Clackmannanshire & Stirling
Health & Social Care Partnership

Annual Performance Report

2021 – 2022

Contents

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.

Allan Rennie
Chair Clackmannanshire & Stirling

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.

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

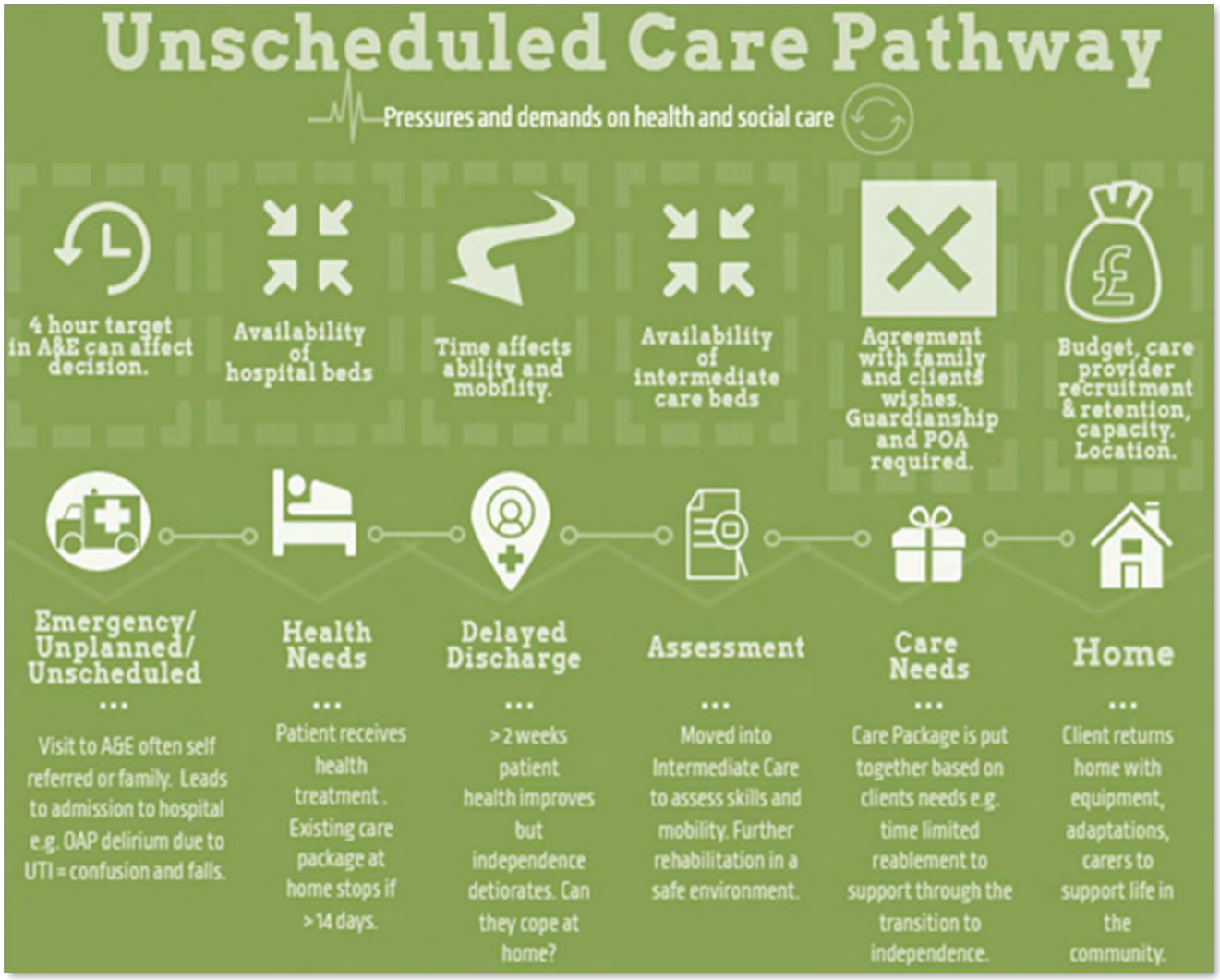
Section 2 - Care Closer To Home

> *"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."*

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.

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 documentated 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.

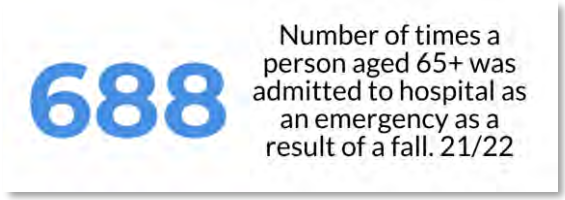
Operational services are working with individuals and their carers to ensure people are attending the right service at the right time. There is ongoing work with those who frequently attend hospital to be supported with community based interventions.

'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

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.

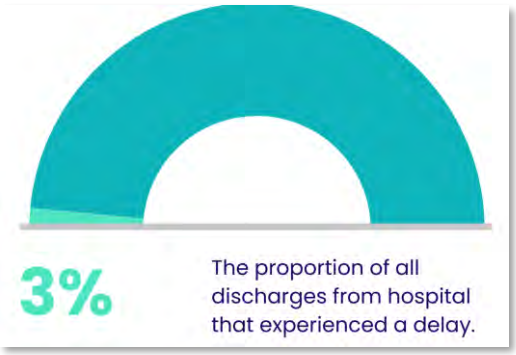
An emergency admission is when a patient is admitted to hospital which is unpredictable and at short notice.

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.

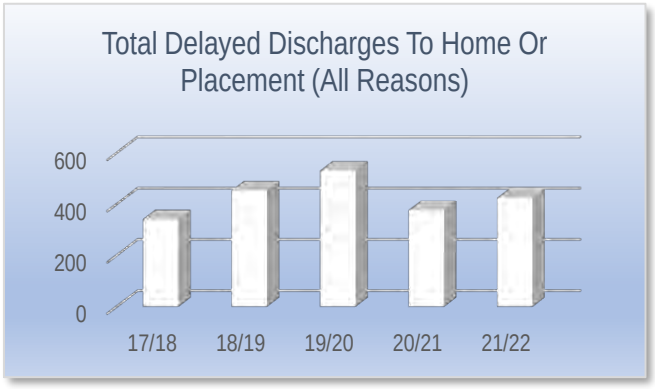


Source: National Core Data

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.



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.



Source: Annual national data PHS [2]

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.

