeing		<ul style="list-style-type: none"> The Health and Wellbeing of HSCP staff is a priority for all our areas. 	Kelly Higgins	Operational now

	Strategic link	Local Overview	Detail	Lead	Timescale
			<ul style="list-style-type: none"> • A wellbeing week held in April 2022 covering a range of topics including yoga, laughing therapy, virtual Friday with the Chief Officer, Step Count Challenge, laughter yoga and community circular walk with Braveheart. • Engagement is now underway for a wellbeing week this winter. 		

Operational readiness has been assessed under the following headings.

Resilience <ul style="list-style-type: none"> • Severe Weather • Festive period • Contingency plans for bed flexibility • Escalation and business continuity procedures 	Infection Control <ul style="list-style-type: none"> • Norovirus • Seasonal Flu • COVID-19
Unscheduled and Elective Care <ul style="list-style-type: none"> • Admissions avoidance • Management of community activity • Other service actions and interventions • Facilitation of early discharge • Respiratory pathway 	Communications <ul style="list-style-type: none"> • Management Information • Co-ordination of information

Resilience		
Severe Weather	ALL managers across HSCP	<ul style="list-style-type: none"> • Close contact with NHS Forth Valley and HSCP emergency planning mechanisms. • Operational team for Health and Social Care will meet as required to ensure operational activity is maintained and joint priorities agreed.

Festive Period	All Managers	<ul style="list-style-type: none"> • Rostering appropriate staffing and resources to maintain services through the festive period • On Call rota for duty managers and clinical service leads • Service areas are being encouraged to consider booking supplementary staffing in anticipation of requirements, to ensure supply via Staff Bank.
Contingency plans for bedded care	All Managers BMU	<ul style="list-style-type: none"> • Maintain review of availability of beds in Ludgate, Menstrie House, CCHC and Bellfield and step down facility on an ongoing basis, including care homes • Develop mechanisms to maximise care at home which is reviewed and monitored daily at operational meetings • Review Homecare and other care home capacity
Escalation and business continuity procedures	All Managers	<ul style="list-style-type: none"> • Develop alert tool for downstream beds as part of whole system bed management approach. • Business Continuity Operational Plans for all essential services • Daily Flow meeting to discuss demand
Infection Control		
Norovirus	All Staff	<ul style="list-style-type: none"> • All managers to ensure Healthcare Acquired Infection (HAI) protocols in place • Ensure compliance with all infection control procedures • Ensure Care Home Managers are aware of and implementing infection control procedures across care settings, including registered Care at Home providers • District nurses to ensure that procedures are in place within the community to comply with infection control policies.
Seasonal Flu	All Staff	<ul style="list-style-type: none"> • Carer vaccination to be encouraged by GP Practices and also offered to carers of housebound patients • Vaccination sessions for HSCP staff planned. • Effective outbreak policies and procedures in place.
Covid	All Staff	<ul style="list-style-type: none"> • Good IPC control measures and use of PPE • Good communication with Care Homes via CHART • Weekly Care Home Assurance Group oversight
Scheduled and Elective		

Admission Avoidance	All Staff	<ul style="list-style-type: none"> • Proactive management of patients at risk and vulnerable adults in the community • Maximise Hospital at Home and Hospital to Home capacity • Falls, screening patients falling at home, admitted with fall, or deemed at risk of future falls • Physio screening of moderate COPD patients at risk of admission • GP Anticipatory Care Plans for nursing home residents/identified patients at risk. • Maximise capacity within Discharge to Assess • Continuously review capacity
Management of community activity	All Staff	<ul style="list-style-type: none"> • Initiation of real time data reporting on hospital admissions and discharges • Multi-disciplinary planning for patients returning from hospital and those being managed at home • Continuity planning for Care Provider organisations, carer support organisations and the charitable/voluntary sector • Mental Health assessment services and community services over festive and winter period • Primary Care Services over festive periods and adjacent weekends
Equipment and TEC	All Staff	<ul style="list-style-type: none"> • Equipment Service focused on discharges and terminal care with additional priority over festive and winter period • Promote a Technology Enabled Care (TEC) First approach to assist independence and timely discharges
Facilitation of early discharge	All Staff	<ul style="list-style-type: none"> • Frailty at the front door • Discharge to assess • Hospital to Home • Home care
Respiratory pathway	Shiona Hogg Heather Fraser	<ul style="list-style-type: none"> • Community Reach teams
Communication		
Management of Information	All Staff	<ul style="list-style-type: none"> • Copy of winter plan to all on call clinical staff and partner organisations • Duty Management over Christmas and New Year period available to clinical staff and partner organisations

Clackmannanshire & Stirling Integration Joint Board

23 November 2022

Agenda Item 9.4

Delegation

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Patricia Cassidy, IJB Chief Officer Falkirk Annemargaret Black, IJB Chief Officer Cathie Cowan, NHS Forth Valley Chief Executive
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 information on services still to be delegated and endorse the approach to work with partners on an agreed draft Terms of Agreement.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) note that this will complete the transfer of functions and budgets in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme 2) agree the proposed coordination arrangements with Falkirk and Clackmannanshire & Stirling as the Lead HSCP's as set out in section 3 3) approve the terms of agreement attached at appendix 2, subject to agreement by Falkirk IJB.
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Key issues and risks:	<p>Partner bodies are required under the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Statutory Instrument 344 to delegate certain functions to the IJB.</p> <p>Whilst some functions have been delegated there is further work to be undertaken. If this approach is not endorsed there is a risk the partner bodies could be in breach of the legislation. This can be mitigated by discussions taking place to agree the draft Terms of Agreement.</p>
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1. [Background](#)

- 1.1. Under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 Scottish Statutory Instrument 344](#) the IJBs partners are required to delegate certain functions to the IJB.

2. Delegation of Services to IJB

- 2.1. Delegation has taken place for many services however there are a number of areas that still require to be delegated.
- 2.2. For the Health Board these are, for example: Primary Care (Dentists, Optometrists', Community Pharmacy and General Practitioners), Specialist Mental Health Services and Health Improvement.

Timeline

- 2.3. In June 2017 the operational responsibility for Clackmannanshire Councils social care services transferred to the HSCP.
- 2.4. In September 2018 the operational responsibility for Stirling Councils social care services transferred to the HSCP.
- 2.5. Until now the remaining pan Forth Valley key community health services have remained under operational management within NHS Forth Valley. In line with the Public Bodies (Joint Working) (Scotland) Act 2014, IJBs will be responsible for planning and commissioning for specialist mental health and learning disability services and Primary Care (including Out of Hours) services.
- 2.6. Recent meetings between the local authority Chief Executives, IJB Chief Officers, NHS Chief Executive, IJB Chair and NHS Chair and support from Scottish Government have helped progress plans to fully integrate NHS functions delegated to the IJBs.
- 2.7. Falkirk IJB approved a set of governance principles at its meeting in February 2019. Clackmannanshire and Stirling IJB may wish to consider the merit of adopting such governance principles and it is envisaged this may assist in the management of the proposals contained within this paper. To this end the consideration of these governance principles will be added to be workplan of the IJB Audit and Risk Committee who will provide a recommendation in due course.
- 2.8. This paper outlines the plan to transfer operational management to the HSCPs via the IJBs and includes a proposed agreement between the IJBs for the planning and delivery of these functions. The paper sets out proposals that:
 - Falkirk HSCP will undertake the strategic planning and operational management of Primary Care services including Out of Hours and contracting Primary Care services through the NHS Board to the Falkirk HSCP as the lead HSCP for Primary Care
 - Clackmannanshire & Stirling IJB will undertake the strategic planning and coordination of Specialist Mental Health and Learning Disability services

