

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **1 February 2023** in The Board Room, Carseview House, Stirling and hybrid via MS Teams

Please notify apologies for absence to:

fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

- | | |
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| 1. NOTIFICATION OF APOLOGIES | For Noting |
| 2. NOTIFICATION OF SUBSTITUTES | For Noting |
| 3. DECLARATION(S) OF INTEREST | For Noting |
| 4. CASE STUDY – COMMUNITY LINK PROGRAM FV
(Presented by Danielle McPhilemy, Community Link Worker) | For Noting
(5 min) |
| 5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/
EMERGENCY ITEMS | |
| 6. DRAFT MINUTE OF THE INTEGRATION JOINT BOARD MEETING
HELD ON 23 NOVEMBER 2022 | For Approval
(10 min) |
| 7. CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black, Chief Officer) | For Noting
(15 min) |
| 8. BUDGET AND FINANCE | |
| 8.1 FINANCIAL REPORT
(Paper presented by Ewan Murray, Chief Finance Officer) | For Assurance
(15 min) |
| 8.2 BUDGET UPDATE AND IJB BUSINESS CASE
(Paper presented by Ewan Murray, Chief Finance Officer) | For Noting & Approval
(15 min) |

9. PERFORMANCE

- 9.1 QUARTER 3 PERFORMANCE REPORT
(OCTOBER-DECEMBER 2022)** **For Approval
(10 min)**
(Paper presented by Annemargaret Black, Chief Officer)

10. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT

- 10.1 STRATEGIC COMMISSIONING PLAN 2023-2033** **For Agreement
(15 min)**
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement)
- 10.2 LOCALITY PLANNING** **For Approval
(15 min)**
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement)
- 10.3 IJB DEVELOPMENT SESSIONS** **For Approval
(10 min)**
(Paper presented by Lesley Fulford, Senior Planning Manager)

11. FOR NOTING

- 11.1 ACTION LOG** **For Noting**
- 11.2 DECISION LOG** **For Noting**
- 11.3 MINUTES** **For Assurance**
- a. **Audit and Risk Committee – 2022.11.16**
 - b. **Finance and Performance Committee – 2022.11.02**
 - c. **Joint Staff Forum – 2022.10.06**
 - d. **Strategic Planning Group – 2022.10.12**
 - e. **Clinical and Care Governance Group – 2022.07.28**

12. ANY OTHER COMPETENT BUSINESS (AOCB)

13. DATE OF NEXT MEETING

29 March 2023 2 – 4 pm

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Board Meeting
held on 23 November 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 23 November 2022 at The Barracks Conference Centre, Stirling 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
Narek Bido, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling

Advisory Members

Marie Valente, Chief Social Work Officer, Stirling
Nikki Bridle, Chief Executive, Clackmannanshire Council
Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer, Clackmannanshire Council
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

In Attendance

Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Sandra Comrie, Business Support Officer (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

Apologies for absence were noted on behalf of:

Lesley Fulford, Cathie Cowan, Robert Clark, Dr Andrew Murray, Dr Kathleen Brennan, Paul Morris, Carol Beattie, Lorraine Robertson and Abigail Robertson

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 21 SEPTEMBER 2022

The Integration Joint Board approved the draft minute of the meeting held on 21 September 2022 as correct.

6. CHIEF OFFICER UPDATE

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

Ms Black explained that the IJB agenda consisted of a range of important annual governance reports that focussed on 2021-2022, for consideration by IJB members and provided an overview of the work carried out over the last 12 months.

Ms Black recognised the ongoing efforts of the collective workforce and partners and explained that even with the continuing pressures over the last 12 months and workforce availability services have continued to be delivered by dedicated teams across the HSCP. She explained the update highlighted the range of work which had been supported and delivered across 2021-2022 and contained a range of reports for consideration by the IJB.

There were several other key areas within this report, these were:

- The Strategic Plan for 2023/24 – 2033/34 including the Strategic Needs Assessment and how these align with each other and the wider framework and evidence delivery.
- Recruitment to the Rapid Assessment Team, noting particular challenges for rural Stirling
- Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR) and

- IJB Development session on 1 February 2023.

Ms Black explained that as part of the proposed IJB development programme for Board members she was proposing the IJB agreed to spend 2.5 days over the next 12-18 months on Board development. A Board member proposed development sessions could be delivered jointly with other Boards as they were a member of many Boards. The Chief Officer asked for other IJB member views on this or feedback after the meeting. No feedback has been received from other members regarding this. Undertaking development sessions as a Board will promote team working, therefore the Chief Officer will continue with the process of commissioning the 2.5 days over the next 12-18 months.

Mr Rennie agreed development sessions would be of value and proposed that from 2023 the IJB meet to have lunch, with a development session, prior to the Board meeting starting at 2pm. The Board agreed that the first session would take place at the IJB meeting on 1 February 2023 and cover the Code of Conduct with Lee Robertson, IJB Standards Officer. A paper will be presented to the February Board meeting outlining further proposed topics for development sessions over the next few years.

The Integration Joint Board:

- 1) Noted the content of the report.**
- 2) Agreed to spend 2.5 days over the next 12-18 months on Board development as proposed at section 8.7 of this report.**

7. BUDGET AND FINANCE

7.1 FINANCE REPORT

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

Mr Murray advised that since the paper was written more information had been received regarding prescribing costs which illustrated additional upward financial pressure.

Mr Murray confirmed that Scottish Government had requested an update on Covid-related expenditure projections at the end of Quarter 1 and monthly thereafter. He explained that the whole health and social care system was continuing to experience exceptional levels of demand, as the impacts of the pandemic continued and shift from predominantly direct to indirect cost impacted. Constraints on capacity, particularly workforce, meant that not all service demand was being met and unmet needs continued to be significant. He explained there was significant uncertainty in relation to demand and costs and that high general inflation, uncertainty in relation to public sector pay awards and general economic conditions were contributing to the level of uncertainty and financial risk.

The Board had a discussion on how the covid reserves would be used and what the impact would be if this money was returned. Mr Murray explained that Scottish Government had written to HSCP explaining there had 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, Scottish Government would reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. It was Mr Murray's understanding that Scottish Government would 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 the Scottish Government will seek to reclaim £8.098m. Mr Murray confirmed that robust discussions were ongoing in relation to ensuring the reclaim of funding did not put the IJB at any additional financial risk in the current financial year and assurance from Scottish Government Finance colleagues on a year-end reconciliation process and funding adjustment, if required, had now been received.

Mr Murray recommended that Finance reports should be read alongside Performance reports to give a wider overview of both financial and non-financial performance.

The Integration Joint Board:

- 1) Noted the 2022/23 projection based on Financial Performance for the first 6 months of the financial year.**
- 2) Noted the significant financial issues and pressures, key assumptions and risks.**
- 3) Agreed 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) Noted 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) Noted 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.**

7.2 CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD - 2021/2022 AUDITED ANNUAL ACCOUNTS & INDEPENDENT AUDITORS REPORT

- a. 2021/2022 IJB ANNUAL ACCOUNTS**
- b. ANNUAL AUDIT REPORT**

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

Mr Murray confirmed he was pleased to report the external audit had been completed. He explained this was delivered later than planned due to resourcing challenges within Audit Scotland and he had worked closely with the audit team to ensure the completion of the audit and responses to all matters arising. In addition, he confirmed that the audited accounts were considered at the Audit & Risk Committee on 16 November 2022.

The paper set out the main changes from the IJB meeting in June to date. The audit opinion was unqualified, and the report set out the auditor's opinion of the IJB audit process and whilst several recommendations had been agreed upon, some things still remained in the process. Mr Murray confirmed the auditors focus has been on financially sustainable matters, there had been nothing unexpected reported and the process had been robust.

The IJB thanked Mr Murray for preparing comprehensive reports and explained it would be helpful to understand the areas of focus for the remainder of the year. Mr Murray agreed to produce a short brief on the key areas the plan would focus on.

The Integration Joint Board:

- 1) Noted that the 2021/22 Annual Accounts and Annual Audit Report were considered by the Audit and Risk Committee on 16 November 2022.**
- 2) Noted that, subject to some relatively minor amendments to the 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) Noted the content of the Annual Audit Report from the IJBs current External Auditors – Audit Scotland including the management responses.**

8. PERFORMANCE

8.1 QUARTER 2 PERFORMANCE REPORT

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

Ms Black highlighted examples of some improvements that required focus, within the report including falls and the collective work of the Mobile Emergency Care Service (MECS), Scottish Ambulance Service and community services to support people so they did not have to be taken to hospital if uninjured. The Board noted the high number of admissions due to falls and Ms Black advised that an update on progress with this work would be provided as part of the Quarter 3 report. She also advised that she was conscious there was a need to improve some of the management commentary.

The importance of home first ethos was highlighted so people were able to be assessed at home rather than have to stay in hospital. She confirmed that recruitment campaigns were ongoing, including the rural care at home service.

Ms Black explained to the Board that over the next 12 months the focus will be working on developing targets, reviewing all performance indicators, and bringing proposals to the IJB. To make these performance improvements Ms Black would set up a Performance and Governance Board supported by Mr Ewan Murray and Ms Wendy Forrest.

In response to a question on falls prevention, Ms Forrest explained that the Health Improvement agenda would involve working closely with colleagues and the third sector to work on early Intervention and prevention and fund various programmes across the area. There will be a variety of classes set up, not just focusing on exercise, and Active Stirling will be involved going forward.

Ms Black added that work was ongoing with Power of Attorney and Self-Directed Support which needs to be constantly reviewed.

The Board discussed ongoing Code 9 issues, Ms Wyllie provided assurance that fortnightly meetings were now in place to go through the Code 9 issues and understand the reasons, and to ensure people can be cared for in a homely setting as soon as possible

Mr Fairbairn noted the Strategic Risk Register at Appendix 2 had been discussed at the Audit and Risk Committee on 16 November and agreed some changes would be made to reflect the pressures on capacity and flow.