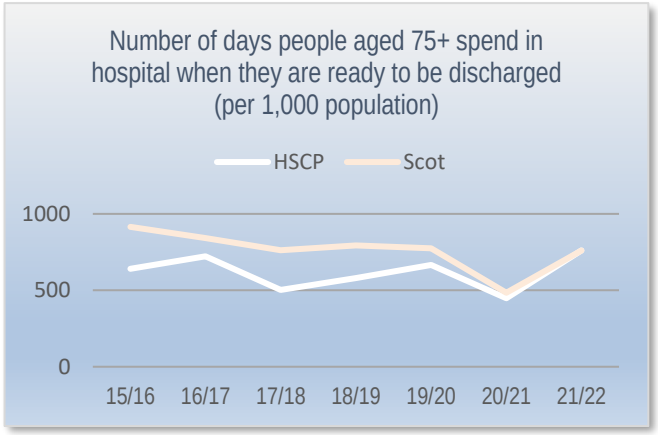
There were many new challenges in the community, sourcing packages of care and placements in care homes last year as a result of the Covid pandemic. However, our delivery partners worked together with HSCP colleagues to meet as much demand as possible based on their work.

Source: National data PHS

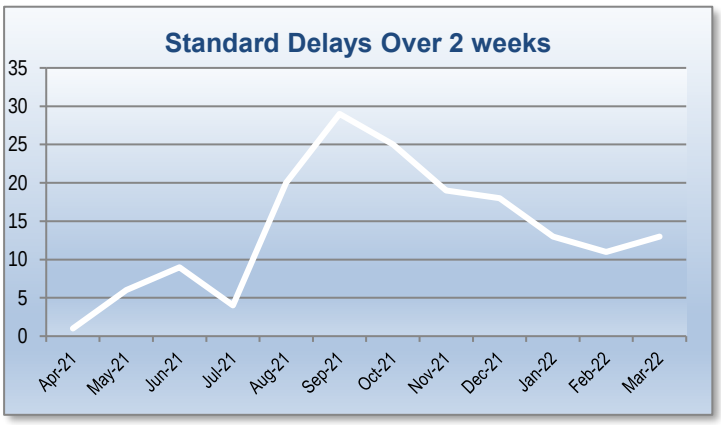
In line with other HSCPs and Health Board areas, managing pathways between community and the hospital over the past year has proved challenging. In addition, capacity within care homes fluctuated due to sporadic COVID-19 outbreaks and staff sickness. Care at home services were also challenged by cyclical outbreaks and workers self-isolating.

Source: National data PHS

Source: Local NHS FV



Source: National data PHS

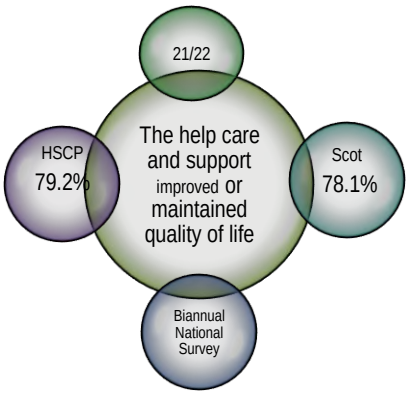


Source: Local NHS FV

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: Local NHS FV



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.

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

Source: Local NHS data

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

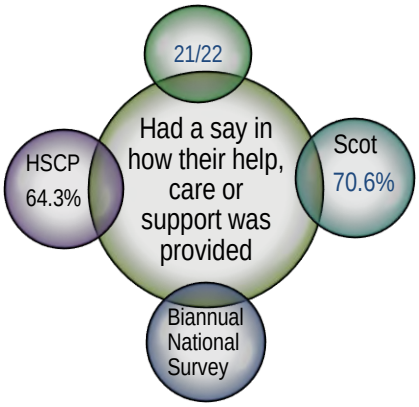
Rank 4/33 Value 134

More than Scottish average 106

National Indicator 14 - 21/22

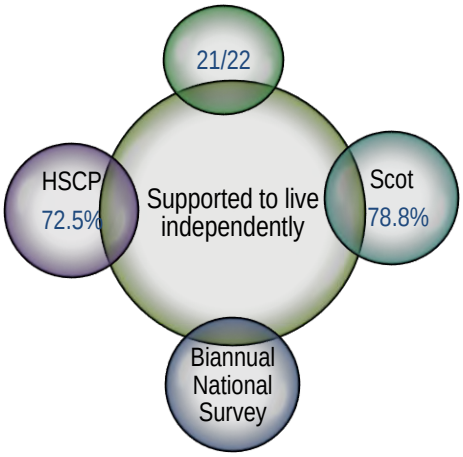
Source: PHS Source

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

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: National Core Indicators

Adult

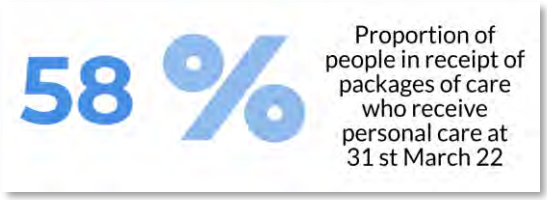
Social Care services such as; Intermediate Care, Reablement Services, and Care at Home, support people to achieve their agreed personal outcomes, based on assessment of need. People who are eligible for social care support can get services 'personalised' to individual needs and wishes through Self Directed 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.

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.