3. Transfer and Coordination of IJB Functions

- 3.1. Following discussions between the NHS CEO and IJB Chief Officers it is proposed, subject to the completion of due diligence including management capacity, that:
- strategic planning and operational management of Specialist Mental Health & Learning Disability services, staff and budget transfer to the Clackmannanshire & Stirling HSCP as the lead HSCP for these services by the end of 2022. The preparation of a job description for a Head of Strategic Planning for Mental Health and Wellbeing is underway and recruitment will be completed in early 2023.
 - strategic planning and operational management of Primary Care e.g., General Practice including the Out of Hours Services, Community Pharmacy, Public and General Dental Services and Optometry services and Contract transfer to the Falkirk HSCP, as the lead HSCP for primary care services including Out of Hours services by the end of January 2023.
 - Falkirk Chief Officer will also manage the General Medical Services (GMS) Contract on behalf of the Health Board by the end of January 2023, reporting to the NHS Chief Executive as contracts are not a delegated function. This arrangement of management by the Chief Officer and Health Board oversight will reduce the risk of fragmentation of the whole system of Primary Care.
 - Falkirk IJB will be responsible for the co-ordination of any pan Forth Valley strategic planning for elements of health improvement, while the Clackmannanshire and Stirling IJB will retain local strategic planning. Any national reporting, co-ordination or leadership will be carried out by Falkirk HSCP. The existing resource be split across both HSCP's for local planning and operational delivery.
- 3.2. The IJB CFOs and COs will work with the NHS Director of Finance and Head of HR to complete due diligence exercise to enable the appropriate transfer of both financial and staff resources
- 3.3. The IJB Chief Finance Officers and Chief Officers will work with the NHS Director of Finance, Head of HR and professional Clinical Directors and governance leads to complete a due diligence exercise. This will enable the appropriate transfer of strategic planning, operational management of services, staff and budget responsibilities, as well as understanding and addressing any service or governance risks.
- 3.4. The HSCP responsible for the operational management of services, staff and budget will report to the IJB in the normal way for overall integrated performance oversight. In addition, the HSCP will provide clinical, staff and performance assurance to both IJBs, and the Health Board. The Health Board

will continue to provide the required level of corporate support to enable this reporting and delivery.

- 3.5. The draft Terms of Agreement document is attached at appendix 1 for members of the IJB to approve. The agreement outlines the terms and reporting required for the IJB coordinating services and functions on behalf of the other IJB or health board.
- 3.6. The paper will be submitted for consideration and agreement to Falkirk IJB at its meeting on 18 November 2022. NHS Forth Valley will receive an update on the proposed arrangements and the outcome of IJB deliberations.

4. Conclusions

- 4.1. This report provides the Integration Joint Board with an update on the delegation of services to the Board and HSCP. Asks them to endorse the approach to work with partners on an agreed draft delegation agreement.
- 4.2. The proposed transfer of operational management of services, staff and budget responsibilities will enable the IJB to more fully realise the transformation opportunities afforded through the integration of community health and care services.
- 4.3. The full implementation of integrated health and social care services across Forth Valley will result in a better experience for people and their unpaid carers requiring services.
- 4.4. The successful transfer and supporting terms of agreement address the recommendation 2 within the 2021/22 Clackmannanshire and Stirling IJB Annual Audit Report in relation to Delegation of Services.

5. Appendices

Appendix one – Draft Terms of Agreement

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

Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	The IJB CFOs and COs will work with the NHS Director of Finance to complete due diligence exercise to enable the appropriate transfer of both financial and staff resources.
Other Resources:	None
Legal:	<p>Partner bodies are required under the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Statutory Instrument 344 to delegate certain functions to the IJB.</p> <p>Whilst some functions have been delegated there is further work to be undertaken. If this approach is not endorsed there is a risk the partner bodies could be in breach of the legislation.</p>
Risk & mitigation:	<p>Partner bodies are required under the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Statutory Instrument 344 to delegate certain functions to the IJB.</p> <p>Whilst some functions have been delegated there is further work to be undertaken. If this approach is not endorsed there is a risk the partner bodies could be in breach of the legislation. This can be mitigated by discussions taking place to agree the draft delegation agreement.</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>

Paper 9.4 – Delegation - Appendix 1

Terms of Agreement – Coordination of IJB Functions and Services and Strategic Planning Leadership

1. Purpose

The purpose of this document is to confirm the formal agreement between the Integration Joint Boards (IJBs) of Falkirk and Clackmannanshire & Stirling regarding the coordination of services which are provided across the Falkirk and Clackmannanshire & Stirling IJB areas.

The services to be delegated are described in the IJB Integration Schemes, which were approved by partner bodies in October 2015 and by the Scottish Government in December 2015.

Most services which are delegated will be provided by the IJB responsible specifically for the population of the Health and Social Care Partnership (HSCP). There are, however, several services which were previously provided on a Forth Valley wide basis, or to more than one partnership, by NHS Forth Valley, which must be delegated in accordance with the Public Bodies (Scotland) Act, 2014. This includes both set aside and integrated services.

The agreement confirms the services to be coordinated and which IJB will undertake the coordination. The agreement also confirms the broad standards of engagement and performance management that will be put in place to ensure that the host IJB undertakes its coordinating responsibilities in a way that involves the IJB receiving services in a fair and reasonable way. Full support must be provided to Chief Officers by NHS Forth Valley to deliver these responsibilities.

2. Parties to the Agreement

The parties to the agreement are Falkirk IJB and Clackmannanshire and Stirling IJB

3. Definition of Coordination

In this context a service is defined as being coordinated if it is planned by and/or delivered by one IJB for its own population and for the populations of the other IJB. The coordinating IJB will be the lead in relation to strategic planning and/or service delivery and will be accountable to the other IJB for the delivery of agreed outcomes which will be determined through the strategic planning and commissioning processes of the IJBs.

4. Services that will be Strategically Planned between both IJBs in Partnership with NHS Forth Valley

Delegated Acute Services: The strategic planning of the following acute services has been delegated to the IJBs:

- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine, including:
 - general medicine
 - geriatric medicine
 - rehabilitation medicine
 - respiratory medicine
- Palliative care services provided in a hospital
- Other services associated with future reviews of the Integration Schemes

Where services are agreed to be co-ordinated by one IJB on behalf of another, through the Chief Officers, the coordinating IJB will lead the strategic planning of these services on behalf of Falkirk and Clackmannanshire & Stirling IJBs.

This will include taking lead responsibility for the strategic planning process associated with the services and working with NHS Forth Valley and other partners to ensure that there is a consistent and comprehensive planning process for all in scope services. Collaborative IJB strategic planning for in scope acute services will be required and planning structures will be refined as required.

Whilst the IJB will take lead responsibility for the strategic planning process, Chief Officer's will work collaboratively with Acute services leadership and management to progress the following

- A&E
- Unscheduled Care
- Palliative Care
- Geriatric Medicine
- Rehabilitation Medicine
- General Medicine
- Respiratory Medicine
- And other services in the Integration Schemes currently and services that may become in-scope for IJBs should future Integration Schemes determine this as a result of reviews.

5. Delegated Services: Strategic planning and Service Delivery

The Forth Valley wide services will be delegated and coordinated as follows:

- The strategic planning and service delivery of services for stroke rehabilitation will be delegated to Clackmannanshire and Stirling IJB with professional and corporate support provided by NHS Forth Valley (note these services were previously managed by Stirling Community Health Partnership).
- The strategic planning and service delivery of services for neurology rehabilitation will be delegated to Falkirk IJB (note these services were previously managed by Falkirk CHP)
- Primary Care Out of Hours Service (GMED): GMED strategic planning and service delivery will be hosted on behalf of Falkirk and Clackmannanshire and Stirling IJB by Falkirk IJB. In doing so Falkirk IJB will ensure that there is close integration with unscheduled care services provided by NHS Forth Valley to provide a high level of continuity of care for patients across Forth Valley Primary Care Contracts: The primary care contracts team and the primary care contracts process will be undertaken by Falkirk Chief Officer on behalf of Falkirk and Clackmannanshire & Stirling IJBs.
- Mental health services (set aside) strategic planning and delivery will be led by Clackmannanshire and Stirling IJB, in partnership with Falkirk IJB. Specialist Mental Health services will be delivered by Clackmannanshire and Stirling Chief Officer.
- Health Improvement – Falkirk will lead any strategic planning required for Health Improvement, in partnership with community planning partners Locality planning will remain the responsibility of each IJB After review, any remaining pan Forth Valley health improvement services that cannot be managed locally will be led by Falkirk Chief Officer.
- The following services are operationally managed by Falkirk HSCP
 - Marie Curie Nursing
 - Continence Service
 - Diabetes Community Services
 - Complex care

6. Coordinating Responsibilities

It is important that IJBs undertake their coordination responsibilities through their HSCP in a fair and reasonable manner. In doing so the IJBs agree the following principles:

- An HSCP coordinating a service will provide regular information to the other IJB on the standards of service being provided for their respective population.