The Integration Joint Board:

- 1) Review 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.**

8.2 ANNUAL PERFORMANCE REPORT

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

Ms Black explained that the Annual Performance Report 2021-2022 represented the huge amount of work which had been carried out reflecting the progress together as a HSCP.

Ms Black confirmed the report recognised the impact of the COVID-19 pandemic on the care and support needs of the population and staff. She explained that this report reflected the significant work and efforts of all people who supported the communities of Clackmannanshire and Stirling throughout the pandemic, covering the second lockdown period and beyond to the end of March 2022.

Ms Black explained there had also been significant pressures on other areas of care and support for example on unpaid carers. In addition, there had 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.

Ms Black confirmed the Annual Performance Report evidenced there was a lot of work to be proud of whilst also showing there was still a lot of work to be done to meet the challenges continuing to be faced going forward.

The Integration Joint Board:

1) Approved the Draft Annual Performance Report 2021/2022

9. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT

9.1 WORKFORCE PLAN

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

Ms Forrest confirmed that feedback was received from Scottish Government on 26 September 2022 and that overall, the plan was well considered. She explained that the Integrated Workforce Plan 2022-2025 set out the intention for Integrated Workforce Planning over the next three years. Areas highlighted were:

- Workforce Data Plan, which focused on the demographics of the workforce within the three employing organisations within the HSCP.
- Unpaid Carers, Independent Sector, Third Sector & Volunteers
- Campaigns for recruitment which were critical to attracting people to work in the sector and in Clackmannanshire and Stirling
- How to attract and support people with lived experience into the workforce.
- Review of the recruitment process.

The Board agreed that, going forward, the plan should be started early to allow people time to support it and investigate any recruitment issues especially given the tight timetable from Scottish Government.

The Integration Joint Board:

- 1) Noted the feedback from Scottish Government on the draft integrated strategic workforce plan, 2022-2025, which was received on 26 September**
- 2) We gathered feedback from trade unions, staff side and third sector through workforce planning meetings. In addition, feedback was sought via Joint Staff Forum and Strategic Planning Group as well as Finance and Performance members.**
- 3) Integrated workforce plan was sent to Scottish Government in line with the requirements. It was not published on the HSCP website before November IJB.**

9.3 WINTER PLAN

The Integration Joint Board considered the paper presented by Ms Carolyn Wyllie, Head of Community Health and Care.

Ms Wyllie explained that the purpose of the Clackmannanshire & Stirling Health and Social Care Partnership Winter Plan for 2022/23 was to set out a commitment to deliver high quality community health and care services whilst also ensuring that arrangements in place had sufficient capacity, accurate costs and reflected what impact this would have.

Ms Wyllie explained that the winter resilience checklist overview 2022/2023 set out eight priorities for HSCPs, Local Authorities and Health Board to consider when writing their winter plan and explained how these had been divided. She also outlined the focus areas which were integral to the Winter Plan.

The Board discussed performance and how this would be monitored going forward. Ms Wyllie confirmed the overall priority was to monitor the levels of pressure in the system and evaluate the effectiveness of the Winter Plan in response, identifying any further interventions as required by NHS Forth Valley, HSCP, Local Authorities and Partner Organisations.

The Board discussed whether it was appropriate to approve the Winter Plan as it was an operational document and agreed it should be noted instead.

The Integration Joint Board:

- 1) Noted the Winter Plan for 2022/2023.**

9.4 DELEGATION

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

Ms Black explained the purpose of this paper was to confirm the formal agreement between the Integration Joint Boards (IJB's) 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 were described in the IJB Integration Schemes, which were approved by partner bodies in October 2015 and by the Scottish Government in December 2015. However, some pan Forth Valley key community health services had not been delegated. Following meetings with local authority and NHS Forth Valley Chief Executives, both IJB Chief Officers, the IJB Chairs and NHS Board Chair this had now progressed, and plans agreed to fully integrate the NHS functions to the IJBs. Ms Black explained that this paper had also been taken to the Falkirk IJB on 18 November and approved subject to it being approved by the Clackmannanshire & Stirling IJB at this meeting.

Ms Black explained most services which are delegated will be provided by the HSCP responsible specifically for the population. 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 (Joint Working) (Scotland) Act, 2014. This included both set-aside and integrated services.

She explained the agreement confirmed which services would be coordinated and which HSCP will undertake the coordination. The agreement also confirmed the broad standards of engagement and performance management that would be put in place to ensure that the host HSCP undertakes its coordinating responsibilities in a way that involves the HSCP receiving services in a fair and reasonable way. Full support must be provided to Chief Officers by NHS Forth Valley to deliver these responsibilities.

A due diligence process was required to take this forward and transfer operational management responsibilities to the relevant HSCP and ensure each IJB retained the appropriate oversight role.

The Integration Joint Board:

- 1) Noted that this would complete the transfer of functions and budgets in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme, subject to further review of Police Custody and Prison Healthcare**
- 2) Agreed on the proposed coordination arrangements with Falkirk and Clackmannanshire and Stirling as the Lead HSCP's as set out in section 3.**
- 3) Approved the draft terms of agreement attached in appendix 2, subject to agreement by Falkirk IJB.**

10. FOR NOTING

10.1 ACTION LOG

Noted

10.2 DECISION LOG

Noted

10.3 MINUTES

- 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**

13. VIDEO CASE STUDY – ReACH Forth Valley Rehab Team, Jordan’s Story

Due to the meeting running over it was agreed by the Board that this video would be circulated to members to view later.

EXEMPT ITEM

9.2 ALIGNMENT OF WIDER COMMISSIONING ARRANGEMENTS ACROSS THE HSCP

Under section 50A (4) of the Local Government (Scotland) Act 1973, the public should be excluded from the meeting for this item on the grounds that it involved the likely disclosure of exempt information.

The Integration Joint Board:

- 1) Approved that the contracts noted at Paragraph 2.2 will terminate on 31st March 2023, with no legally permissible extension options in line with public procurement legislation.
- 2) Agreed for officers to align work streams to transformation and modernisation across HSCP including Commissioning Consortium, Intermediate Care, and community wealth building.

14. ANY OTHER COMPETENT BUSINESS (AOCB)

None

15. DATE OF NEXT MEETING

1 February 2023 2-4 pm, The Board Room, Carseview House, Stirling and MS Teams

Clackmannanshire & Stirling Integration Joint Board

1 February 2023

Agenda Item 7

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:	1) The Integration Joint Board is asked to note the content of the report.
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Key issues and risks:	<p>Today on the IJB agenda, are a range of important governance reports and information that focuses on proposed priorities for the future as well as issues for consideration by IJB members. These include NHS Forth Valley Level 4 escalation and associate improvement plan, Health and Care (Staffing)(Scotland) Act 2019, draft 10 year Strategic Commissioning Plan, Locality Network Plans and proposed IJB Development sessions.</p> <p>Since the previous IJB In November 2022, service pressures and other demands have continued across our localities and across Scotland. As well as significant and continuous service pressures, non-service delivery pressures have continued and include frequent requests for information, requests to respond to consultations and a range of other routine work. Requirements to attend meetings also adds to the challenges HSCP officers experience against their requirement to focus on service delivery during periods of extremis, and also to deliver crucial programmes of work to achieve transformational change and sustainability as we look forward. NHS Forth Valleys recent escalation by the Scottish Government has also impacted leadership capacity but will ensure the Chief Officer has influence in the implementation of The Public Bodies Act 2014 in Clackmannanshire and Stirling, and other improvements required across NHS Forth Valley with respect to Leadership, Culture and Governance.</p> <p>Staffing challenges continue across the services and in particular social care. Planning and operational colleagues continue to develop local recruitment plans and have been asked to develop contingency plans should some areas not be able to recruit to posts.</p>
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1. Background

- 1.1. As always, there are a number of other key issues within this report and in separate papers, these include:
- System Pressures
 - Intermediate Care and Reablement improvement work
 - Vaccination update
 - Delayed Discharge and Discharge without Delay Programme
 - NHSFV escalation and associate improvement plan including the implementation of the Public Bodies Act 2014 and required delegation of key NHS services
 - Draft Clackmannanshire and Stirling Strategic Commissioning Plan 2023/24 to 2033/34
 - Public Sector Equality Duty
 - Funding for Interim Care Beds
 - Implementation update on Rapid and Rural teams
 - Falls improvement work update
- 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 the whole system working and to use data to help us understand pressure points, demands, and also service redesign opportunities. Significant data improvements including automation are required to help modernise our approach. Much of the data the service has access to is developed manually at present.

Intermediate Care and Reablement

- 2.2. As per the previous Chief Officer report, an initial Pan-Forth Valley intermediate care and reablement event took place on 12 December 2022. It was well attended with ideas and suggestions being developed on how we can work better together to support more people at home.
- 2.3. The session on Reimagining Care Closer to Home was facilitated by Professor Anne Hendry who is a Senior Associate with the International Foundation for Integrated Care (IFIC), the Director of IFICs Country Hub in Scotland and a member of the editorial board of the Journal of Integrated Care.
- 2.4. The participants were asked to describe their services in a 'show and tell' format. Participants were then able to ask questions about each service. This was a great networking opportunity and allowed the participants to identify gaps, duplication but also highlighted the fantastic work that is already in place across Forth Valley.

- 2.5. Discussions were then had around how this could be better connected. The session then looked at change ideas and participants were asked to look at some specific challenges within their area and what solutions could alleviate system pressures. This was divided up by locality, Falkirk Central, Stirling Urban, Stirling Rural, Clackmannanshire, Falkirk East and Falkirk West. Lastly, again in each locality, participants were then asked to look at 'Action Planning' where a template was to be completed around short term, medium term and long-term actions. This work will be translated into business cases going forward.
- 2.6. The sessions focused on make connections and working together to meet the needs of communities. Participants said this outcome had largely been met. There were representatives from across community health and care services, Third Sector, Scottish Ambulance Service and Primary Care.
- 2.7. A further workshop will be held late February or early March 2023.
- 2.8. Further updates will be provided going forward.