Source: Local Data – Adult Social Care



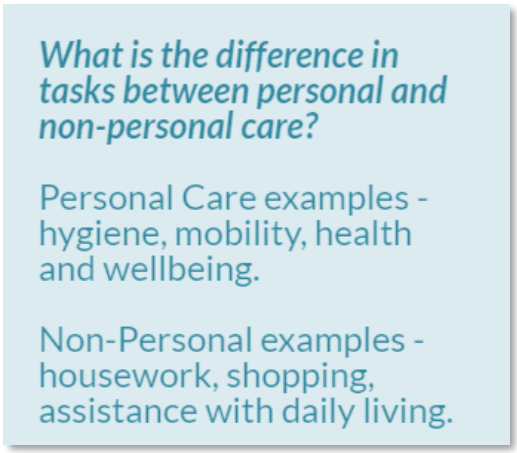
Source: Local Data – Adult Social Care

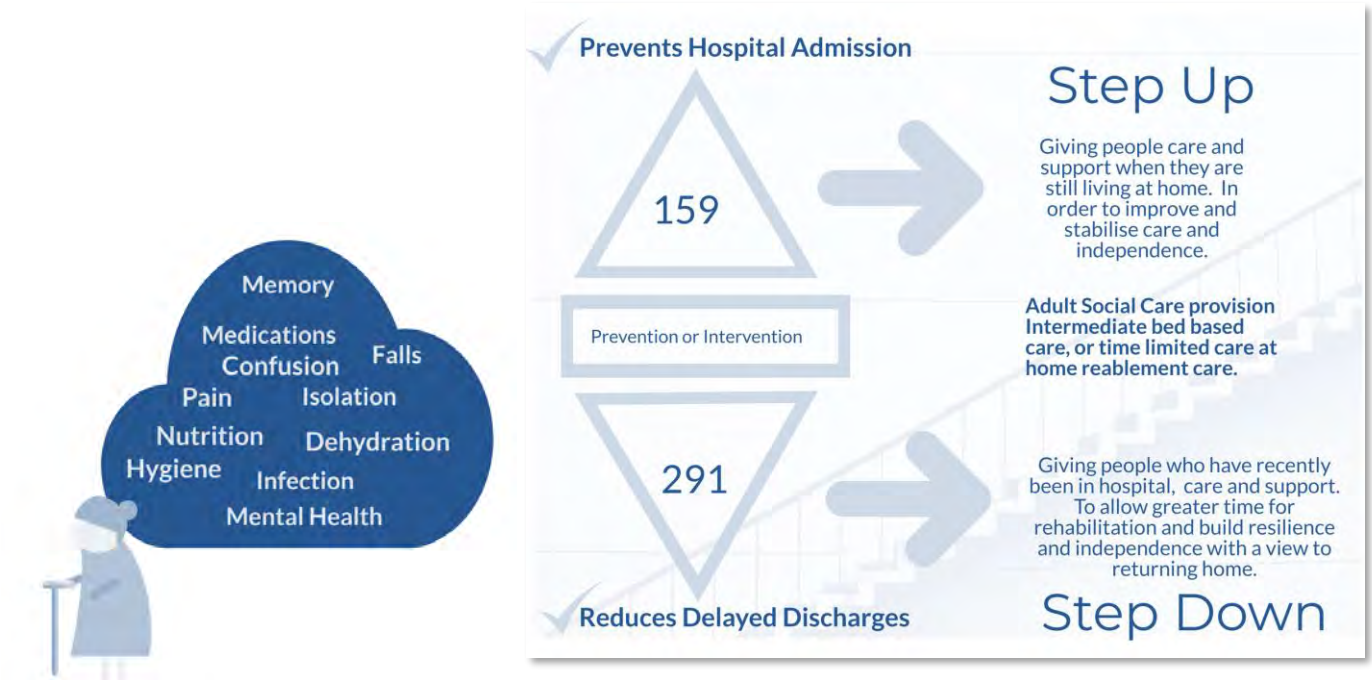
However demand to remain at home with support is much greater than supply, this is a national problem that HSCP's face, which has worsened over the pandemic.

Source: Local Data – Adult Social Care

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.





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

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*

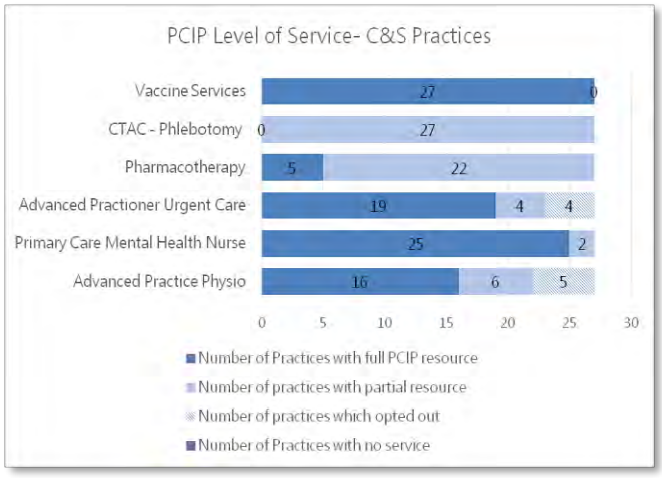
The Primary Care Improvement Plan 2018-2021 has been implemented and encourages General Practices (GP) to work together and take a multi-disciplinary approach to improving primary care including working on a Locality based model.

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.

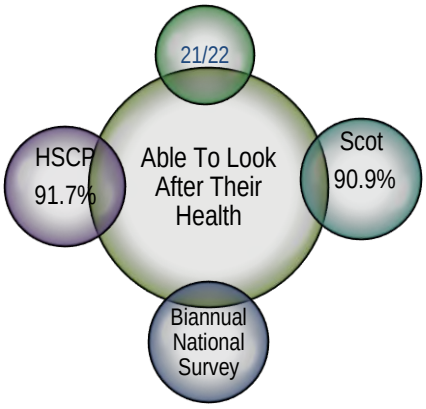
All practices now have a level of multidisciplinary support in place, and the model of care is now well embedded.

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.

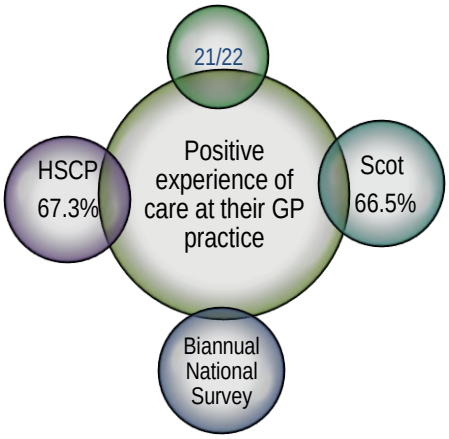
All areas are now working on remobilisation of services.



Source: Local NHS Data



Source: National Core Indicators



Source: National Core Indicators

Section 4 – Caring Connected Communities

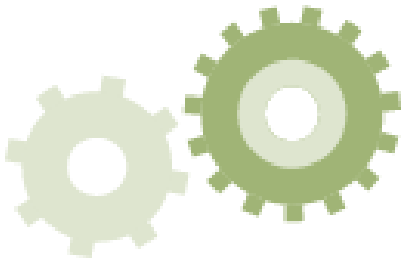
> ***"Work with unpaid carers to support*** *them in their role. Work with the Third Sector to reduce isolation and loneliness of older adults. Expand the neighbourhood care model to other localities. Expand housing with care opportunities across all* ***localities. "***

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.