- An HSCP coordinating a service will not make changes to a service out with the strategic planning process. If operational changes are necessary that may have an impact on the quality and cost of the service these will be agreed with the Chief Officer or nominated representative of the other IJB
- An HSCP coordinating a service will manage the resources allocated to the service effectively and efficiently and work in partnership with the other IJB to achieve agreed efficiency savings or other financial targets. See section 6 below
- An HSCP coordinating a service will ensure that all agreed performance targets and standards are achieved. If such standards cannot be achieved the Chief Officers of the other IJB, or their nominated representatives, will be involved in, and agree the action to be taken to move towards achievement.
- An HSCP coordinating a service will fully involve the Chief Officers of the other IJB, or their nominated representatives in the strategic planning process for the service concerned. In doing so the hosting IJB will respond to the need for service change to meet the identified needs of the population of the IJBs
- An HSCP coordinating hosting a service will comply with agreed clinical governance standards and participate in the respective IJB clinical and care governance processes
- An HSCP coordinating a service will provide regular reports to the other IJB on the performance of services, current and emerging strategic planning issues, and the conduct of the planning processes. These reports will be at least annual within a programme agreed by the Chief Officers.
- An HSCP coordinating a service will operate an open book policy in relation to the financial management of the hosted service.
- As part of the due diligence process financial risk sharing agreements may be developed across both IJBs.
- The IJBs receiving a coordinated service will work with the host IJB in the spirit of partnership to develop strategic plans and to support the resolution of significant operational issues that may have an impact on the quality and cost of the service
- Falkirk and Clackmannanshire and Stirling and IJBs will work together to develop detailed performance management arrangements once securing corporate support services from NHS Forth Valley to allow this to happen. This includes the provision of timely information.

7. Budgets for Coordinated Services

Overall financial principles are determined by the Finance Section of the Integration Scheme, including risk share arrangements. At present, the treatment of set aside services differs from the integrated budgets and this has direct implications for the services that will be coordinated. Specifically, under present arrangements, IJBs are responsible for the financial performance of integrated budgets while NHS Forth Valley manages all set aside overspends out with the annual risk share agreement. In terms of coordinated services this results in three separate categories of financial treatment:

1. Services that will be strategically planned between both IJBs in partnership with NHS Forth Valley all fall within the set aside service classification.
2. Delegated Services: Strategic planning and service delivery all fall within the integrated budget classification with the exception of Specialist Mental Health Services which are defined as set aside in the legislation.

Specialist Mental Health Services fall into a unique category, being both set aside and operationally managed.

In all cases the budgets for the coordinated services will be finalised as part of the due diligence process. The IJB CFOs and COs will work with the NHS Director of Finance and Head of HR Forth Valley will work in partnership to complete a due diligence process to complete the appropriate transfer of staff and resources. During 2023/24 this will be reviewed to develop an understanding of how the budgets should be allocated to ensure equality of outcome. This process will be overseen by a Finance working group set up to oversee the due diligence process. For set aside areas, overspends are managed by NHS Forth Valley, per the Integration Scheme.

For integrated budgets, the coordinating IJB will be responsibility for overall budget oversight however each IJB will retain its own budget and a share of costs will be attributable to that budget. This will require a review of the integration schemes. The coordinating IJB will lead on strategic planning and operational service delivery and will therefore be responsible for both investment decisions and delivery of savings plans to address overspend pressures. However, as the financial implications of that lead role impact on both IJBs, the coordinating IJB will ensure any financial consequences of £50,000 or above arising from either investment or savings proposals are agreed by both IJBs before implementation.

There will be no implications from the financial treatment of coordinated services for Directions – both IJBs will continue to issue Directions to the Health Board and Council(s) and these partners will continue to delegate integrated services to the HSCPs. For coordinated services, that delegation will be to one IJB, but the budget will continue to be held in both IJBs.

8. Resolution of Disputes

In the unlikely event of a dispute a draft process is attached at Appendix 1.

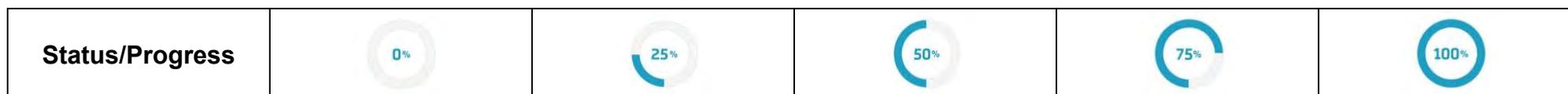
9. Review of Hosting Arrangements

The hosting arrangements outlined in this agreement will be reviewed every three years in line with the strategic plan reviews. The first review will be undertaken in 2026. The process for the review will be agreed by the Chief Officers during the due diligence process.

Dispute Resolution Process

This provision relates to disputes between Falkirk and Clackmannanshire & Stirling Integration Joint Boards (IJBs) in relation to the coordination of services. This provision does not apply to internal disputes within the IJB itself. Where either of the Parties fails to agree with the other on any issue related to the strategic planning and/or delivery of a service which is hosted then they will follow the process as set out below:

- (a) The Chief Officers and Chairs of the IJBs concerned will meet to resolve the issue;
- (b) If unresolved, the Chief Officers of the IJBs concerned will each prepare a written note of their position on the issue and exchange it with the others within 21 calendar days of the meeting in (a).
- (c) The written notes will be considered internally by the IJBs, using such procedures as they may consider appropriate, for example, with the wider membership of the IJB and specialist advisers.
- (d) Within 21 calendar days of the exchange of written notes in (b) the Chief Officers and Chairs of the IJBs concerned must meet to discuss the written positions.
- (e) In the event that the issue remains unresolved, the Chief Officers and Chairs will proceed to mediation with a view to resolving the issue. The mediation will be conducted by the Chief Executive of NHS Forth Valley and the relevant Chief Executives of the Councils. The mediation process will commence within 28 calendar days of the meeting in (c).
- (f) Where the issue remains unresolved after following the processes outlined in above and if mediation does not allow an agreement to be reached within 6 months from the date of its commencement, or any other such time as the parties may agree, either party may notify Scottish Ministers that agreement cannot be reached.
- (g) Where the Scottish Ministers make a determination on the dispute, that determination shall be final and the Parties and the IJB shall be bound by the determination.



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
21/09/2022 11.4	IJB and Committee Dates 2023/2024	Committee dates to be reviewed	Lesley Fulford	1 week	Dates have been reviewed and revised	Complete
21/09/2022	AOCB	Consider the suggestion that an IJB representative could be involved on the Active Stirling Board	IJB Board	N/A	N/A	Conversations ongoing