3. Vaccinations

- 3.1. The vaccination programme for Flu and Covid 19 continue to be rolled out. 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.
- 3.2. The risks associated with low uptake are reduction in staff available to support our population when the system is already facing unprecedented challenges. NHS Forth Valley are sharing 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.
- 3.3. The NHS Forth Valley vaccination teams have advised that due to the overall national feedback / evidence in lower uptake rates for Health and Social Care Workers resulted in revisiting the approach to delivery in November and December 2022. The team visited staff key sites in both Clackmannanshire and Stirling essentially taking the vaccine to the workplace. This unfortunately did not yield much of a response. This approach was also mirrored in Falkirk, and the Acute site in FVRH.
- 3.4. Vaccines are currently available 12 hours per day, 7 days per week in 3 drop-in centres. Community Pharmacies across Forth Valley are also signed up to deliver and support the programme.
- 3.5. Local communications and how to access vaccinations has gone out regularly to help inform and guide people in order to improve uptake.
- 3.6. The team within NHS Forth Valley monitor the uptake and report on the numbers to the Chief Officer and her team.

3.7. Across Forth Valley at 9 January 2023:

Flu	% uptake
Care Homes	92.3%
Housebound	89.8%
Adults (65 years plus)	87.3%
All Health and Social Care Staff	48.5%
COVID19	% uptake
Care Homes	93.2%
Housebound	90.7%
Adults (65 years plus)	97.7%
Health and Social Care Staff	48.3%

4. Delayed Discharges

- 4.1. 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.
- 4.2. A plan was previously developed on a whole systems basis and actions recorded in the local and Pan Forth Valley Winter Plan. Teams have also been working on whole systems metrics through December 2022 so we can track the impact of our actions and take remedial actions when required.
- 4.3. There are weekly oversight arrangements in place on a pan Forth Valley basis involving IJB Chief Officers. Local Authority and NHS Forth Valley CEOs to oversee whole systems improvements that include delayed discharge and Forth Valley Royal performance and progress with the Discharge Without Delay programme.
- 4.4. These oversight arrangements will develop to include progress with the purchase of Interim Care Beds. Although the service has been using interim care beds as part of our capacity solution during the pandemic, the Scottish Government has made further investment available until the 31st March 2023. The service has already made use of this investment and will continue to do so. Progress on the pan-Forth Valley improvements are shared with Scottish Government officials. More details are available at section 7 of this report.
- 4.5. Clackmannanshire and Stirling HSCP have seen a reduction of 30% in total delayed discharges between 9 December 2022 and 19 January 2023 (excluding out of area, includes special codes) and a 46% improvement between 9 December 2022 and 19 January 2023 on Standard Delays for health and social care reasons (excluding out of area). This is a result of our staff and providers working exceptionally hard during significant system pressures. These percentage improvements are likely to fluctuate from week to week due to small numbers.

5. NHS Forth Valley Escalation

5.1. On 23 November 2022 Cabinet Secretary for Health and Social Care, Humza Yousaf gave a statement to Scottish Parliament¹. In the statement he said:

“NHS Forth Valley has been escalated to Stage 4 of NHS Scotland’s National Performance Framework² for Governance, Leadership and Culture. This follows concerns that the health board’s leadership has failed to improve performance in a number of key areas”

5.2. As a result, an Assurance Board has been established which brings direct formal oversight and engagement from Scottish Government to review and scrutinise the required Improvement Plan that has been developed by the Executive Leadership Team. The Clackmannanshire and Stirling Chief Officer is now part of the Executive Leadership Team.

5.3. The Assurance Board will also support the NHS Board and Executive Leadership Team to deliver improvements in performance in a number of areas, including out of hours, unscheduled care, mental health, and integration through effective governance, strong leadership, and an improved culture to deliver sustainable change. Membership of the Assurance Board includes:

- Christine McLaughlin, Co-Director of Population Health (Chair)
- Richard Foggo, Co-Director of Population Health
- Gillian Russell, Director of Health Workforce
- Robert Kirkwood, Head of the Office of the Chief Executive of NHS Scotland
- Alex McMahan, Chief Nursing Officer
- Professor Sir Gregor Smith, Chief Medical Officer
- Angie Wood, Interim Director of Social Care Resilience and Improvement

5.4. With external support from:

- Hazel Borland – Professional Advisor to Chief Operating Officer of NHS Scotland (Scottish Government)
- John Harden – Deputy National Clinical Director (Scottish Government)
- Professor John Brown, Chair of NHS Greater Glasgow and Clyde

5.5. The first meeting of the assurance Board was on 1 December 2022 and further meetings took place in December 2022 and January 2023. An improvement plan has been developed and key leads are agreed for each of the priority areas as set out by the Cabinet Secretary in his statement to Parliament.

¹ [Health Board escalation - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/11/Health_Board_escalation_-_gov.scot_(www.gov.scot).pdf)

² [National Performance Framework | National Performance Framework](#)

- 5.6. The Clackmannanshire and Stirling and Falkirk Chief Officers have attended all 3 meetings with other officers of the NHS Board.

Improvement Plan

- 5.7. The Improvement Plan developed in response to the escalation can be found on NHS Forth Valleys web page [here](#)³. The areas focus on Leadership, Culture and Governance. Improvements in implementing health and social care integration are also part of the Plan.
- 5.8. Immediate and short-term actions relate to Leadership and Culture, Governance and Integration. And then medium and longer term actions around Leadership and Culture, Governance, Governance Reporting Arrangements, Communication and Engagement and HIS Inspection Report Recommendations – Forth Valley Royal Hospital⁴.
- 5.9. There is also a section on Performance Issues which cover Health Improvement Scotland (HIS) Safe delivery of care inspections - Forth Valley Royal Hospital, Urgent & Unscheduled Care (UUSC), Out of Hours (OOH), Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies.
- 5.10. Alongside the actions for NHS Forth Valley, the Chief Officers of the Integration Joint Boards have been assigned some improvement actions which cover the following bullet points, this links to section 6 of this report outlining progress on delegation.
- facilitate the transfer of pan Forth Valley operational management of services, staff, and budget responsibilities
 - reposition health improvement services, staff, and budget responsibilities
 - work together to produce a shared strategic narrative and vision that expresses a collective (Local Authorities, Integration Joint Boards and NHS Board) ambition for health and social care integration and wider areas of opportunity
 - create a decision-making matrix that delivers effective governance across and between Integration Joint Boards and the NHS Board. This aims to ensure decisions that are reserved to the Forth Valley IJBs are taken by those Boards.
 - Out of Hours – The external review of OOH by Sir Lewis Ritchie has been completed and formal recommendations made to support the redesign and sustainability of a pan Forth Valley OOH Service. A detailed action plan has been developed identifying key deliverables, leads and associated timescales to deliver the recommendations. Monitoring progress of the action plan will be through the NHS Forth Valley Urgent & Unscheduled Care Collaborative governance structure and through the monitoring of the Improvement Plan in response to escalation

³ [NHS Forth Valley – Stage 4 Escalation](#)

⁴ [Forth Valley Royal Hospital, Larbert \(healthcareimprovementscotland.org\)](#)

- Psychological Therapies – Forth Valley has consistently had difficulty in achieving the LDP Standard of 90% of patients who require psychological therapy starting treatment within 18 weeks. Since the initial impact of Covid-19, performance has stabilised to be between 60% and 70%, with November 2022 performance improving to 72.1%, the highest since March 2022. However sustained improvement against the Standard has not been achieved. Note that five out of ten teams currently achieving the 18 weeks standard (digital, older people, forensic, arts therapies, psychotherapy)

6. Delegation of Services

- 6.1. At the 23 November 2022 meeting the paper on completion of delegation of Forth Valley wide services was approved by this board and by Falkirk IJB and NHS Forth Valley.
- 6.2. The paper detailed, following discussions between the NHS CEO and IJB Chief Officers, 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.
 - strategic planning and operational management of Primary Care transfer to the Falkirk HSCP. Head of Community Health and Care will lead this operational for Clackmannanshire and Stirling. There is an improvement plan in place for out of hours service.
 - Falkirk Chief Officer will also manage the General Medical Services (GMS) Contract on behalf of the Health Board by the end of January 2023.
 - Falkirk IJB will be responsible for the co-ordination of any pan Forth Valley strategic planning for elements of health improvement.
- 6.3. These are progressing whilst due diligence is underway over the course of at least the next 3 months.
- 6.4. The Chief Officer has requested additional capacity from Scottish Government to support the implementation of all required service delegations by the NHS Board and the broader requirements of the Public Bodies Act, as well as the forthcoming review of the Integration Scheme.
- 6.5. The Head of Specialist Mental Health transferred into the HSCP on 9th January 2023 and reports to the Chief Officer. Specialist services under the leadership of this postholder also transferred with further work by the NHS Board required to engage with Psychiatry colleagues before the transfer. Due diligence work requires to be carried out in all governance domains for services that are

transferring.

- 6.6. Service visits by the 2 Forth Valley Chief officers have been planned to specialist Mental Health services supported by the Clackmannanshire and Stirling Chief Nurse who also has professional responsibilities for Mental Health services.
- 6.7. The Head of Community Health and Care will retain Older Adults mental health services and Mental Health Officers who carry out Local Authority statutory responsibilities. This will be reviewed in 2023.
- 6.8. The Health Promotion Service delegation is underway. 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 workforce has been split across both HSCP's for local planning and operational delivery. The Health Promotion Service is currently being fully delegated across both HSCPs. The service will deliver a collaborative and co-ordinated approach around work relating to pan Forth Valley strategic priorities as well as locality focused outcomes for health improvement. Meetings have taken place with staff to undertake a preference exercise and letters will shortly be issued. HR and Staff Side Representatives will also continue to offer support throughout the process and they encourage staff to contact them if they require clarification on any points so far. A review of the Keep Well Service will be undertaken jointly by the Head of Strategic Planning & Health Improvement and Head of Integration within an agreed timeframe.