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.

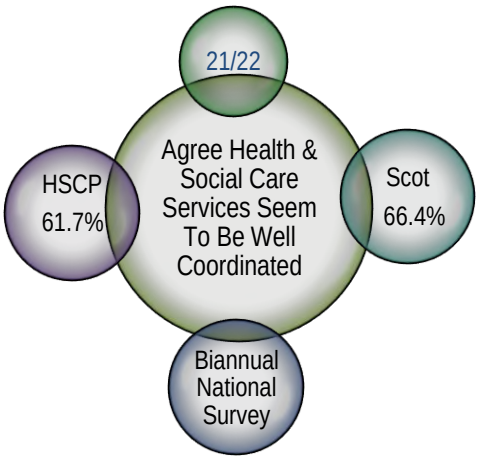
It is well documented that population changes mean a changing demand and use of services, particularly for older people and people with multiple and complex health conditions.

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.



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.

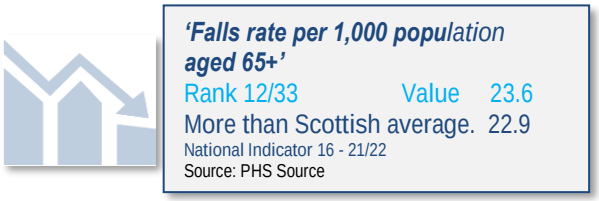
During 2021/2022 this work will recommence, with the development of an approach to supporting Localities which is inclusive and addresses disparity.



Source: National Core Indicators

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.

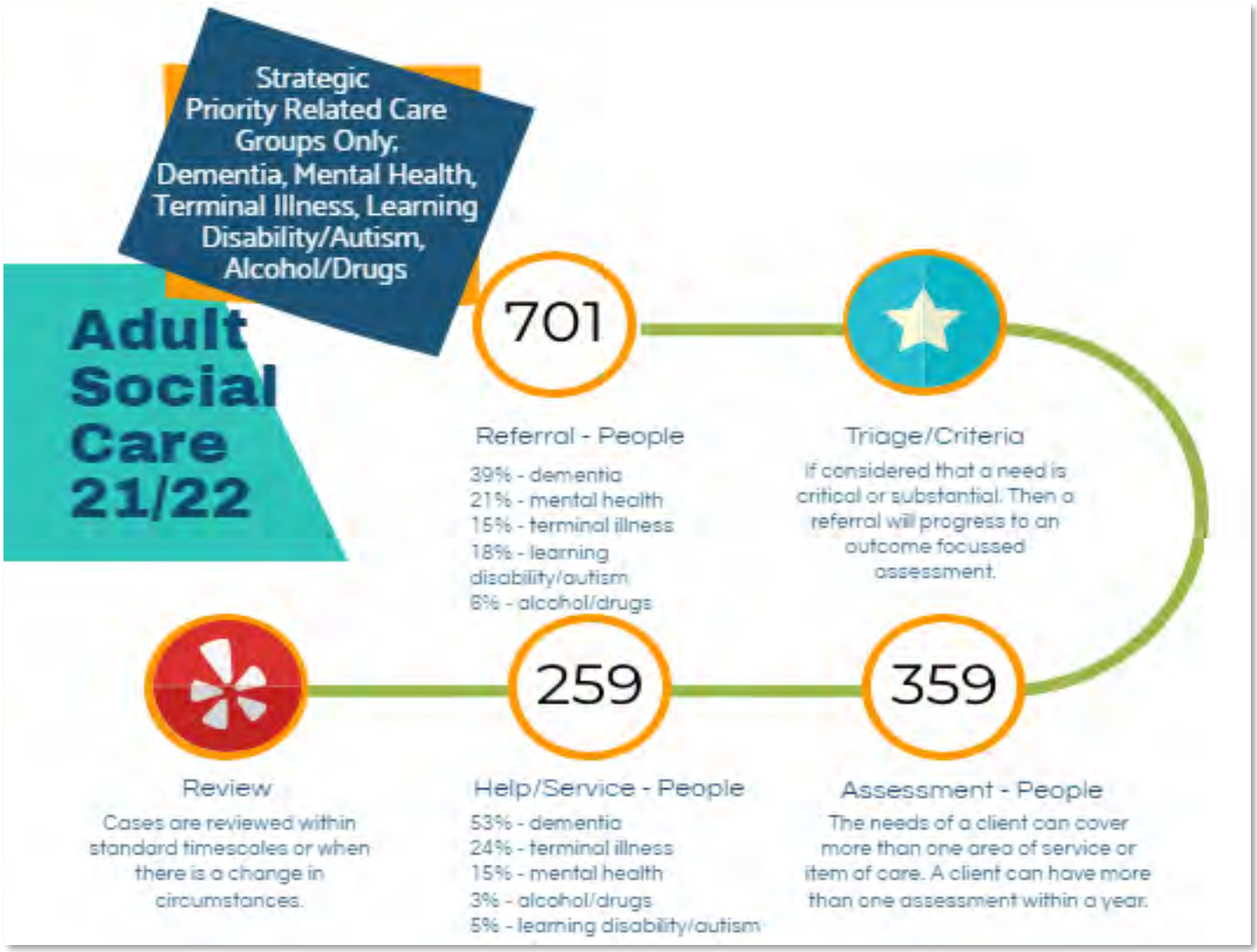
These commitments align to the priorities of the current HSCP Strategic Plan which describes the move towards more outcomes focused care and support; access to technology enabled car and choices and control over care and support.

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.

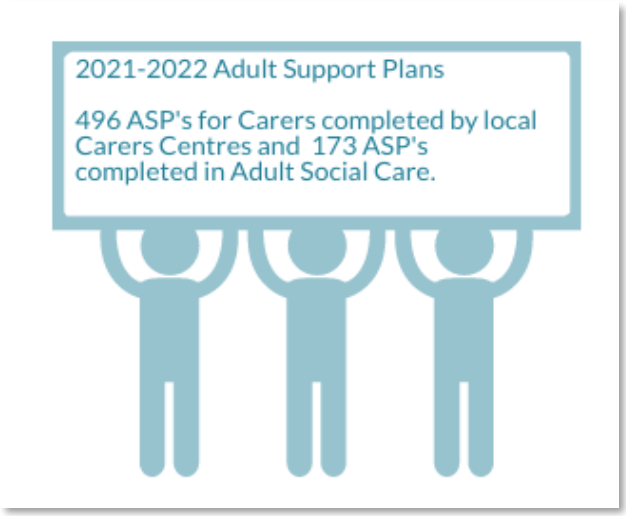
The HSCP continues to focus on the delivery of care and support which will enable individuals, their families and carers more choice and control over their care and support.