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 September 2022	Chief Officer Report	Lesley Fulford	Annemargaret Black	N	1) Noted the content of the report and updates provided.
21 September 2022	IJB Appointment	Lesley Fulford	Annemargaret Black	N	1) Approved the recommendation that Cathie Cowan, NHS Forth Valley Chief Executive be appointed as a member of Audit and Risk Committee (section 1), noting the ongoing discussions with Scottish Government 1) Approved the review of the terms of reference for the IJB Finance and Performance and Audit and Risk committees 2) Approved Sarah Hughes Jones, Forth Valley, to be appointed as Data Protection Officer (DPO) (section 2) 3) Approved Lee Robertson, Clackmannanshire Council, to be appointed as Standards Officer (section 2) Sarah Hughes Jones and Lee Robertson were all welcomed.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 September 2022	Financial Report	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the 2022/23 projection based on Financial Performance for the first 4 months of the financial year. 2) Approved 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) Noted the Significant Financial Issues and Pressures. 4) Noted the updates in respect of Covid Reserves, Cost Projections and Considerations. 5) Noted that Scottish Government will reclaim surplus Covid reserves from the IJB, and this will be based on Quarter 2 financial returns. 6) Noted that an initial review of IJB reserves has been undertaken. 7) Agreed to defer the approval of the re-purposing of an initial £0.237m of earmarked reserves for the earmarked purpose for additional capacity required to support preparedness for establishment of a National Care Service (NCS) 8) Agreed to defer the approval of delegating 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 September 2022	Draft Integrated Strategic Workforce Plan 2022-2023	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 was met for 31st July 2022. 2) Agreed the approach to continue to seek feedback from stakeholders and partners on the draft Plan before final submission in October 2022. 3) Sought for officers to provide a final version following October 2022 submission deadline back to Scottish Government.
21 September 2022	HSCP Transforming Care Board & Transforming Care Plan	David Niven	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted 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) Continued 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) Approved the presentation of annual assurance reporting on Transforming Care Board activity every September from this point forwards.
21 September 2022	Update on the Delivery Plan for the Alcohol and Drug Partnership	Simon Jones	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approved the content of the report. 2) Sought for officers to provide regular updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 September 2022	HSCP Strategic Improvement Plan	Michelle Duncan	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted that completed actions have been removed from this report as we transfer these actions to the Transforming Care Board report. 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.
21 September 2022	Update of the Carers' Investment Plan	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the progress made to implement the requirements of the Carers Act through the delivery of the Carers Investment Plan. 2) Agreed and supported the creation of a Carers Recovery Plan in response to the impact of the pandemic. 3) Approved for officers and carers' representatives to bring further reports during 2022/23 on progress against the actions outlined above.
21 September 2022	Quarter 1 Performance Report (April-June 2022)	Ann Farrell, Carol Johnson and Wendy Forrest	Wendy Forrest	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 are normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 September 2022	HSCP refreshed approach to Self-Directed Support	Emma Mitchell	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted local progress against meeting the requirements of the Self Directed Support Act (2014). 2) Sought for officers to provide regular updates on the implementation of the Self-Directed Support Implementation Plan.
21 September 2022	Code of Conduct, Register of Interest, Standard's Officer	Lee Robertson	Lee Robertson	N	<ol style="list-style-type: none"> 1) Approved the revised Code of Conduct for Members of the Board for submission to Scottish Government in Appendix A; 2) Noted the requirement for submissions of the Register of Interests as detailed in paragraph 3; and 3) Noted that the Standard's Officer will revert to the Board on training for the new Code of Conduct; and 4) Approved the appointment of Senior Manager and Monitoring Officer for Legal & Governance, Clackmannanshire Council, as Standard's Officer for the Board as detailed in the appointments paper.
21 September 2022	Information Assurance Report	Sarah Hughes-Jones	Sarah Hughes-Jones	N	<ol style="list-style-type: none"> 1) Considered and approved the Information Governance activity for the year 2021/2022 2) Noted 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 as detailed in the appointments paper.
21 September 2022	Climate Change Report 2021/2022	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 2021 / 2022 for submission to Sustainable Scotland Network.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 September 2022	IJB and Committee dates for 2023/2024	Lesley Fulford	Lesley Fulford	N	<ol style="list-style-type: none"> 1) Approved the proposed Integration Joint Board programme of meeting dates for 2023/2024 set out in paragraph 3.1. 2) Approved March 2024 meeting is focussed on budget, associated directions and delivery plan only set out in paragraph 3. 3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2023/2024 set out in paragraph 4.1. 4) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2023/2024 set out in paragraph 5.1.
29 June 2022	Chief Officer Update	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 3) Noted the content of the report and updates.
29 June 2022	Year End Financial Report to 31 March 2022	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1) Considered and commented on the 2021/2022 Draft IJB Annual Accounts and approved them for issue.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
29 June 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) 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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.
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

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
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.
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.

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

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

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

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

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

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Response to Mental Welfare Commission	Carolyn Wyllie		N	3) Approved the response for submission (appendix 1)
22 September 2021	Advocacy Service – Award of Contract	Wendy Forrest	Wendy Forrest	Y	<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	1) Noted the volume of activity planned and underway within the HSCP. 2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities 3) Sought for officers to provide an update at each Integration Joint Board meeting against the actions outlined in the Plan.
22 September 2021	Reserves Strategy	Ewan Murray	Ewan Murray	N	1) Noted the recommendation of the Audit and Risk Committee. 2) Approved the appended draft reserves strategy. 3) Agreed that the reserves strategy be further reviewed by March 2022 as part of consideration of the 2022/23 IJB Revenue Budget.

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

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
16 June 2021	Urgent Decision Making Powers	Lindsay Thomson	Lindsay Thomson	N	<p>1) Approved the extension of delegated authority to take such urgent measures or decisions as are required to:</p> <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.



**Draft Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**
held on **Wednesday 31 August 2022 at 2 pm**
via Microsoft Teams

Present:

Voting Members

Councillor Martin Earl, Stirling Council (Chair)
Martin Fairbairn, Non-Executive Board Member (V Chair)
Councillor Janine Rennie, Clackmannanshire Council
Cathie Cowan, Chief Executive NHS Forth Valley

In Attendance:

Annemargaret Black, Chief Officer
Ewan Murray, Chief Finance Officer
Jocelyn Lyall, Regional Audit Manager, FTF Internal Audit
Services
Sandra Comrie, Business Support Officer (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

Apologies for absence were noted from:

Tony Gaskin, Chief Internal Auditor
Pauline Gillen and Adam Haar, Audit Scotland

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. MINUTE OF PREVIOUS MEETING HELD 4 MARCH 2022

Mr Murray advised that the draft minute of the meeting held on 4 March 2022 was shared with the previous Chair who confirmed they were an accurate record.

The Audit and Risk Committee:

1) Approved this was sufficient and the minute could be formally approved.

4. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

Mr Murray raised a couple of issues regarding Committee membership as there had been changes recently with non-executive appointments and Local Authority membership post local elections. Firstly, Mr Murray confirmed that Cathie Cowan's membership as a voting member of the Audit and Risk Committee was still subject to nomination by the NHS Board and approval by the IJB. Secondly while there should be 2 non-voting members, one of the non-voting members had previously left as their appointment to the IJB had ended and the other was currently on maternity leave. It was highlighted that her appointment had also now ended.

The Audit and Risk Committee agreed to discuss this further under AOCB so these points could be closed off as action points at this meeting.

5. ANNUAL AUDIT PLAN AND AUDIT APPOINTMENT

This item was presented to the Audit and Risk Committee by Mr Ewan Murray, Chief Finance Officer.

Mr Murray advised that due to the timing of the Annual Audit Plan it had not been ready for consideration at the March meeting. However, following discussions with the External Auditor and previous Chair it had been agreed to virtually agree it under delegated authority. However, to ensure visibility and awareness for the recently appointed members of the Audit and Risk Committee, the Annual Audit Plan for 2021/22 was presented to provide assurance and highlight areas identified as requiring further improvement.

Mr Murray explained that this was the final year of Audit Scotland's appointment as the IJB's External Auditor and notification had been received on 24 May 2022 that the Auditor General and Accounts Commission had approved the appointment of Deloitte as the IJB's auditors for 2022/23-2026/27.

In response to a query regarding the time taken to finalise the Annual Audit Plan, Mr Murray confirmed this was due to resourcing challenges. As Audit Scotland were yet to start the audit fieldwork, it was proposed that the next Audit and Risk Committee meeting due in October be moved to November to enable Audit Scotland to complete their work and recommendations considered within the necessary timescales rather than holding a special meeting.

Mr Murray confirmed, the intent that Audited Accounts would be formally approved by the Integration Joint Board in November. He also explained that there had been flexibility in terms of timescales during Covid-19 over the past couple of years, however it was expected that timetables would revert to being in line with regulations for 2023/24 onwards.

The Audit and Risk Committee:

- 1) Noted the Annual Audit Plan
- 2) Noted the appointment of Deloitte as the IJBs Auditors for 2022/23 to 2026/27 financial years
- 3) Agreed to move the scheduled October meeting to November

6. GOVERNANCE CHECKLIST & UPDATED GOVERNANCE STATEMENT

This item was presented to the Audit and Risk Committee by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained the governance checklist was prepared by the IJB's Internal Auditors and completed by the Senior Leadership Team. The checklist along with other evidence and the Internal Audit programme formed a large part of the body of evidence used by Internal Audit to inform their audit recommendations and audit opinion. He also confirmed that the governance statement which sat within the Integration Joint Board accounts, reflected the audit opinion and availability of Governance Statements from the constituent authorities. Mr Murray confirmed this provided the Audit and Risk Committee the assurance that they had been reviewed and there were no material governance issues which would affect the Integration Joint Board.

The Audit and Risk Committee discussed the Governance Checklist including responsibility for whistleblowing and prevention policies, the timeframe to bring key governance documents within an overarching Local Code and the need to work with colleagues from the constituent authorities to improve performance reporting noting the modernisation required for some systems. In response to a question regarding the review of the Integrated Scheme, Ms Black confirmed that following an initial review she had asked the Programme Manager to set out a programme of dates to review and discuss further. The Audit and Risk Committee discussed how achievable the completion dates were in the governance statement and the need to be pragmatic where possible to minimise duplication. It was agreed that due to the ongoing pressures, realistic deadlines were necessary with honest wider discussions taking place to finalise and confirm.