7. Additional Funding for Interim Care Home Bed Moves

- 7.1. Scottish Government issued a letter on 11 January 2023 to provide further details on the additional funding for the provision of care home beds, following the Cabinet Secretary for Health and Social Care's statement to Parliament on 10 January.
- 7.2. The Scottish Government is making available up to an additional £8 million for Local Authorities and Health and Social Care Partnerships for reimbursement of eligible spend on interim placement care home beds.
- 7.3. The funding available is to cover up to an additional 25% above the National Care Home Contract rate to support with procuring interim beds for those able to be placed on or before 31 March 2023. Beds can be purchased for stays between three days and six weeks for those who are clinically ready to leave hospital but cannot due to delays in a care assessment or care package. This funding can be used to supplement rates that Local Authorities may already be paying above the National Care Home Contract.
- 7.4. The provision of this extra funding is primarily to support timely discharge from hospital and, where appropriate, will safely allow care assessments to take place and support to be put in place after discharge from hospital. Funding available will be for those placed from 10 January 2023 up until 31 March 2023.

8. Health and Care (Staffing)(Scotland) Act 2019

- 8.1. The Health and Care (Staffing) (Scotland) Act received Royal Assent on 6 June 2019. Work on implementing the Act was suspended during the COVID-19 pandemic but has now re-commenced, with the Cabinet Secretary for Health and Social Care announcing in June that full implementation of the Act is due to take place in April 2024.
- 8.2. Seeks to enable high quality care and improved outcomes for people by ensuring appropriate staffing is provided by the right person in the right place at the right time and supporting staff wellbeing.
- 8.3. In a letter dated 22 September 2022 regarding safe staffing levels, the implementation team wanted to meet virtually with all Health Boards to provide an overview of the duties that will come into force as the legislation is commenced. The intention was that these meetings will include a short presentation followed by informal discussion with all members of the Board, clinical, workforce and general management leads. This offered an opportunity for Boards to discuss what the legislation means in their local context and what changes, if any, will be needed to ensure the duties are met.
- 8.4. A workshop with Forth Valley was delivered on 18 January 2022 and outlined the requirements of the Bill and the impact and work required to deliver.
- 8.5. There are accountabilities for the IJB in that all services they commission are subject to the Bills requirements and employing bodies will be required to assure the IJB that the safe staffing legislation requirements are being met. Discussions are ongoing in relation to how this will be implemented locally and how assurances will be given to the IJB from employing bodies.

9. RAPID and Rural Care at Home Implementation

- 9.1. In March 2022, both Rapid and Rural Care at Home business cases were approved by the Integration Joint Board (IJB). These models will increase capacity across the partnership to support people to live at home, improve our discharge planning pathways and create a greater sense of stability than the current picture. This will also provide the opportunity to invest in Clackmannanshire and rural and urban communities of Stirling.
- 9.2. For reference for new IJB members: the redesign of our current resources and pathways towards a new **rapid model of care** is built on pillars which are set out in the table below.

Table 1 – RAPID model of care

Rapid Response Service Model of Care			
Discharge to Assess	Reablement	Crisis Care	Awaiting Framework Provider

Carers will support patients discharged from hospital whilst working with AHP, SW to identify and assess need. Time limited	Carers will support patient following discharge or support clients living in the community, to maximise independence whilst working alongside AHP.	Carers support client in their own home due to crisis, for example Carer in hospital. Time limited	This is to avoid patients having to wait in hospital until commissioned provider can start Package of Care.
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- 9.3. The **internal rural ‘care at home’ team**, the business case sought investment to develop an in-house provision across all care groups to complement our existing external providers, including the use of technology and our partners in the third sector.
- 9.4. Across Clackmannanshire, Stirling Rural and Urban, there are a number of different roles being recruited to, with the most significant being in relation to 40 Care Support Worker posts. There are also a number of OT and Physio posts to support a new Discharge to Assess model and increase outcomes for patients being discharged from acute and community hospital beds. Recruitment for the proposals are ongoing, with the majority of social care roles within Clackmannanshire and Stirling Urban being filled, with staff starting from end January 2023 and throughout February and March. There have been issues recruiting to Stirling Rural, where applicant numbers have been much lower – a new Rural Team Manager, Resource Planner are in place with interviews currently happening for Care Co-ordinator and Senior Home Support Workers and adverts out for Home Support Workers. AHP recruitment is due to begin at the end of January 2023, with a Falls Lead already recruited and due to start in February 2023. A recruitment campaign has been ongoing with printed media being made available across the partnership, social media and engagement with partners to promote the services.
- 9.5. Although the Rapid and Rural Care at Home projects have progressed significantly since the business cases were agreed, there have been a number of factors that have led to delays in the full implementation. Recruitment issues, especially within Stirling Rural, has led to delays to campaigns for job adverts but this is not just an issue that has existed within the partnership but across all of health and social care.
- 9.6. The Chief Officer has asked for a facilitated learning session to be arranged to assess what the service could improve to have these services implemented closer to the date of IJB investments.

10. Discharge without Delay (DwD)

- 10.1. The Discharge without Delay (DwD) is a joint program of work with the Scottish Government’s Urgent and Unscheduled Care Program, designed to reduce length of stay in hospital and to prevent delayed discharge, among a number of other improvement outcomes. This will release capacity and improve the acute

sector's capability to respond to unscheduled demand, and provide the right care in the right place, at the right time. Aligned to this are various pieces of work including, implementation of Planned Date of Discharge, Integrated Discharge Team, Discharge to Assess models and prescribing Proportionate Care.

11. Falls

- 11.1. There are plans for groups and workstreams to take forward improvement work relating to falls.
- 11.2. There is a strong evidence base regarding falls and outcomes and also to reduce falls with harm.
- 11.3. NHF Forth Valley AHP Director is currently leading a pan Forth Valley group to complete an overarching Falls strategy with evidence-based core principles which can then be adapted to local contexts and people's needs. Significant work was previously undertaken by AHP Service Manager across Forth Valley and this work will underpin this new strategy development.
- 11.4. The strategy group work should be completed by Summer 2023. Membership of the strategy group will include key individuals from across the HSCPs and Acute and the core group members have been asked to identify key individuals to ensure full representative membership.
- 11.5. A falls lead role in Clackmannanshire and Stirling HSCP has been developed and appointed to, as part of the RAPID model of care, and the postholder will take up the role in February 2023. The postholder will have a remit to contribute to the pan Forth Valley strategy and work collaboratively with colleagues across the MDT with a focus on early intervention and enhancing preventative practice.

Care Homes

- 11.6. An integrated approach to offer multi-disciplinary education to Care Homes is being developed and will include training on managing and reducing falls within care homes.

Allied Health Professional (AHP) and Scottish Ambulance Service (SAS)

- 11.7. A Test of Change (ToC) was undertaken in October 2022 with the aim to reduce the numbers of people who fall at home (uninjured fallers) being conveyed to the Emergency Department. The collaboration between paramedics and Physiotherapists / Occupational Therapists provided learning around improved decision making and onward referral when called to people who had fallen. Rural communities were excluded in this test of change.
- 11.8. Total of 87 calls were made during the 4 week test of change, however only sixty eight calls attended and 33 of those attended were appropriate for the pathway, 8 were from Clackmannanshire and Stirling area and 25 from Falkirk area. The allocated calls were reliant on dispatchers and Ambulance Control Centre (ACC)

to understand the documentation and allocate the calls appropriately.

11.9. Discussions are ongoing about next steps.

12. Clinical and Care Governance

12.1. The Clinical and Care Governance Group minute has been delayed; this is a result of September 2022 meeting being cancelled to allow group members to discuss the terms of reference (TOR) and the assurances they were seeking in relation to clinical and social care governance. This resulted in the minute not going for approval until the November 2022 meeting.

13. Public Sector Equality Duty Improvement

13.1. As IJB members were informed at the 21 September 2022 meeting, the Equality and Human Rights Commission (EHRC) issued a letter to the Chief Officer dated 18 July 2022 regarding compliance with Public Sector Equality Duty (PSED) and advancing equality through improved compliance with the Public Sector Equality Duty (PSED), and the steps Clackmannanshire and Stirling IJB needs to take to meet its PSED obligations.

13.2. Two workshops were held on 22 September 2022 and 3 November 2022 to advise Scotland-wide IJBs on what the Public Sector Equality Duty (PSED) was and our compliance against it.

13.3. The public sector equality duty is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act.

13.4. In a letter to the HSCP Senior Planning Manager, dated 13 December 2022, EHRC reiterated their assessment that they consider the Clackmannanshire and Stirling IJB compliant for publishing Equality Mainstreaming Report and Equality Outcomes Progress Report. The IJB is also compliant on setting and publishing Equality Outcomes.

13.5. EHRC consider the Clackmannanshire and Stirling IJB to be non-compliant with our duty to publish equality impact assessments relating to our policies and practices. They requested that we review our policies and practices and publish the relevant equality impact assessments and develop and agree on a functioning EQIA system. This should include how we will meet the Specific Duty to assess proposed new or revised policies and practices and keep them under review.

13.6. The HSCP Senior Planning Manager will now review all decisions for the IJB going back to 1 April 2020 and determine whether an EQIA should have been undertaken. If it is determined that an EQIA should have been undertaken this will be communicated to the paper authors.