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.



Source: Local Data – Adult Social Care/Carers Centres

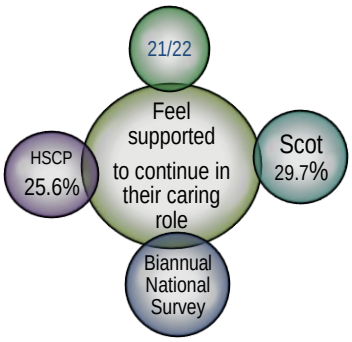
National implementation plan

The HSCP continues to be committed to supporting carers who have been more significantly impacted by the ongoing pandemic

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.

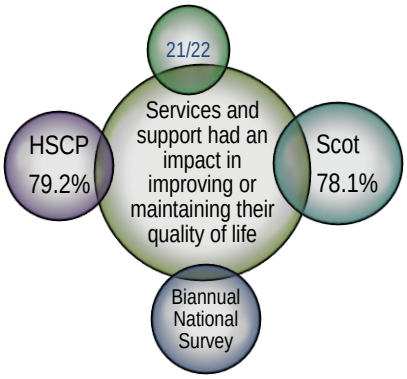


Source: National Core Indicators

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 is 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%

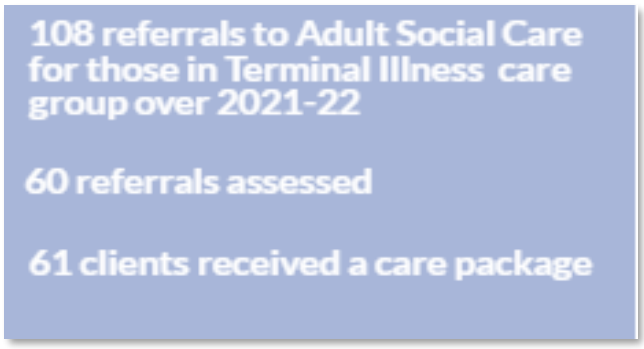
Less than Scottish average 89.8%

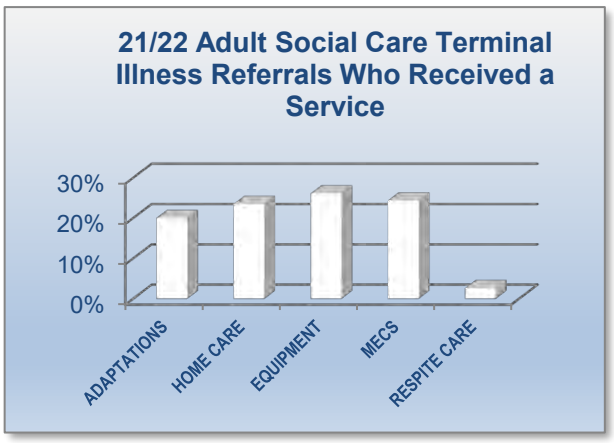
National Indicator 15 - 21/22 Source: PHS Source

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 delayed in their discharge and provide care closer to home for people with learning disabilities and complex needs.

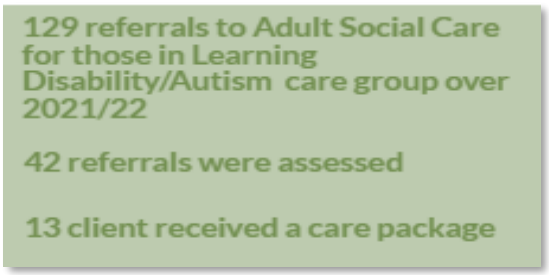




Source: Local Data – Adult Social Care

Palliative care services also provide support to care homes to manage patients with complex needs during an end of life.

Source: Local Adult Social Care data



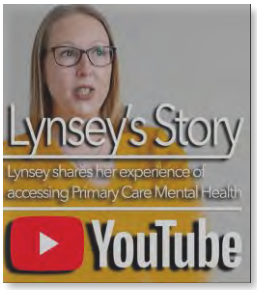
Section 5 - Mental Health

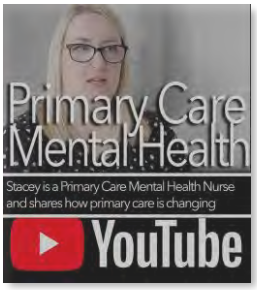
Scotland's Mental Health Strategy emphasises the need to prevent and treat mental health problems with the same commitment as physical health problems. In line with the national strategy the HSCP aims to support prevention and early intervention.

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

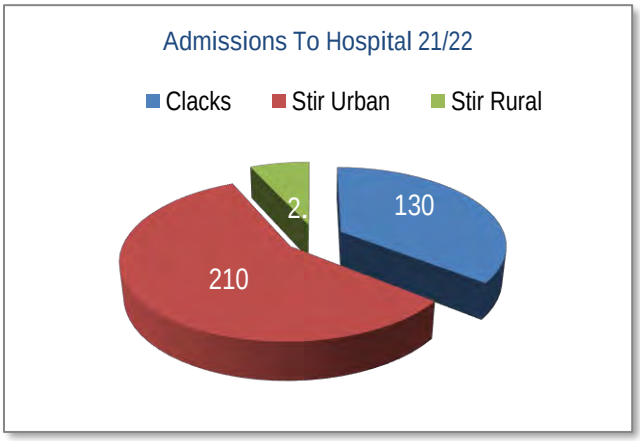
Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

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 servce and who may already be in receipt of a service.