The Audit and Risk Committee:

- 1) Noted the Annual Governance Checklist
- 2) Approved the updated Annual Governance Statement and approved it for inclusion in the final IJB Accounts

7. INTERNAL AUDIT PROGRESS REPORT

The Internal Audit Progress Report was presented to the Audit and Risk Committee by Ms Jocelyn Lyall, Regional Audit Manager.

Ms Lyall provided a brief update on progress with the 2021/2022 IJB internal audit plan. The planned programme of work was substantially completed, and

sufficient to allow the Chief Internal Auditor to provide his opinion on adequacy and effectiveness of internal controls at year end.

Ms Lyall confirmed that going forward Clackmannanshire Council would provide the Chief Internal Auditor role for 2023 with Isabel Wright as the Chief Internal Auditor. NHS Forth Valley and Stirling Council would continue to provide internal audit report input.

Ms Lyall noted her thanks to Annemargaret Black, Ewan Murray and the senior team for all their help over the past three years and also thanked internal audit and colleagues from other organisations for their input. In response to a question about Chief Internal Auditor's adequacy, Ms Lyall confirmed there were no concerns over the internal control environment.

The Audit and Risk Committee discussed the layout and content of the report and possible inclusion of further relevant reports or audits. Ms Lyall advised that professional judgement was used to assess what was relevant but agreed it would be useful to review the content. Mr Murray explained that due to different governance environments some links were not in the public domain.

The Audit and Risk Committee:

- 1) Noted the progress on the 2021/22 internal audit plan set out at appendix 1;
- 2) Noted the summaries of relevant reports from the partner bodies set out at appendix 2.

8. INTERNAL AUDIT REPORT 2021-22

The Internal Audit Progress Report was presented to the Audit and Risk Committee by Ms Jocelyn Lyall, Regional Audit Manager.

Ms Lyall confirmed the report was a holistic review of the control environment concluding on the complete framework of governance, risk management and control within the IJB and providing assurance on the overall system of internal control.

In addition, following up on the previous year, six further recommendations for improvement had been made. Ms Lyall discussed the key themes from the report and provided an overview of their recommendations and key areas for development improvement, and in particular the refinement and review of the risk management framework with the recommendation to use the Committee Principles.

The Audit and Risk Committee discussed the report and in particular workforce, where the responsibility for staff training sat with the 3 constituent authorities to ensure appropriate skills and capabilities. Ms Black explained that the Health and Social Care Workforce Plan set out any risks and how they were going to approach integration from the public's point of view and service provision.

In response to a question regarding whether the actions were achievable under the current environment and challenges, including the new National Care Service, Mr Murray confirmed that the actions did not contain any substantive issues that the Senior Leadership Team are not already aware of or already working on, but the timescales would be kept under review to ensure they were realistically deliverable.

The Audit and Risk Committee:

- 1) Noted this report in the context of evaluating the internal control environment for 2021/22 and consider any actions to be taken on the issues reported for consideration.
- 2) Noted the internal audit recommendations and management responses documented within the report.

9. STRATEGIC RISK REGISTER

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register to the Audit and Risk Committee.

Mr Murray explained The Strategic Risk Register was a standing agenda item on the Audit and Risk Committee's agenda for scrutiny and through established performance management arrangements, high risks were reported to the Integration Joint Board by exception. Mr Murray advised that this was also regularly reviewed by the HSCP Senior Leadership Team and was now presented to the wider Senior Management and Leadership Team highlighting the assessment of risk and how it was scored.

Most of the assessment remained unchanged from the last meeting apart from risk 3 which was around the sustainability of the partnership and the risk around the implementation of the Public Bodies (Joint Working) (Scotland) Act, which had increased due to the lack of progress. Ms Black noted that this was in relation to the operational delegation of NHS Forth Valley services. Ms Cowan advised that a meeting was due to take place soon to discuss the way forward regarding Mental Health and Learning Disability.

In response to a query regarding potential financial risk due to the National Care Service and impact on local delivery, Ms Black explained this was a separate business continuity risk around the capacity to be involved in this work. She advised that after discussions with the Integration Joint Board Chair, looking at bringing in additional capacity to allow both herself and Ewan Murray to be involved in the national work.

Mr Murray noted that the financial resilience was based on the current operating model and suggested there may be an additional or separate future policy risk due to the uncertainty and change around the government's commitment to establish the National Care Service. It was agreed to give this some thought and discuss at the next meeting.

The Audit and Risk Committee discussed how the risk register could be simplified and clearer on the what the risks were. It was agreed it would be

beneficial to have a discussion or workshop to consider further as some were issues rather than risks and to agree how the register could be simplified and clearer.

The Audit and Risk Committee:

- 1) Reviewed and approved the Strategic Risk Register

10. Relevant National Reports

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

- i. Scotland's Financial Response to Covid-19
- ii. Integration Joint Boards Financial Analysis 2020-21
- iii. Local Government in Scotland Overview 2022
- iv. Local Government in Scotland Financial Overview 2020-21
- v. The National Fraud Initiative in Scotland 2022

Discussed the value of these reports and discussed whether a library of national reports from meetings could be created, or a dedicated a page on the HSCP website, under the finance section where these could be saved and easily accessed.

The Audit and Risk Committee:

- 1) Noted the national reports and agreed that ii. and v. should be circulated to IJB members.

11. Any Other Competent Business

The Audit and Risk Committee discussed the general membership of the committee, lay members and whether having four voting members on the committee was enough. Ms Cowan highlighted that she was attending due to the lack of NHS Forth Valley Non-Executive Board members and had raised this with Scottish Government, however they had not agreed to additional members. It was agreed that a wider discussion was required with the IJB.

12. Date of Next Meeting

TBC

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 23 February 2022 at 2.00pm
via MS Teams**

Present:

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

In Attendance:

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

Chair's Welcome and Introductory Remarks

Mr Ford welcomed everyone to the meeting.

Apologies

There were no apologies noted.

At this time, the Chair proposed to take items 3,6 and 7 together at the top of the meeting, to allow Ms Wyllie to leave early to attend to urgent operational matters.

- 3. Business Cases – Rapid Response and Rural Capacity**
- 6. Draft Business Case – Rapid Response Service**

Carolyn Wyllie, Head of Community Health and Care presented this item to the Committee.

Ms Wyllie outlined details of the business case, which were to redesign and redevelop the Rapid Response Service to allow for more capacity to discharge people to their own homes, sooner, which is in line with the Strategic Priorities of the IJB regarding Care Closer to Home. Working closely with the Scottish Government to support a whole systems “Discharge Without Delay” process.

This would be carried out using a four pronged approach by rapid response teams in each locality:

- Discharge to Assess – would support patients and their carers to be discharged to their own homes, and for assessment of care needs to be carried out in their home rather than in a hospital setting.
- Reablement – carers supporting patients in the community to maximise their independence and care
- Crisis Care – supporting clients in their own homes with care needs, due to crisis or emergency such as their own carer being admitted to hospital. This would prevent the need for crisis admissions to care homes, which can be distressing and disruptive for clients especially those with cognitive issues such as dementia.
- Awaiting Framework Provider – involves providing interim support to a patient while awaiting a commissioned provider to commence the package of care, which would prevent delays in discharge which are inappropriate for the patient and reduces capacity within the acute settings.

To achieve the stated aims, an investment of approximately £1.845m would be required; this would allow for 40.49 WTE new staff, inclusive of 30% out of hours wage enhancements, and also inclusive of non-staffing costs and training costs.

While this is a significant figure, the potential reductions in delayed discharge and occupied bed days, as well as reduction in length of wait for assessment would be significant.

Care at Home – Rural Stirling

Ms Wyllie highlighted the ongoing challenges in the rural Stirling locality, regarding outsourcing care to external providers. Over the past 12 months there have been significant issues with recruitment and retention of staff within the rural area, therefore many providers have begun to withdraw from the locality as a result. In addition, the large geographic spread of this locality is another factor making recruitment and operation unfeasible.

In response to this, a proposal will be brought back to develop a permanent Rural Care at Home team to support the long term needs of clients in this area.

The proposal brought forward would provide a service which is focused on achieving whole system sustainability and savings, while putting client independence at the forefront.

The Committee praised the paper for its thorough analysis and was broadly in agreement with the recommendations, but requested more assurance in the form of an update briefing on the financial specifics of the business cases, to be circulated before the 23 March Board meeting.