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

14. Strategic Commissioning Plan 2023/24 to 2033/34

- 14.1. At 22 September 2021 IJB approved rolling forward the Strategic Priorities for one year to enable HSCP officers to develop the new 10 year Strategic Commissioning Plan.
- 14.2. The new draft Strategic Commissioning Plan will be presented here today for comment by IJB members.

15. IJB Development Sessions

- 15.1. A range of development sessions have been identified by officers, from code of conduct, governance, planning, performance / outcomes, service provision and public protection.
- 15.2. The first development session was focused on moving integration forward in Clackmannanshire and Stirling, and this was held on 25 January 2022.
- 15.3. The second was held today and focused on the Code of Conduct, which members are expected to comply with.
- 15.4. There is a separate paper on the agenda today detailing potential development sessions for IJB members. Members are asked to consider this.

16. Conclusions

- 16.1. This report provides the Integration Joint Board with updates on key developments.
- 16.2. 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.
- 16.3. Wellbeing resources continue to be available to staff from each employing organisation. In addition, supplementary support has also been made available nationally which colleagues are regularly signposted to and encouraged to participate in.
- 16.4. There is a National wellbeing hub established which can be found [here](#)⁵.

17. Appendices

None to note

⁵ [Home - National Wellbeing Hub for those working in Health and Social Care](#)

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>

Clackmannanshire & Stirling Integration Joint Board

1 February 2023

Agenda Item 8.1

Financial Report

For Assurance

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 for assurance.
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Recommendations:	<p>The IJB is asked to:</p> <ol style="list-style-type: none"> 1) Note the 2022/23 projection based on Financial Performance for the first 9 months of the financial year 2) Note the significant financial issues and pressures, key assumptions and risks. 3) Discuss and consider the risk share proposal received from NHS Forth Valley's Director of Finance including share of Stirling Community Hospital ward 5 contingency bed costs (Section 2.4) 4) Note the position in relation to Covid Earmarked Reserves and Scottish Governments further letter stating that this will be reclaimed basis of Month 8 financial returns. 5) Agree that a specific report in relation to the cost pressures associated with Family Health Services Prescribing is brought to the March meeting of the Finance and Performance Committee
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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 £2.652m in order to achieve 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 9 months of the financial year to 31 October 2022.
- 2.2. This indicates a projected overspend of £2.968m on the Set Aside Budget for Hospital Services and a projected overspend on the Integrated Budget of £0.706m as summarised in the table below.



Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2022-23
M9

	Annual Budget £m	Annual Forecast £m	Forecast Variance £m
Integrated Budget			
Health Services	142.030	143.605	(1.575)
Adult Social Care Total	74.302	73.432	0.869
Integrated Budget Outturn	216.332	217.037	(0.706)
Set Aside Budget for Large Hospital Services	30.064	33.032	(2.968)
Partnership Outturn	246.396	250.070	(3.673)

- 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.
- 2.4. Further to discussion at the November IJB meeting NHS Forth Valley's Director of Finance contacted the IJB Chief Finance Officer on 9 December 2022 with a risk share proposal for 2022/23. The key points of this proposal are:

- The NHS Board Director of Finances' expectation is to apply a similar approach to previous years that NHS Forth Valley meet the Set Aside outturn plus any relevant share of the overall delegated (integrated) budget outturn across Health and Social Care services.
- The Director of Finance also sought confirmation and clarity on 2022/23 ward 5 contingency beds opened at Stirling Community Health and Care Village (SCHCV) proposing that 2 months initial costs for October to November are met by NHS Forth Valley with the remaining 4 months costs from December to March 23 be split on an activity basis (bed usage) share between Falkirk and Clackmannanshire and Stirling IJB.

The IJB is asked to discuss and consider this proposal. Should the IJB agree to meeting a share of costs associated with contingency bed costs at SCHCV this could be met from the service pressures earmarked reserve without compromising the projections set out in this paper.

- 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.
- 2.6. The projection on the Integrated Budget includes costs associated with the exceptional ongoing impacts of Covid particularly on costs of provision of Adult Social Care. We currently estimate this at £0.845m and this is included in our Quarter 3 costs return to Scottish Government. Continuing to defend this position, as discussed at the November IJB meeting, is currently assumed to provide sufficient funding to bring the Integrated Budget into balance in the current financial year.

3. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 3.1. The set aside budget is reporting an £2.836m overspend for the first nine months of the financial year and is currently projected to overspend by £2.968m 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 9 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. This point was previously notified to the IJB at the November meeting.

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 £2.964m 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. The projection on Prescribing costs has worsened by £0.864m as a result of both higher average costs and volumes and more allocation of actual costs between the two Forth Valley IJBs. The drivers for this are multi-factorial including inflationary impacts and short supply issues in relation to general pharmaceutical supplies.
- 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. A significant increase in average costs and volumes 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.
- 3.8. Given the scale of pressures and movement in relation to Family Health Services Prescribing it is proposed a specific report is brought to the Finance and Performance Committee in March detailing the cost drivers and key factors.

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 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 3 cost estimate for 2022/23 Covid costs in relation to Operational and Universal services for Clackmannanshire and Stirling totalled £4.861m. The largest single element of these costs 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.
- 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. A further letter from Scottish Government was received on 16 January confirming the reclaim on the basis of our Month 8 return which totalled £4.901m. 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. The opening balance

reflected in the Scottish Governments letter is incorrect and the Chief Finance Officer has requested and had confirmation that this will be corrected before funding is reclaimed.

- 5.6. Meantime it is key to continue to eliminate reliance on Covid funding.

6. Savings Monitoring

Savings Delivery

- 6.1. The pressures the entire health and social care system continues to be under continues to have a material impact on delivery of the Efficiency and Savings Programme.
- 6.2. An analysis of projected savings delivery is attached at Appendix 1 to this report.
- 6.3. Based on financial performance to month 9 it is estimated that 72% of the savings and efficiency programme in relation to the Integrated Budget will be delivered and 55% of the overall programme including the whole system working approaches in relation to the set aside budget for large hospital services.
- 6.4. Where any of the savings programmes are not projected to fully deliver in year the potential for these being delivered in 2023/24 will be considered as part of budget planning and preparation.

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 based on the assumptions set out at section 7.5.
- 7.4. A further detailed review of reserves being undertaken as part of the post quarter 3 financial review process linked to development of the 2023/24 Revenue Budget and will be reported in detail to the Finance and Performance Committee and IJB in March.
- 7.5. The key assumptions used for these projections were:

- Covid and Service Pressures reserves will be fully expended in year.
- 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 Risk

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

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

Risk	Risk Rating (RAG)
There is a risk that the savings and transformation programme will not deliver the required level of recurring savings, increasing the underlying deficit in future years.	Red
There is a risk that areas of service sustainability / levels of demand pressures will require additional recurrent financial resources to maintain safe and effective services for service users.	Red
There is a risk that sufficient workforce cannot be recruited and/or retained to maximise impact of available budget and ensure care can be provided to vulnerable service users including support for unpaid carers	Red
There is a risk that, in order to minimise hospital delays, achieve safe whole system flow and meet increased demand additional costs are incurred including requiring to commission services from more expensive providers.	Red
There is a risk that provider(s) may become unsustainable resulting in the HSCP/Constituent authorities requiring to step in to ensure safe continuity of care with risk of associated additional expenditure.	Red
There is a risk that pay awards are significantly in excess of planning assumptions and this is not matched with adequate funding.	Red
There is a risk that anticipated funding allocations from Scottish Government are not received in full or in line with planning assumptions and expenditure commitments.	Amber
There is a risk that financial assumptions in the IJBs Revenue Budget materially differ from actual. This includes the risk of final pay awards being in excess of assumptions without corresponding additional funding.	Amber
The risk that potential future changes in Health and Social Care policy including the implementation of a National Care Service increase expectation, service demand and therefore expenditure in advance of additional funding.	Amber
Risk that implementation of the Primary Care Improvement Programme including the GP Contract arrangements per the revised Memorandum of Understanding (MOU) exposes the NHS Board and Integration Authorities to additional financial risk through Transitional Payments.	Amber

9. Conclusions

- 9.1. The projections detailed in this report reflect the projected financial impacts of a health and social care system under significant pressure and significant uncertainty in both supply and demand sides. Adequate capacity to assist the Health and Social Care system cope with additional demand over the remaining winter months continues to be vital.
- 9.2. Whilst the projections on the Integrated Budget are projected as being manageable with the resources at the IJBs disposal in the current financial year the recurrent financial position looks very challenging particularly as Covid funding is exhausted. Given levels of uncertainty there is also significant risk of volatility in the financial projections.
- 9.3. The IJB also requires to work collegiately with Scottish Government and the constituent authorities to assist in securing financial balance and sustainability in the short term whilst ensuring appropriate and effective governance and protecting the interests of the IJB.
- 9.4. The Partnership's ability to progress the Transformation Programme as the key programme in driving financially sustainable service change, pursuance of Strategic Priorities and improved outcomes for citizens continues to be significantly affected by the ongoing impact of the COVID-19 pandemic and ongoing exceptional demands across the Health and Social Care system. It has also brought opportunities for change which it remains critical to capitalise upon.
- 9.5. Meantime we must continue to pursue delivery of the Transforming Care Programme delivering of associated efficiency and savings requirements whilst balancing and managing the risks around Covid, ensuring appropriate contingency and business continuity planning and remobilisation and renewal.