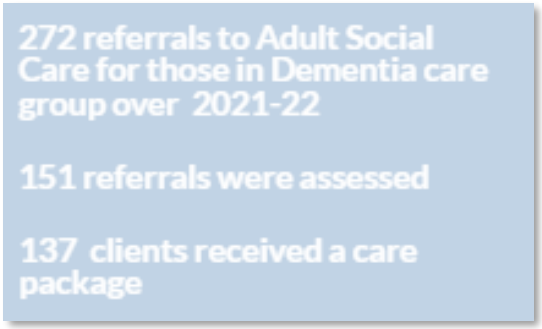
Source: Local Data – Adult Social Care

Section 6 - Supporting People With Dementia

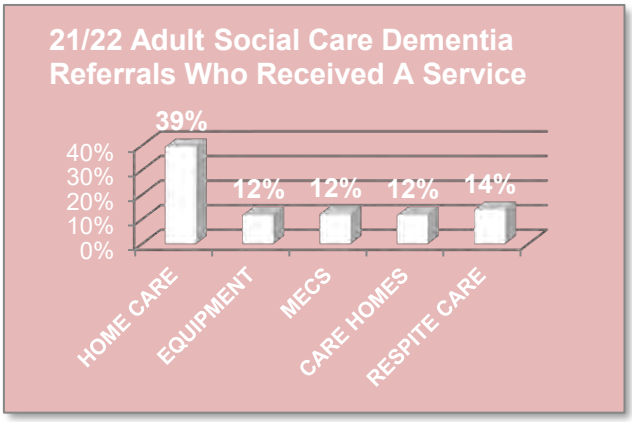
"Progress the redesign of services in order to provide support to people with a diagnosis of dementia in a multi-professional way which meets the individual needs of the person and their carers. Spread dementia friendly community work to all areas within the partnership with the Third Sector."

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of Post Diagnostic Support (PDS).

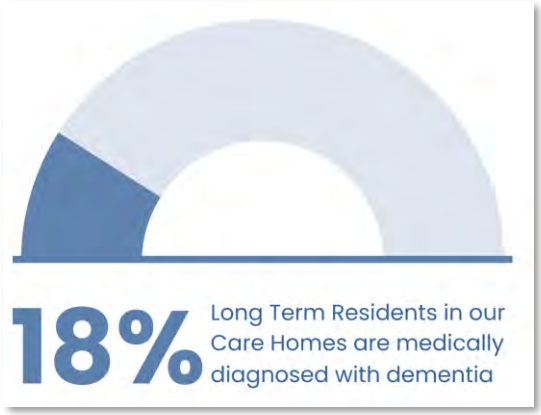
Integrated community health and social care services also work to ensure those with dementia and their unpaid carers are supported to remain living at home and with their family for as long as possible.



Source: Local Data – Adult Social Care

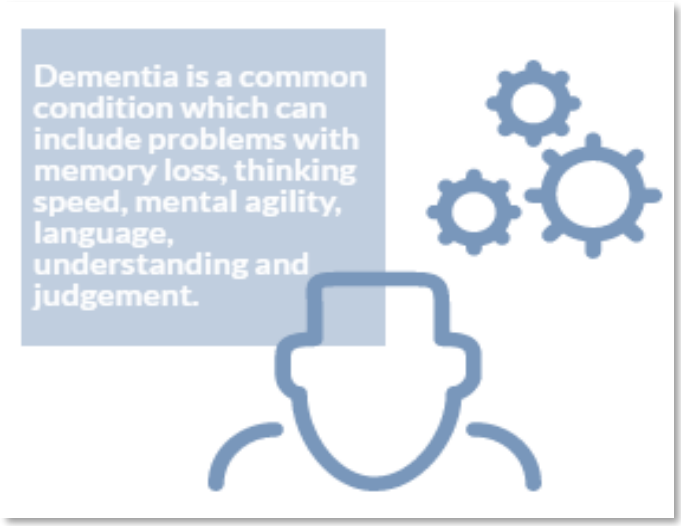


Source: Local Data – Adult Social Care



Source: National Data

The national Care Home census tells us that the prevalence of dementia locally is lower than the national average of 26%.



Section 7 - Alcohol & Drugs

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

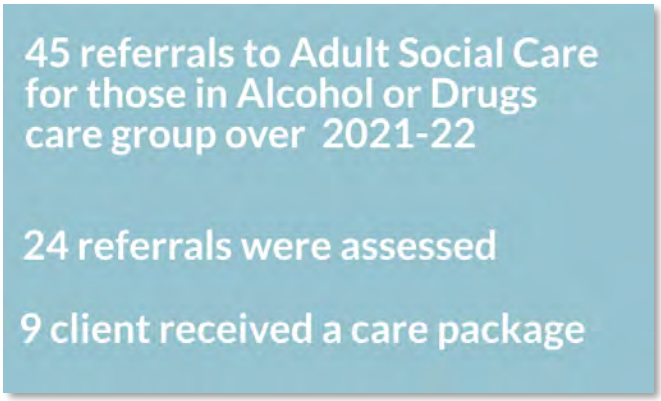
The national target - 90% of people should wait no longer than 3 weeks to access Drug and Alcohol treatment. Has been met consistently, and we are working to reduce other barriers to treatment, for example people also seeking mental health support.

As at 31st March 2022 Source: National data.

Recovery Activity 2021/22

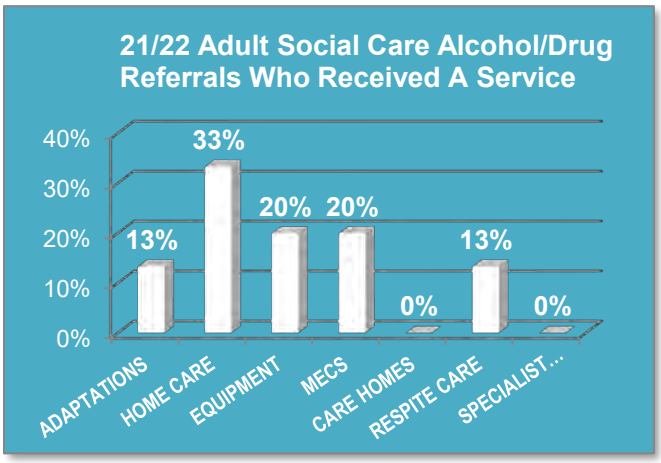
The Clackmannanshire and Stirling ADP funds Recovery Scotland to deliver recovery-oriented activity across our communities. This includes recovery cafes in every locality, women's spaces and organised walks for people in recovery. The continued delivery of our peer recovery worker programme sees people with lived experience supporting others in housing, psychology and justice settings.

Source: Local Data



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.