The Finance and Performance Committee:

- 1) Considered and commented as appropriate on the draft business case appended to this report.
- 2) Noted that further development of the draft business case is still required.
- 3) Subject to further development, agreed recommendation that business case be presented to the March IJB meeting along with the 2022/23 IJB Revenue Budget.

7. MECS Analogue to Digital Business Case

Carolyn Wylie presented this business case to the Committee.

The analogue to digital telecommunications handover will be completed by 2024 and from September 2023 there will be no new analogue phone lines set up across the country. Given this upcoming deadline, we need to amend the structure of the MECS service. This will have an impact on many thousands of users of the MECS service across the locality areas, who rely on the service to provide safety and assurance.

There is a requirement for investment over the next three years to roll out the replacement of all existing analogue alarms in the community. There is further urgency attached to this project since the Partnership has been made aware that BT has begun replacing the analogue phone lines in our localities, which shortens the timeline for rollout and replacement considerably. A representative from BT has been invited to attend the project group established to manage the replacement project.

The Partnership will write to all affected individuals to make them aware of the potential for issues with their alarm functionality, and next steps to take should their line be upgraded; additionally, a programme of callout testing is underway to ensure that alarms currently in the community are functional however this is very resource intensive.

Members discussed whether alternative forms of remote digital monitoring might be more suitable in the future, and Ms Wylie advised that there are scoping plans in place to examine how to best take advantage of the available technology to find new and innovative solutions.

Ultimately, the Committee agreed that this is a serious and urgent issue which needs to be addressed immediately to safeguard the wellbeing and safety of vulnerable clients. The Committee therefore approved the recommendations as laid out in the paper.

The Finance and Performance Committee:

- 1) Approved the recommendation to the IJB that the 'in project' revenue costs for the HSCP Analogue to Digital MECS Switchover project are met through IJB Transformation Earmarked Reserves. This recommendation would be contingent upon capital provision by Clackmannanshire Council and Stirling Council respectively.

At this time, Ms Wyllie left the meeting and the Chair returned to the first item on the agenda.

1. Locality Planning – Presentation

Lesley Shaw, Service Improvement Manager gave this presentation to the group.

Ms Shaw provided an overview of the work being undertaken in this area, in relation to engaging with the needs of each locality area under the Partnership.

The establishment of 3 Locality Planning Networks will allow for multidisciplinary collaboration across each area, and this work is underway imminently. An engagement plan for 2022 is being compiled, with events and activities in each locality area planned to allow for engagement with groups and individuals with protected characteristics.

Each locality plan will be bespoke to the specific needs of the population of each area, and will aim to be responsive to the collaborative outcomes and feedback of residents and their lived experiences. The plans will be regularly monitored at each Locality Planning Network to ensure it remains robust and fit for purpose.

The Committee thanked Ms Shaw for her detailed and informative presentation to the group which shows evidence of the extensive good work being carried out within the locality areas.

2. IJB Revenue Budget Update

Ewan Murray, Chief Finance Officer presented this update to the group.

Mr Murray provided an overview of the progress of the budget development since the January meeting. A proposed funding position for the IJB was expected by 28 February in line with the terms of the Integration Scheme, assuming that the constituent authorities' budget setting activities progressed according to the timescales expected.

Final Scottish Government allocations are expected imminently, based on the Q3 submission, which will allow the IJB to achieve a balanced position on the integrated budget for 2021/22. The current assumption is that there will be no further Covid consequential funding which will make the post 22/23 financial outlook significantly tighter.

There is a projected financial gap of approx. £2m, which requires to be met via savings and efficiency programmes. Due to the current and ongoing system pressures, it is anticipated that it will continue to be challenging to get traction on savings delivery in the short term.

Going forward, the Partnership will approach meeting the financial gap by alignment with strategic priorities and through transformation programme themes, such as the Medicines Optimisation project, Technology Enabled Care, Strategic Commissioning etc.

Finally, Mr Murray advised a future recommendation to revise the target reserves level from 2% to 2.5%, with a minimum of 1% general contingency; this is to account for the increase in the longer term financial risk profile as covid consequential funding is exhausted and the fiscal outlook tightens.

In response to a query from a member, Mr Murray confirmed that there will be a detailed breakdown of the reserves figures in the Revenue Budget paper which will go to the March IJB meeting.

The Committee thanked Mr Murray for his detailed and informative presentation to the group.

4. Minute of Meeting held 23 December 2021

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

5. Finance Report

Mr Murray presented this report to the group, which covers the financial period up to 31 December 2021.

A month 10 report will be taken to the 23 March IJB meeting which will cover any updates related to Scottish Government funding allocations, as well as the outcome of budget setting by constituent local authorities and the health board.

The Committee thanked Mr Murray for the detailed update.

The Finance and Performance Committee:

- 1) Noted the 2021/22 projection based on Financial Performance for the first 3 quarters of the financial year to 31 December 2021.
- 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 and that a further update will be incorporated within the budget development presentation to the committee.

8. Primary Care Improvement Plan (PCIP) National Progress Update

The progress update was submitted to the Committee for noting.

The Finance and Performance Committee:

- 1) Noted the PCIP – Implementation: Progress Summary March 2021

9. Any Other Competent Business

On behalf of the Committee, Cllr Sharp took the opportunity to express gratitude to Mr Ford for his support, guidance and expertise in the role of Chair, as this will be his final meeting before stepping down.

10. Date of Next Meeting

TBC at a later date taking due account of the membership implications arising from the May local government elections.

Later: date of next meeting agreed as Wednesday 17 August 2022, 2pm.

**Minute of the Clackmannanshire & Stirling Joint Staff Forum held on
Wednesday 6 July 2022 via Teams**

Present:

Annemargaret Black, Chief Officer, HSCP (AB)
Catherine Barclay, HR Business Partner, Clackmannanshire Council
Bob Barr, Locality Manager, Stirling, HSCP (BB)
Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Wendy Forrest, Head of Strategic Planning & Health Imp, HSCP (WF)
Linda Guy, HR Manager, NHS Forth Valley (LG)
Kelly Higgins, Senior OD Adviser, HSCP (HK)
Karen Morrison, Unison, NHS Forth Valley (KM)
Phil McDonald, Service Manager, Unscheduled Care, HSCP (PMcD)
Hilary Nelson, RCN, NHS Forth Valley
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
David O'Connor, Regional Organiser, Unison (DO'C)
Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)
Pam Robertson, Co-Chair JSF, Secretary, Clacks Unison, (PR) (Chair)
Brian Wilson, GMB, Stirling Council (BW)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

1. Welcome and Introductions

Annemargaret Black chaired the meeting and welcomed everyone.

2. Apologies for Absence:

Apologies for absence were intimated on behalf of:

Nicola Cochrane, Service Manager, MH & LD, HSCP (NC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Sonia Kavanagh, Business Manager, HSCP (SK)
Vicki Leonard, GMB, Scotland Organiser (VL)
Amie McIntosh, Senior HR Business Partner, Stirling Council (AMcl)
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)

3. Minute of Meeting of 21 April 2022

This minute was approved

4. Matters Arising

Rising Fuel Costs - WF

Wendy Forrest provided an update on this item. Staff are leaving providers due to current fuel costs and Provider costs have risen significantly. Finance colleagues are currently drafting a response. Various concerns/issues were discussed and the following points were noted.

- There are implications for staff Forth Valley wide
- Once over a certain amount of mileage cost per mile goes down
- Could fuel funds be put on a credit card – mileage is paid in

- arrears
- Advances for petrol, season ticket loans
- Stirling have pool cars Clackmannanshire have a limited amount
- Different rates of pay – single status and different terms & conditions can affect
- Issues have been highlighted at staff forums

Matter arising for next meeting

H & S Group ToR

CW to check this is on the next H & S meeting agenda and relay concerns from this group. Cameron Raeburn NHS FV has been assisting the group.

Matter arising next meeting

Bellfield Issues

Uniform issues have been resolved

CW advised that Phil MacDonald has now taken on operational management of the Bellfield on a temporary basis. The service and workforce model requires to be reviewed

DO'C noted that there had been a constant flow through of issues around the Bellfield. We need to sit down and chat around the issues

AMB asked that Phil & Judy take this forward

Matter Arising next meeting

Wellbeing Week Update

Kelly had provided an update at the last forum but had been asked to provide some follow up data.

104 participants had taken part over the week long activities

52% were NHS; 27% Stirling; 15% Clackmannanshire; 3% Third Sector; 3% Independent Sector

70% were office or home based not a lot of office or front line staff attended.