10. Appendices

Appendix 1 – Analysis of projected savings from Efficiency and Savings Programme

Appendix 2 – Letter from Richard McCallum, Scottish Government – Update on IJB Covid reserves dated 16 January 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:	Financial Implications are detailed within the body of the report.
Other Resources:	As detailed within the body of the report.
Legal:	No specific issues highlighted.
Risk & mitigation:	Financial Resilience is a risk reflected in the IJBs Strategic Risk Register. The structure of the finance report also includes an assessment of key financial risks in line with previous audit recommendations.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

APPENDIX 1

Clackmannanshire and Stirling IJB Projected Savings Delivery 2022/23				
	Target	Projected Savings	Projected (Under)/Over Delivery	Projected Delivery as a % of Target
	£m	£m	£m	£m
Rural Models of Care	0.244	0.244	0.000	100%
Strategic Commissioning Aligned to Priorities	0.200	0.000	(0.200)	0%
Medicines Optimisation	0.530	0.423	(0.107)	80%
Demand Management including Review Activity	0.600	0.596	(0.004)	99%
Review of Ordinary Residence Cases	0.200	0.000	(0.200)	0%
Learning Disability / Mental Health Models of Care	0.150	0.000	(0.150)	0%
Grip and Control Actions - including budget recovery actions	0.100	0.200	0.100	200%
Total Integrated Budget	2.024	1.463	(0.561)	72%
Set Aside / Whole System Working	0.628	0.000	0.628	0%
Total Strategic Plan Budget	2.652	1.463	0.067	55%

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Health Finance, Corporate Governance and
Value

Richard McCallum, Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: richard.mccallum@gov.scot

HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance

via email

16th January, 2023

Colleagues

UPDATE ON IJB COVID RESERVES

Following my letter dated 12 September 2022, setting out an update on IJB Covid reserve balances, I am writing to provide further detail on the arrangements we will put in place to enable Covid reserves to be returned. A breakdown of the figures by Integration Joint Board is shown at **Annex A** and is based on Month 8 FPR data. This will be carried out through a negative allocation to the value of the agreed return from the relevant NHS Board back to Scottish Government with local arrangements to be agreed with regards to the transactions between the IJB and NHS Board.

We are aware of the uncertainties over the current winter period, including demand led sustainability payments and IJBs are working on the principle of Covid being funded in 2022-23. It is on this basis that the reserve adjustment is taking place. We will work with CFOs in April 2023 to complete a reconciliation exercise between the Month 8 position and final outturn.

As set out in my letter of 15 December, from 2023-24 onwards there is no additional Covid funding and costs for programmes such as Test and Protect and Vaccinations will be agreed in the coming weeks.

I appreciate the ongoing work across the sector and your ongoing collaboration.

Yours faithfully

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

Richard McCallum
Director of Health Finance and Governance

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Annex A – IJB M8 Covid Reserve Position

IJB	HSCP Forecast Spend at M8 (£000s)	Reserve Balance at 31 March 2022 (£000s)	Balance to be Returned (£000s)
East Ayrshire	4,362	11,363	7,001
North Ayrshire	5,058	13,321	8,263
South Ayrshire	2,989	11,713	8,724
Scottish Borders	1,662	11,048	9,386
Dumfries and Galloway	11,282	16,346	5,064
Fife	14,506	35,993	21,487
Clackmannanshire and Stirling	4,901	13,153	8,252
Falkirk	4,583	16,265	11,682
Aberdeen City	10,057	19,741	9,684
Aberdeenshire	8,844	20,405	11,561
Moray	2,777	9,016	6,239
East Dunbartonshire	3,823	9,963	6,140
East Renfrewshire	4,766	9,266	4,500
Glasgow City	20,741	65,602	44,861
Inverclyde	3,206	8,130	4,924
Renfrewshire	3,120	17,242	14,122
West Dunbartonshire	3,358	9,213	5,855
Argyll and Bute	6,899	10,489	3,590
Highland*	5,764*	16,270*	10,506*
North Lanarkshire	7,570	31,621	24,051
South Lanarkshire	15,458	33,256	17,798
Edinburgh	12,618	44,937	32,319
East Lothian	5,549	9,182	3,633
Midlothian	3,864	9,703	5,839
West Lothian	4,673	15,285	10,612
Orkney Islands	1,357	2,363	1,006
Shetland Islands	2,375	2,283	- 92
Angus	3,376	15,759	12,383
Dundee City	5,246	15,595	10,349
Perth and Kinross	5,718	15,366	9,648
Western Isles	1,299	3,388	2,089
Total	191,801	523,277	331,476

* The figures shown for Highland are notional, given the Highland HSCP has adopted a Lead Agency Model.

Clackmannanshire & Stirling Integration Joint Board

1 February 2023

Agenda Item 8.2

Budget Update and IJB Business Case

For Noting and Approval

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

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

Purpose of Report:	To present the IJB Business Case and an update on the 23/24 IJB Revenue Budget development.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the IJB business case was considered by the Finance and Performance Committee on 21 December 2022 and the Committee approved its submission to the constituent authorities. 2) Note the impact of the Scottish Draft Budget on the assumptions within the business case. 3) Note the revised estimated financial gap of £7.018m for financial year 2023/24 4) Approve the proposed approach of 50% of the gap being met by savings and 50% from other service and policy options. 5) Note ongoing work to develop the budget and agree that a substantive update is presented to the Finance and Performance Committee on 1 March 2023.
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Key issues and risks:	<p>Financial resilience is a key risk reflected within the IJBs Strategic Risk Register. The 2023/24 Revenue Budget does take the IJB and indeed the public sector as a whole into a fundamentally different position. To manage within the resource envelope per the Scottish Draft Budget more radical and significant reductions spend, and therefore service delivery and performance, are required meaning less service can be provided to citizens at need and making it increasingly likely that all statutory obligations will not continue to be met.</p>
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1. Background

- 1.1. Preparation of an IJB Business Case is a requirement of the Integration Scheme. The assessment of the resources required to deliver the Strategic Commissioning Plan is defined by a methodology set out in Section 8 of the Integration Scheme.
- 1.2. The IJB Business Case is prepared annually and submitted to the constituent authorities to inform budget considerations. The IJB Chief Officer and Chief

Finance Officer also participate as fully as possible in budget development arrangements across the constituent authorities on a collegiate basis.

2. Considerations

- 2.1. The 2023/24 IJB Business Case was developed by the IJB Chief Finance Officer with input from the HSCP Senior Leadership Team (SLT).
- 2.2. The Business Case was written in advance of the presentation of the Scottish Draft Budget to the Scottish Parliament on 15 December 2022 based on best information and intelligence available at the time of writing.
- 2.3. It was presented to the IJB Finance and Performance Committee on 21 December 2022 along with a presentation covering the key points and implications of the Scottish Draft Budget. Key budget implications from the constituent authorities were also presented with Chief Finance Officers from both Local Authorities participating. The implications of the Scottish Draft Budget took the estimated budget gap for 2023/24 to £7.018m.
- 2.4. The core assumptions within the Business Case in respect of the anticipated payments (or budgets) required to the IJB from the constituent authorities were close to those contained within the Scottish Draft Budget.
- 2.5. The Finance & Performance Committee had an extensive and constructive debate on the Business Case and implications of the Scottish Draft Budget and approved the Business Case for formal submission to the constituent authorities. Delegated authority to grant this approval was agreed at the IJB meeting in November. The committee agree that the budget gap was significantly more than could be expected to be met from existing approaches to Transformation and Service Efficiency and accepted significant additional service and policy options would be required to close the budget gap. These require to be risk assessed and aligned to the development and approval of the priorities within the 2023/33 Strategic Commissioning Plan. Equality Impact Assessments will also be required.
- 2.6. The guiding principle of 'Needs Led, Resource Bound' was supported by committee as a useful high level basis of articulating the required approach.
- 2.7. The letters issued alongside the Scottish Draft Budget are appended to this report along with the Business Case as presented to the Finance and Performance Committee.
- 2.8. Whilst it is understood that there may be some differences of opinion on this point, the terms set out in the Scottish Draft Budget and reflected in the letters to NHS Boards and COSLA are regarded, as in previous, years as integral and mandatory elements of the settlements to NHS Boards and Local Government.

3. Proposed Approach for Developing the IJB Budget

- 3.1. As detailed at section 2.5 the financial gap is more than could reasonably be expected to be achieved through the partnerships approach to transformation and normal efficiency and savings approaches.
- 3.2. Whilst there is a need to focus and be ambitious on transformation and efficiency there is also a need to be realistic.
- 3.3. It is therefore proposed that the estimated financial gap is approached through a combination of 50% from Transformation and Efficiency and 50% through service and policy options including potentially service reduction and disinvestment options. The IJB is asked to consider and approve this proposed approach.
- 3.4. It is also key to prioritise spend based on strategic priorities, cost effectiveness and efficacy. For example community (home) based rehabilitation (CBR) has an evidence based demonstrating it can be significantly more cost effective than residential bed based rehabilitation.
- 3.5. Significant further work is required to develop options to meet the financial gap and a follow up session with key budgets managers will take place on the 23 January to develop these further. It is envisaged more sessions on this will be required.
- 3.6. A substantive update on this will be presented to the IJB Finance and Performance Committee on 1 March. Confirmation of proposed payments from the constituent authorities will also be available at this point subject to compliance timescales set out within the Integration Scheme.
- 3.7. Subject to scrutiny by the Finance and Performance Committee the options to meet the financial gap and deliver a balanced budget will be presented to the IJB on 29 March 2023.
- 3.8. Ultimately the IJB can only allocate the resources at its disposable and the risks of restricting service delivery to these resources will require to be assessed and articulated in order that the IJB understands the service and performance implications.
- 3.9. There will also be consideration of deployment of a degree of reserves to support a very challenging budget position for 2023/24.

4. Conclusions

- 4.1. The 2023/24 IJB Revenue Budget is set against the most challenging combination of service pressures and resource constraints seen to date and there are very real risks associated with this including impacts on the whole health and social care system including unscheduled care and delayed discharge performance.

- 4.2. Whilst the proposed approach will seek to mitigate these risks as far as possible they cannot be eliminated.
- 4.3. There is also significant risk that the statutory duties of the constituent authorities in respect of delegated integration functions will not be able to be fulfilled.