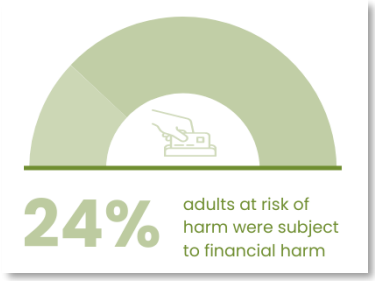


Source: Local Data – Adult Social Care

Section 8 - Adult Protection

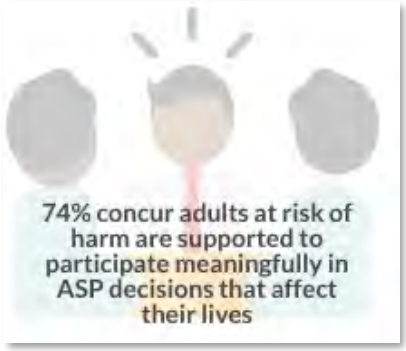
Adult Protection (ASP) offers support and protection to adults who may be at risk of harm or neglect. It aims to balance people's rights and taking action, where necessary, to support and protect them.

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.



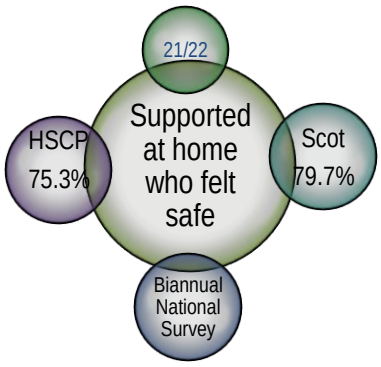
Source: Care Inspectorate

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.



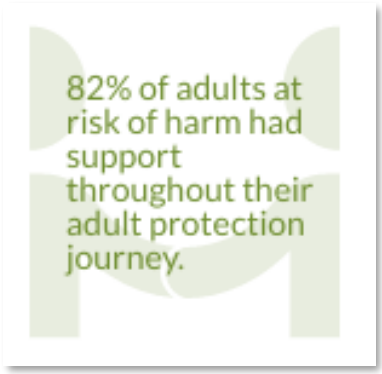
Source: Care Inspectorate

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.

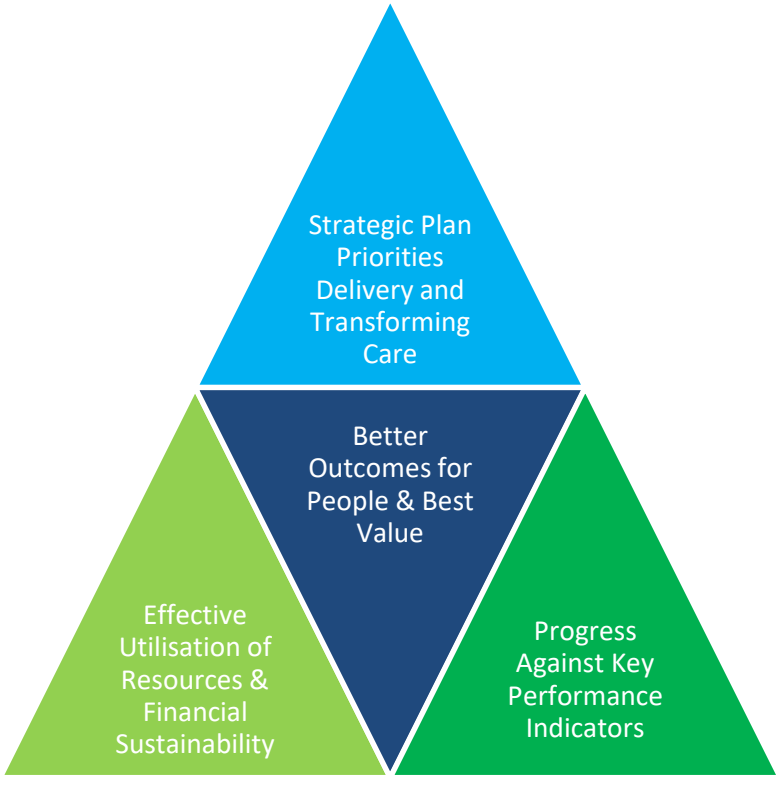
The governance framework is the rules, policies and procedures by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council 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



Therefore the evidence of best value can be observed through:

- The Performance Management Framework and Performance Reports
- Development and Approval of the Annual Revenue Budget
- Development of and reporting on the Transforming Care Programme
- Regular Financial Reports
- Regular Reporting on Strategic Improvement Plan
- Topic Specific Progress Reporting e.g. Primary Care Improvement Plan
- Reporting on Strategic Plan Priorities to the IJB and topic specific reports.
- Best Value Statement

Good Governance

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The IJB is supported by two committees – Audit and Risk Committee and Finance and Performance Committee which report to the IJB through committee chairs who are voting members of the IJB. The terms of reference of the committees are reviewed periodically.

Appendix 1 – Strategy Map

	Strategic Plan Priorities					
National Health & Wellbeing Outcomes	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%0	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	Current					
			15/16	16/17	17/18	18/19	19/20	20/21	21/22
Data indicators	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.	Priority areas for improvement The partnership should fully embed quality assurance and self-evaluation processes for adult support and protection.	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.	The themes arising from audits will be reported back into the PQI sub-committee through the ASP lead officer report.	ASP lead officer
		ASP HSCP lead will co-ordinate and develop program of multi-agency Audits which feed back into PQI sub committee	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.	All agencies to be involved HSCP lead
		Service User evaluation - We have commissioned a third sector provider to undertake Service user evaluations following support.	ASP lead officer to feedback to PQI sub-committee through lead officer report which will be fed up to PPC and COG	ASP lead officer
		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.	All agencies Lead officers to feedback to PQI sub-committee which will be feed up to PPC and COG	HSCP/NHS/ police
2.	Priority areas for improvement 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.	All agencies require to contribute towards improvement and will feedback into the ASP short life Improvement working group	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.	HSCP/NHS/police
3.	Priority areas for improvement *Decision-making processes of large-scale investigation planning meetings should be clearly recorded in adult at risk of harms' multi-agency records.*	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.	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	HSCP ASP lead officer
4.	Priority areas for improvement 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.	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.	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.	HSCP ASP lead officer and PP L&D officer

		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. Embed one template to be shared and completed by all council officers and remove any documents not relevant.	Monitor and report on data regarding staff training events through the L&D subgroup	
5.	Priority areas for improvement An adult protection case conference should always be convened when necessary.	Ensure that Adult protection case conferences are quorate thus having all key agencies present or providing a report. 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) Monitor attendance at APCC's through our PQI framework as well as monitoring that APCC's have been arranged timeously. Develop and deliver Adult Support and Protection Case Conference Training (Council officer).	Feedback any challenges through the lead officer report to the PQI sub-committee, which will examine data and performance.	HSCP/NHS/police
6.	Priority areas for improvement 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.	Review and evaluate internal pathways and processes, which reflect the respective statutory obligations, resulting in the comprehensive ASP improvement plan. 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.	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.	HSCP/NHS/police