How to make it accessible (service pressure) how do we get a balance

No unpaid carers attended, and it was advertised to them. Some would have attended but other things came up. Others said they did not think that this was open to them. Improvements to be made on communications

There are different activities ongoing in the three constituent authorities. KH had gone out to staff to ask for suggestions for funding bids. Nine had come back and these had included: - e bikes and a loan scheme; Nook & Cranny; sustainable outdoor furniture; various gardening activities; summer fun days; massages & yoga sessions. Applications close on 29 July.

Annemargaret thanked Kelly for all the work that had gone into these events.

5. Management Update/Service Pressures Business Continuity

We are still in extremis. Command structure has been stood up again and meeting daily. Locally we have improvement on people's delays to their discharge but the landscape is still challenging around recruitment, most of the people waiting are in rural Stirling. Judy Stein is working on implementing the business cases.

AB advised that we had a recent care crisis in Killin and a team went out & had a public meeting. This has borne some fruit i.e. people interested in working with us, and some other solutions to build up capacity. Covid is still out there, and we need to recognise staff are tired and the pressures are not going away.

Wendy Forrest had a request for trade union colleagues for support around a proposal of bringing the Business Matching Unit in Stirling back into the office, with all social distancing and measures in place. People are struggling at home and they are working alone. Wendy has a duty of care for these particular staff and she is concerned for their wellbeing.

Varies concern/issues were discussed and the following comments were noted:

- Individual risk assessments would require to be undertaken
- All staff must adhere to rules that are in place – i.e. some people have been unable to be vaccinated; shielding concerns and people's confidence has to be restored
- If vulnerable staff are involved they need the confidence that colleagues are aware and act accordingly
- Have staff raised issues and is this being driven by staff or management?
- Understanding that staff could request individual meeting with HR so that concerns could be addressed and hybrid working was available or a full return to the office.
- Reports that one Staff area were told they were going back. This caused distress to these staff members.

DO'C advised that as this is an operational issue for Stirling then this discussion should be taken offline and a separate discussion arranged with trade union colleagues.

Wendy advised that she has a level of concerns for the staff and felt that she needed a peer conversation and as the Joint Staff Forum was on she felt this was an opportunity that she could raise. Nothing is being pushed through.

Matter Arising for next meeting

6. COVID 19 Update

As above, Covid is still impacting our everyday work and has not gone away.

7. National Care Service Update

Annemargaret gave a brief update. Reports & supporting documents are

online on a specific NCS website within the Scottish Government. The proposal is that a National Care Services will be established and will be accountable to Scottish Ministers instead of from Local Authorities. Services will be designed and delivered locally and supporting people in own homes and community involvement to create seamless services.

Discussion around Children's Social Work and Justice still to take place and recognised that they were not in the original Feeley Report.

This will be a challenge and a huge amount of work over the next four years. There are also risks and the potential for disinvestment in infrastructure. The Senior Leadership Team will carry out a risk assessment. We hope to organise a seminar with Falkirk IJB and we have been talking to both Councils. A communication had gone out to Clackmannanshire & Stirling staff and we are hoping to gather groups of staff for face to face discussions. There are events taking place over the summer with Scottish Government. Margaret will send out details.

8 **OD Update**

Kelly provided an update on current work.

Strategic Workforce Draft Plan – deadline for this stage is July. Kelly has been engaging with a wide range of staff and carers and attending provider forums. We are on track pulling together and then context & narrative will be added. 25 July will go to SLT and will then be submitted by 30 July. Wendy offered assurance that there will be a further opportunity to engage & comment on this piece of work as the final plan is due to be submitted in October 2022. We are also working with NHS colleagues with their plan to ensure we reflect our staff in the wider system.

Imatters – The current cycle completes on Monday, at the moment we have a 51% completion rate.

9 **Update on Business Case**

Annemargaret updated on the business cases that had been approved at the recent Transforming Care Board and the Integration Joint Board. Developing a rapid team and a care at home in rural Stirling Team. Ryan Watterson from the Planning Team along with Louise in Clackmannanshire & Julie in Stirling are working on this. Currently on track to have adverts out by end of July. Falls Co-ordinator post is out to advert; Stirling Team Leader out to advert. All is going well and are meeting on a weekly basis.

10 **Service Updates** **Stirling Locality**

Bob Barr gave a verbal update on the current position in Stirling.

We continue to have a high volume of demand and some further absence due to covid. We have recruited a couple of OTs and they are fully trained and inducted. Currently restructuring intake, all staff have been consulted with and have engaged very well. Broader implications on how we deliver modern community care. ASP LSI investigations has significant workload implications however, it is worth noting that having these conversations and taking on learning from the recent inspection we are seeing some improvements in practice etc

Ashford House – decision has been taken to close this facility. There have

been many reasons for this, one being the state of the building, which would cost in excess of 6 figures to bring up to standard. Families & residents have been informed of the decision. Staff have typed over and been availed of all resources, redeployment opportunities and private providers. Moving a cohort of residents to other homes, some staff are moving across with them.

11 residents are left, 7 are moving together and 3 to private care homes. Some staff are requesting redundancies and are meeting with HR. 8 staff are still deciding what they want to do.

Clackmannanshire Locality

A written report had been provided, which was for noting

Hospital, Reablement & District Nursing

A written report had been provided, which was for noting

Mental Health & Learning Disability

A written report had been provided, which was for noting

11 STANDING ITEMS

H & S

No update – The next meeting is due to take place on 20th July

H & S Partnership Group Minutes

None for noting

12 Healthcare Framework for adults living in care homes My Health – My Care – My Home

Published and a series of workshops – framework was built with what we were doing locally. Ellen Hudson will do a gap analysis and then develop an improvement plan.

13 Joint Meeting with Falkirk

An annual meeting will be held with Falkirk HSCP. The first meeting will be on 4 August. Agenda items are below.

Welcome and Introductions

Hot Topics

What is working well

Areas of success

Areas for improvement

Margaret will share with Falkirk for agreement/amendment.

14. AOCB

There was none

15. Date of Next Meeting(s)

Joint Meeting with Falkirk HSCP Thursday 4 August 2022 at 10am

Thursday 6 October 2022 at 10am

Strategic Planning Group

Minute of meeting held on 10 August 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
Abigail Robertson	UNISON Rep
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 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
Bob Barr	Health and Social Care Partnership Locality Manager
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
Simon Jones	Health and Social Care Partnership Alcohol and Drug Partnership Lead Officer
Julie Anne Moore	Alzheimer Scotland
Andrew Scott	Health Promotion Officer, FV NHS
Linda Riley	Service User Representative
Lorraine Robertson	Health & Social Care Partnership Lead Nurse
Ann Farrell	Principal Information Analyst
Caroline Robertson	Health and Social Care Partnership Locality Manager - Clackmannanshire
Kelly Tulloch	NHS Forth Valley
Stephen Clark	Head of Housing Stirling Council
Marjory MacKay	NHS FV Strathcarron Hospice
In attendance	
Fiona Norval	Minute taker / PA
Apologies	
Elaine Lawlor	NHS FV
Marie Valente	Chief Social Work Officer Stirling Council
Janette Fraser	NHS Forth Valley Head of Planning
Joanne O'Suilleabhain	NHS Forth Valley Health Promotion / Public Health
Hazel Meechan	NHS Forth Valley Public Health
Agnes McMillian	Central Carers
James King	GP Lead Clackmannanshire
Lesley Shaw	Health and Social Care Partnership Service Improvement Manager
Fay Godfrey	Alzcot
Liz Rowlett	Third Sector HSCP Partnership Officer
Tony Cain	Interim Head of Housing, Clackmannanshire Council

1. Welcome from Chair, Apologies & Declarations of Interest

Allan Rennie welcomed all to 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 11 May 2022

The note of the meeting held on 11 May 2022 the meeting was approved as an accurate record.

3. Matters Arising & Rolling Action Log

Updated Action log attached:

4. HSCP Locality Networks Clackmannanshire, Stirling Urban & Stirling Rural (Lesley Shaw)

Wendy Forrest provided an update, confirming 2 meetings have taken place within the 3 locality areas: Stirling Urban, Stirling Rural and Clackmannanshire with on average 45 attendees at each of these meetings.

It is proposed that we will create a plan for each locality based on the keys items they have raised at these meetings, based on all the priorities they raised. This would highlight what is underway, enable us to align and will raise where any gaps maybe.