5. Appendices

Appendix 1 – IJB Business Case (as presented to Finance and Performance Committee)

Appendix 2 – Letter from Scottish Government to NHS Boards accompanying Scottish Draft Budget

Appendix 3 – Letter from Deputy First Minister to COSLA accompanying Scottish Draft Budget

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	As set out in the body of the report and appendices
Other Resources:	As set out in the body of the report.
Legal:	
Risk & mitigation:	Options to deliver services within resources available will require to be risk assessed and risks to the health and social care system will be mitigated as far as possible.
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 does not require a Fairer Duty assessment.</p>
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Clackmannanshire & Stirling Integration Joint Board: Finance and Performance Committee

21 December 2022

Agenda Item 10

2023/24 IJB Draft Business Case

For Approval

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

Purpose of Report:	To present the Finance and Performance Committee with an update on 2023/24 Revenue Budget Development and satisfy the requirements of the Integration Scheme with regard to an IJB Business Case
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Recommendations:	<p>The Finance and Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Consider the 2023/24 Budget update and IJB Business Case 2) Note the level of complexity and uncertainty affecting budget considerations. 3) Approve the 2023/24 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme 4) Note the next steps and further budget development work required prior to the IJB considering the 2023/24 Revenue Budget for approval. 5) Note that key points from the Scottish Draft Budget on 15 December will be covered within the accompanying presentation to committee.
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1. Background

- 1.1. The preparation of a business case to determine future funding requirements to deliver the Strategic Plan is a requirement of the Integration Scheme. The requirements and methodology to be used based on best information currently available are set out at Section 8.3 of the Scheme.
- 1.2. The 2023/24 IJB Business Case set out in this paper reflects the most up to information available at the time of writing and will be further updated to reflect the impacts of the Scottish Draft Budget presented on 15 December 2022. The accompanying presentation to the Committee will cover key points from the Scottish Draft Budget.
- 1.3. The IJB should also view the business case in the context of
 - The exceptional levels of demand facing the health and social care system at this time
 - The ongoing impacts of Covid.
 - Challenges in staff recruitment and retention
 - Significantly increasing inflationary pressures
 - The reliance on Covid funding in the 3 previous financial years
 - Resultant potential for volatility in financial projections
 - The general economic outlook as updated through Financial Reports to the IJB and Finance and Performance Committee during the year.

2. Economic Outlook

- 2.1. There are increasingly challenging outlooks for both the UK and Scottish economies (and indeed the global economy) with increasing public debt, increasing interest rates, low economic growth, Russia's invasion of Ukraine and associated geopolitical issues and, of course, ongoing high inflation.
- 2.2. The UK Autumn Statement was published on 17 November 2022 with along with updated economic projections from the Office of Budget Responsibility.
- 2.3. The UK budget included additional spend in relation to Health, Education and Social Care which will come with additional consequential funding (£1.5bn over the next 2 fiscal years) to the Scottish Budget as devolved responsibilities. However there are also tax adjustments to the Scottish Budget primarily as a result of the reduction of the threshold for the additional tax rate.
- 2.4. It is for the Scottish Government to make choices on spending and tax and these will be set out in the Scottish Draft Budget on 15 December 2022 and be subject to the parliamentary scrutiny process thereafter. This will be accompanied by updated forecasts on the Scottish Economy from the Scottish Fiscal Commission. It is understood this will be a 1 year budget.
- 2.5. Increasing public debt, higher interest rates, high inflation and low economic growth set and increasingly challenging outlook for both UK and Scottish Economies and therefore public expenditure. The UK Autumn Statement detailed a planned Scotland DEL (Departmental Expenditure Limit) of £36.5bn in 2023/24 and £36.9m in 2024/25 which compared against a 2022/23 DEL of £35.3m illustrates that fiscal tightening will continue into the medium term.
- 2.6. This means it is paramount to focus on financial sustainability and minimise carrying forward recurrent deficits into future financial years. The challenges of doing so should not be underestimated particularly with current and projected inflationary pressures including on public sector pay.

3. IJB Business Case

Methodology

- 3.1. The Integration Scheme sets out the methodology to be used in calculating the budget requirements to deliver the Strategic Plan for the forthcoming financial year. This methodology, is, itself drawn from national financial planning guidance for Integration Authorities.

The methodology requires assessment of:

- Demand pressures from demographic change and Transitions from Children's Services (usually on a 3 year average basis to smooth any year to year peaks or troughs)
- Inflation (Pay, National Care Home Contract, General and Contract including impact of changes in Scottish Living Wage)

- Changes in Legislation with Financial Consequences
- Delivery of Strategic Priorities & National Outcomes
- Assessment of Savings and Efficiencies
- Consideration of Reserves

Strategic Commissioning Plan 2023/2033 – Needs Led Resource Bound

- 3.2. The IJB agreed to extend the lifecycle of the existing Strategic Plan to 2022/23, therefore its lifecycle ends on 31 March 2023. 2023/24 will be the first year of the 2023/2033 Strategic Commissioning Plan (SCP) however given the outlook set out above this expectations must be tempered and recognise the resource constraints, financial and otherwise. The term 'Needs Led Resource Bound' has been used throughout the development process of the SCP and it is critical to manage expectations through these processes.
- 3.3. Members should however keep the Strategic Commissioning Plan, enabling activities and Strategies and initiatives to deliver change in mind with regard to budget considerations.

Core Assumptions

- 3.4. In developing the business case due regard has been taken of the Scottish Governments approach in prior years of setting minimum payments from Local Authorities and NHS Boards to Integration Authorities (IAs) through the Scottish Budget and passthrough of resources to IAs for items such as Scottish Living Wage increases and other issues including demand pressures.
- 3.5. Give the budgetary context set out in section 2 of this report the core assumptions used in this paper are.

Payments from NHS Boards to IAs – 2% uplift

Payments from Local Authorities to IAs – Flat cash / 0% uplift

Passthrough of Resources to IAs - £2.359m for impact of uplift in Scottish Living Wage only. £10.50 to £10.90=40p or 3.8% increase. (Estimate scaled from 22/23 SLW funding for increase from £10.02 to £10.50=48p or 4.79% increase).

- 3.6. The Scottish Living Wage from September 2022 has increased from £10.50 to £10.90 from September 2022 (+3.8%) and employers are expected to implement this by May 2023.

- 3.7. Key Assumptions used in preparing this business case are as follows

Pay Costs: Per extant Public Sector Pay policy 2% - sensitivity at 5% will also be modelled given inflation and this approach has been agreed by IJB Chief Finance Officer section to allow a national picture to be consolidated.

Contract Inflation: Residential Care incl. National Care Home Contract – 6.14% (reflecting the increase in pay for commissioned social care staff to minimum of £10.90 per hour and projected CPI inflation for 2023 of 7.4%)

Care at Home, Direct Payments, Respite Care – 4.31%
(reflecting the increase in pay for commissioned social care staff to minimum of £10.90 per hour and projected CPI inflation for 2023 of 7.4%)

Prescribing Cost and Volumes: 5.5%

Social Care Demand Increase – Residential 3% Care at Home 5%

Covid-19 consequential – Zero assumed.

Assessment of Resource Requirements to Deliver Strategic Plan

- 3.8. As detailed in recent IJB Finance Reports it is extremely difficult to predict how service demand will go over both the near and medium to longer term. Whilst some demand fell during the early part of the pandemic this increased demand for service increased significantly during 2021/22 and these demand trends amplified in 2022/23 to date combined with significant impacts of inflationary pressures. The reasons for this are multi-factorial and complex.
- 3.9. The Health and Social Care system is therefore under more strain than it ever has been.
- 3.10. The demand for social care services has been acutely affected. Evidence shows pre pandemic demand increases at around 4% per annum whereas increased demand during 2021/22 and 2022/23 to date includes areas where demand has increased by significantly more than this. Some this increase is a mix of both general demand increase and shifts from residential care to care closer to home and/or at home e.g. in Learning Disabilities. Therefore the picture is more complex than raw increases in numbers.
- 3.11. We are, however, observing significant general increases in Care at Home. For example in Clackmannanshire locality Care at Home weekly hours for the Older People Care Group has increased by 12.2% from October 2021 to October 2022.
- 3.12. Additionally whilst we can observe increased costs associated with long term care in care homes overall care home resident numbers are below 2019 levels but a greater proportion of these are publicly funded.
- 3.13. Whilst it is, perhaps, unlikely that demand can continue to increase at current rates the pandemic has changed many patterns of service demand and delivery meaning a return to pre pandemic trends may also be unlikely. Despite this, service delivery priorities, guided by the Strategic Plan priorities have remained Community/Home First. The full effect of the implementing the IJB Business Cases for Rapid Response Service and Rural Care at Home will also deliver greater activity during 2023/24 financial year.
- 3.14. Therefore, the core assumption on general demand increases for commissioned care 2023/24 is around 4% with 3% growth in residential care in the Clackmannanshire Locality, 0% growth in residential care in Stirling localities and 4.7% growth in Care at Home reflecting strategic priorities.

Baseline Financial Position into Financial Year 2023/24

- 3.15. The financial report to this Committee details a projected overspend on the Integrated Budget of £0.429m based on financial performance to end of October (Month 7). Taking into account the full year effect of the Rapid Response and Rural Business Cases a baseline recurrent financial pressure in the region of £1.7m is assumed though cost and volume increases in Family Health Services prescribing risks increasing this further.

Estimated 23/24 Net Financial Gap on Integrated Budget

- 3.16. Using the assumptions stated above the estimated financial gap before savings and efficiency programmes and other mitigation actions is £6.9m. This is summarised in the table below.