CLACKMANNANSHIRE - PRIORITY AREAS FOR IMPROVEMENT				
7.	Priority areas for improvement The partnership should remove the 'police only' investigations procedure from its adult support and protection work as a priority.	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.	Monitored closely through the multi-agency audit process.	HSCP Lead and ASP Lead Officer
8.	Priority areas for improvement Clear chronologies, risk assessments, and protection plans should be done for all adults at risk of harm who require them.	Clear frameworks in place for chronologies, risk assessments and protection plans, developing training for staff. Review and evaluate chronologies, risk assessments and protection plans through self-evaluation and audit framework. Develop a chronology for all case conferences, monitor the activity as part of our PQI framework. Develop Performance Quality Indicators, which will monitor chronologies, risk assessments and protection plans.	Feedback to PQI sub-committee and then up to the PPC/COG. Monitor through PQI framework, and report data back to the PQI subcommittee.	HSCP ASP lead officer and PP L&D officer
9.	Priority areas for improvement The partnership should engage with adults at risk of harm and their unpaid carers in adult protection case conferences.	Develop and deliver robust training for practitioners, paid carers and informal carers. Carer's lead will work across the statutory and third sector. Carers Strategy to ensure that there are robust assessment pathways in place to provide support to carers. Gather the views of the lived experiences of adults at risk of harm and their unpaid carers Invite Adults at risk of harm and their unpaid carers and support to attend and fully participate in the discussions of a case conference.	monitor through the PQI Framework and report back into the PQI sub-committee Central carers have been commissioned to deliver training.	HSCP ASP lead officer and PP L&D officer
10.	Priority areas for improvement Managers' expectations of adult protection practice should be in line with published guidance.	Ensure a self-evaluation programme to support improvement, development and promote good practice. A programme of audit and evaluation will evidence if our procedures are effective in improving outcomes for people. 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. Review core supervision pathways.	Embed and review the multi-agency audits. Lead officer report for the PQI subcommittee. feedback to team managers responsible for supervision of Council officers.	HSCP ASP lead officer
11.	Priority areas for improvement 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.	Review all documentation in use for each stage of the ASP process and undertake improvements. Ensure that entry fields are mirrored taking into account the statutory process and local FV ASP guidance.	short life-working group to look at internal processes and current templates. feedback to PQI sub-committee Longer term goal to replace Client recording system	HSCP ASP lead officer
12.	Priority areas for improvement 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.	Review the service user evaluation process, with commissioned third sector providers who undertake this on our behalf. 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.	link in with national campaigns and local comms offices as well as high lighting any forthcoming publicity to PQI subcommittee and PPC/COG committees. Lead officer for carers currently being recruited	HSCP ASP lead officer

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

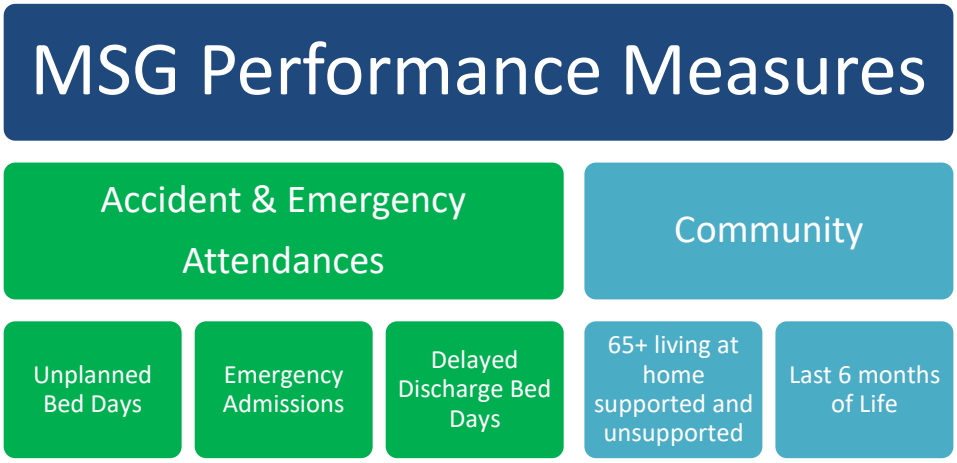
Unit	Action
Menstrie House	
Requirement - 1. By 29 April 2022, the provider must ensure that people are supported with all aspects of their nutrition and hydration. To do this the provider must, at a minimum, ensure: a) They use their screening tool, Malnutrition Universal Screening Tool (MUST) fully. 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. c) Where anyone is identified at risk of dehydration or needs increased fluids due to infection, then a fluid chart is in place. d) All staff, including kitchen staff, are aware of each person's dietary needs. e) Provision of any dietary needs are followed throughout the day. f) Training is provided to staff to allow them to support nutritional needs	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. 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

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.	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. Improvement plan being actioned / completed - some areas being supported by the SW Chart team around care plan requirements. 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.
Area For Improvement 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.	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. 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.
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.	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. 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.
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.	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. 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.

	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% 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. Ongoing guidance to staff to ensure that visits are carried out safely as per procedure.
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.	Interim team manger appointed. A business case has been submitted to request additional 18hrs of senior care officer grade. Regular contact with the Chart team for care assurance and reporting any covid related issues. Internal Quality audit schedule is up to date to ensure all areas of the home are Quality Assured especially infection control and cleaning schedules.
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.	Improvement plan being actioned / completed - some areas being supported by the SW Chart team around care plan requirements Clacks academy being rolled out and promoted to all staff, Moving and handling training and emergency first aid been carried out in smaller groups.
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	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

	Baseline year	Baseline total	% change	19/20 Target
Geriatric Long Stay	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

	Baseline year	Baseline total	% change	19/20 Target
Mental Health	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+)

	Baseline year	Baseline total	% change	19/20 Target
All reasons	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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Web: clacksandstirlinghscp.org

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire Council

Stirling Council

NHS Forth Valley

STIRLING COMMUNITY PLANNING PARTNERSHIP

Clackmannanshire Alliance
Clackmannanshire Alcohol & Drug Partnership