Listed below are a few but not exhausted list of issues raised:-

- Drugs & Alcohol
- Mental health and wellbeing
- Impact of COVID
- Health improvement and promotion
- How do we communicate our model of care – how do we describe this model of care and support
- How do we communicate with our communities and each other (requirement for comms around what this looks like)
- Financial modelling – are we spending on the correct services
- Patch based working – how do we build capacity – access to local services i.e. Primary Care GP etc. bring into one place
- SDS how we ensure choice and support
- Access to Primary Care
- Cost of Living crisis

This is a large agenda with a lot of work to be carried out, where we can we will work in partnership around some issues, for example transportation issues we would link in with the relevant Local Authority, as with Acute Services.

An update report will be submitted to a future meeting, prior to reporting into the IJB. This will become a standing items on each agenda.

Action -	Timetable/timeline – meetings have been entered into the diary but timeline of meetings to be circulated to SPG.
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5. HSCP Integrated Draft Workforce Plan update (Kelly Higgins)

Kelly Higgins provided an updated advising the draft Integrated Workforce Plan was submitted on 29 July 22. Scottish Government will not provide feedback around the end of August, thereafter we will take on any recommendations, with updated draft brought back to this group before it is resubmitted to for final approval in October.

Actions: If any member of the group has comments on the current draft plan please send these to Kelly Higgins kelly.higgins2@nhs.scot or Michelle Duncan duncanmi@stirling.gov.uk

Final draft to be brought back to SPG prior to submission to SG

Kelly Higgins advised there has been good partnership working.

Discussion took place around the topics / challenges that are starting to emerge;-

- Cost of living, how can staff funding getting to work and their mileage is claimed in arrears.
- Wellbeing – a lot around stress, mental health and anxiety – this will be one of the top 3 themes to take forward.
- Clear communication
- Unpaid carers are also part of our workforce
- Data – very difficult to bring into a usable reliable format and make the planning more difficult, plan required around collecting data, as we need to know what is going on to enable us to respond with a workforce that can do the job.
- Inclusion of our third sector and our independent providers; we are starting conversations with our third sector colleagues, this will be a big piece of work over the next 5 years.
- Demographics increase in over 75
- National Care Service

Action: At next meeting we will have a dynamic plan, showing how we could pull this together, there will be real challenges ahead.

6. HSCP Strategic Needs Assessment update (Lesley Fulford)

Ryan Watterson shared a presentation providing an update around the work within the first version of the Strategic Needs Assessment report, there after Lesley Fulford provided an update around the main findings. The final report is due October 2022.

Action: Please forward any suggestions or points on to Lesley Fulford lesley.fulford@nhs.scot or Ryan Watterson ryan.waterson@nhs.scot

Discussion took place around the requirement to complete an EqIA, and linking into the equality commission and involving people who have protected characteristics.

The work undertaken to date is the prep work for the Strategic Plan, there is a responsibility to ensure we undertake an EqIA for each of our policy areas. This will be in part where we see inequality coming through. Also, as part of the Strategic Plan we are working with Governance to ensure we have covered all areas.

Sitting down with real people with lived experiences to get their views, and how their experiences impact and impacted their quality of life, is integral and integrated into our plans.

Action: An EqIA to be undertaken with people who have experience inequalities and people with protected characteristics / human rights.

Discussion took place around the accuracy of the data we are using as some of the figures are out of date, and what will be the real figure by next year? Also what mitigating actions can be done in the short term? At the heart of this, there is a lack of data.

Wendy Forrest advised we are currently in discussion with the various bodies to see how this could be improved. The current data show what we understand at present; in terms of fuel poverty we are scoping and directing some resources around what this looks like and how would we respond. As part of the community wealth building agenda, we are trying to see what this looks like in the broader view, and we are mindful about our planning assumptions on the data we have.

Allan Rennie enquired around how we are utilising our workforce to gather data, giving we are in the fuel crisis can we use our workforce to help provide information and harness information from them? We need to remember the workforce can also provide data.

Action: Workforce Data - Lesley Fulford to pick this up off line with Allan Rennie.

7. HSCP Burden of Disease update – Andrew Scott

Andrew Scott provided an update and purpose of this presentation, advising if any one wishes to discuss any part of this please contact him.

Discussion took place around the various aspects of the presentation and possible actions we could take to improve outcomes. There is a need to look at prevention as a society. One prevent is access to exercise, making sure the facilities are adequate, keeping people fitter in turn can equate to fewer visits to their GP. It comes back to disadvantage and inequalities, there is a requirement to look at issues like these.

Both Stirling and Clackmannanshire Councils are undertaking work to improve access to outdoor facilities. Discussion are on-going with Active Stirling to look at having sport as part of the communities, along with discussion with the MacRobert centre around dance, linking to a range of different types of physical exercise. We need to be mindful this is not just an HSCP response we need the community to help support us and share the messages. If anyone thinks there is something we could be doing let us know and we will work with you.

The whole function of HIHP is the prevention agenda, with the SIMD area only being one measures, and this does not sit in isolation, this is one methodology.

Third sector starting to work more together now we are coming out of COVID.

8. Update on: Community Link Workers & Pre Employment in Clackmannanshire (Anthea Coulter)

Anthea Coulter shared short presentation which provided an update around the recruitment and ongoing work with the Community Link Worker. It is hoped by the middle of September they will in out and about in communities.

PEC – Pre-employability in Clackmannanshire is now extend to December 22. This is aimed at economical inactive with complex barriers to work further away from work. People needing a different, slower non-statutory approach to entering employment.

9. Update on Drug Related Deaths & Alcohol and Drug Partnership work – (Simon Jones)

Simon Jones provided an update and overview, advising that 2 stat reports have just been published by National Records of Scotland:

- Drug Related Deaths
- Alcohol specific – death only caused by alcohol, does not include accidents / alcohol related diseases.

Clackmannanshire & Stirling are following national trends, there is currently twice as many drug deaths compared to 2014, with similar trends for alcohol deaths, consistent rise since 2012.

We need to be mindful that behind each death is a person, family, community.

The Alcohol & Drug Partnership (ADP) are undertaking a Changing Life's Report, in response to these figures. This is an independent report looking at things which could be undertaken to help. What would be welcomed is harm reduction regardless of person, taking a human rights based approach and taking leadership at a local level. This work has been on going over the last year within the ADP, using living life experiences, a lot of people with these issues have been excluded so we need to improve this, harm reduction should not be related to their life circumstances. People need to be able to access consistent health services, assessing their health in the broader view as it can be the wider health implications that can cause the issues.

The ADP is also looking at better data sharing , highlighting areas of issues and looking at how we learn from past cases, understanding how these people lived or live and how do we reach them and understand, making peoples life's more liveable.

The ADP are currently looking at what can be done to support them, what do we do now. We have seen the crisis response from SG but this can lead to panic, we need to maintain a local focus and understand from communities here around what they need, keeping a constructive focus on this to help people down the line.

Action; Simon Jones to continue to regularly attend to provide updates on ADP work.

10. Financial update (Ewan Murray)

Ewan Murray provided an update, bringing together the first set of financial projections 22/23 base on Q1. This this illustrates projected over spend on operational services, along with an over spend on set aside for large hospital services and FV hospital services. The finance landscape is under extreme pressures and of a complex nature.

Estimated on-going cost assigned to COVID and cost estimated return has been submitted to Scottish Government. Finance pressures will be managed through a series of various things:-

- COVID funding, as there will be no further funding in 2023
- Gripe and control – increase focuses on delivery of planning efficiencies programme
- Current review of plan in line with SG plan produce in May.
- We need to ambitious and look at how we can get best value, focusing on our current and future priorities – but we a needs lead but resource bound.

Action: Ewan Murray advised he will bring a high level presentation around key issues to a future meeting.

There is currently a Business Case being prepared around a Carers Recovery and Investment Plan, this will be taken to the IJB so they are sighted on this.

Wendy Forrest confirmed that bids have been received from both of our Carers Centres and the Carers Lead Post will be going out to advert this will, along with the Respite Co-ordinator taking post shortly.

11. Any other business

None

12. Date of Next Meeting –12 October 2022 @ 2pm – 4pm,

October

- Model of care for hospital team & discharge planning team
- Update HSCP Commissioning Consortium – Dementia and Mental Health - Jennifer Baird
- Model of Care for Mental Health - Nicola Cochrane
- Update – The Promise - Marie Valente
- No-one Left Behind (NOLB) Delivery Plan – Joanne Osuilleabhain