Integrated Budget

Adult Social Care	£'000
Pay Inflation	651
Contract Inflation	4,217
Demographic Pressures	2,131
Income & Resource Transfer	-616
Total Adult Social Care	6,383
Operational And Universal Health Services	
Prescribing	1,170
Other Pressures	6
Total Operational and Universal Health Services	1,175
Total Integrated Budget Net Additional Pressures	7,559
Plus Estimated Recurrent Deficit from 22/23	1,700
Est Financial Gap on Integrated Budget	9,259
Less: Assumed SG Funding for SLW Uplift	2,359
Net Estimated Financial Gap on Integrated Budget	6,900

2023/24 Net Financial Gap on Set Aside Budget for Large Hospital Services

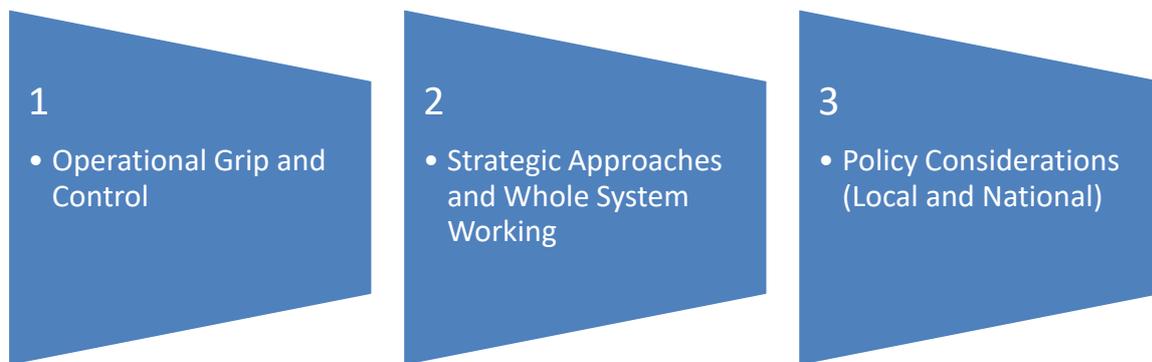
- 3.17. Based on the assumption that the service and financial pressures currently being observed are essentially recurrent and based on the core assumptions set out above the estimated financial gap on the Set Aside budget is summarised in the table below.

Set Aside Budget for Large Hospital Services

Estimated Recurrent Deficit from 22/23	3,720
Drugs	<u>106</u>
Net Estimated Financial Gap on Set Aside Budget	<u>3,826</u>

2023/24 Net Financial Gap on Strategic Plan Budget

- 3.18. Taking the Integrated Budget and Set Aside Budget together to give the total financial resource for delivery of the Strategic Plan gives a total net estimated financial gap of **£10.726m**.
- 3.19. The issues surrounding the IJBs budget planning are, in many ways, more complex and uncertain than ever. This increases the financial risk profile across the short and medium term for the IJB. To set balanced revenue budget the IJB can only deploy resources at its disposal.
- 3.20. Based on the assumptions set out earlier in this paper the baseline financial gap into financial year 2023/24 is estimated at £9.562m before any potential funding for the uplift in the Scottish Living Wage (SLW). On the basis of SLW funding provided by Scottish Government in 2023/24 funding of £2.359m could be anticipated. This would bring the net estimated financial gap for 2023/24 before consideration of savings and efficiencies and other mitigation of £7.203m
- 3.21. It will be extremely challenging to close this financial gap given past experience and ongoing demand on services. There is a need to agree clear priorities, consider disinvestment option as well as work with partners, peers and Scottish Government on financially sustainable policy approaches.
- 3.22. To this end we suggest viewing options across 3 thematics or domains would be useful as follows.



3.23. Significant further work is required to further plans to meet this gap whilst aligning to the Strategic Plan and Transformation Programme priorities.

These will focus on:

- Review of unachieved 22/23 savings
- Furthering progress on the Transforming Care Programme including Outcomes Based Assessment, Self Directed Support, Technology Enabled Care and New Models of Care including those with Housing Support
- Reimagining care closer to home including Intermediate Care and Reablement
- Reducing reliance on temporary workforce.
- Value management and cost improvement including financial Grip and Control Actions
- Medicines optimisation including actions to reduce variation and waste.
- Review activity and reduction of waste
- Reducing delays and occupied bed days through effective whole system working.
- Reviews of value from commissioning budgets linked to Strategic Priorities, Evidence of Good Outcomes and developing commissioning consortium approaches.
- Whole system working approaches including progression of set aside arrangements, Unscheduled Care Collaborative including High Impact Gains and Discharge without Delay (DWD)
- Prioritisation and disinvestment options
- Strategic Commissioning and procurement arrangements including value of continuing with the Scotland Excel (SXL) Care and Support Framework
- Review of Staff Suggestions to improve efficiency and reduce costs
- Policy options – local and national including a local contributions

This list is not necessarily exhaustive.

3.24. To give some context to the gap the IJB has generally been able to generate between £2m and £4m of savings per annum since its inception. Savings delivery has become more challenging year on year though and the impact of the significant restraint in public expenditure since the financial crisis of 2008 also requires to be acknowledged.

Sensitivity Analysis of Pay Inflation Assumption

- 3.25. As detailed above a consistent presentation of sensitivity has been agreed by IJB Chief Finance Officers to demonstrate the financial impact of pay inflation being at 5% for 2023/24.
- 3.26. Given pay accounts for the majority of the partnerships expenditure this would have a material effect on the financial gaps estimated within this paper.
- 3.27. We estimate that pay inflation at 5% would add an additional £2.504m of costs to the partnership. The overall impact of this is detailed in the table below.

	Estimated Gap Pay @ 2% £'000	Estimated Gap Pay @ 5% £'000	Increase in Financial Gap £'000
Integrated Budget	6,900	8,645	1,745
Set Aside Budget for Large Hospital Services	3,826	4,586	760
Strategic Plan Budget	10,726	13,231	2,505

Next Steps

- 3.28. In order that the IJB can be presented with a balanced 2023/24 Revenue Budget for approval at it's the March meeting and subject to approval of this paper the next steps required will be.
- 3.29. The Chief Officer and Chief Finance Officer will write formally to the constituent authorities with this business case and further constituent authority level detail to further inform budget considerations.
- 3.30. Further work will be completed in respect of plans to close the financial gap and on the business cases to support the priority investments detailed and updates will be presented to the IJB meeting on 1 February and the Finance and Performance Committee on 1 March. Any further updates and clarity on allocations will also be incorporated into this update.
- 3.31. Per the terms of the integration scheme the constituent authorities are required to formally notify the IJB of the intended payments and set aside budget to the IJB by 28 February.
- 3.32. The implications of the steps above will then be drawn together to inform the 2022/23 Revenue Budget to be presented to the IJB for approval at its March meeting.
- 3.33. The IJB will be asked to approve a budget on the basis of the resources at its disposal aligned to the priorities of the Strategic Commissioning Plan.

4. IJB Budget Strategy and Medium Term Financial Plan (MTFP)

4.1. The IJB approved an updated budget strategy at its September 2021 meeting following consideration and recommendation by the Finance and Performance Committee. The key strands of the extant budget strategy are:

- Achieve financial breakeven on the core revenue budget year on year without requiring offsets from Transformation Funding
- Invest available Transformation Funding to support service transformation and modernisation
- Establish and maintain a general or contingency reserve of a minimum of 0.75% of budgeted expenditure with an aim to hold 1% and target total reserves of 2.5% per the extant prudential reserves strategy.
- Specific allocations for key Scottish Government policy commitments are fully expended on these policy priorities subject to approval of implementation plans and updates by the IJB.

Although the financial context set out in this paper is very challenging

4.2. It is intended to further update the IJBs Medium Term Financial Plan in March 2022 along with the 2023/24 Revenue Budget. This update will align to the high level Scottish Government expenditure plans set out in the Resource Spending Review in May 2022. Given Scottish Government will publish a single year budget in December 2022 the MTFP update will be relatively high level setting out the estimated financial gap for the coming 5 years. A fuller review and refresh of the MTFP will be undertaken in due course when Scottish Government prepare and publish an updated Medium Term Financial Framework for Health and Social Care and taking account of emergent policy approach to the creation of a national care service (NCS).

5. Transformation Funding

5.1 The IJB agreed a Transformation Funding programme for 2022/23 in March 2022 and further considerations in relation to some of these commitments in November 2022.

5.2 As part of budget setting considerations there will require to be further decisions in relation to investment of Transformation Funding.

6. Reserves

- 6.1 The IJBs opening reserves balances at 1 April 2022 totalled £28.248 with £3.323m being general or contingency reserves the balance being reserves earmarked for specific purposes. These reserves levels were exceptional particularly as a result of £12.999m of Covid earmarked reserves which will be exhausted or reclaimed by Scottish Government in year.
- 6.2 As detailed in finance reports to the IJB and Committee, and subject to Scottish Government reclaiming excess Covid funding, total reserves at 31 March 2023 are currently forecast to be in the region of £7m.
- 6.3 Given an increasing risk profile there may be reasonable justification in further reviewing the reserves policy, particularly with regard to contingency reserves. It is normal practice to do this alongside the annual revenue budget.

7. Capital

- 7.1 As set out in section 8.11 of the Integration Scheme responsibility for Capital and Asset Management are retained by the constituent authorities however paragraph 8.11.3 sets out the process for identifying any capital investment required to support the Strategic Plan through business cases.
- 7.2 To date there have been few cases for capital support however there are four potential areas of capital requirements to support service modernisation and transformation in the coming year.

These are:

- Modernising Community Equipment service provision
- Fleet replacement and additional vehicles particularly with regard to reablement and rapid response services

These matters will continue to be discussed through the capital planning arrangements within the constituent authorities.

8. Risk

- 8.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR). As is usual practice, the financial resilience element of the SRR is reviewed and updated reflecting the risk statement within the IJB Revenue Budget which will be presented to the Board in March 2023.
- 8.2. Given the exceptional, in comparison to longer term pre-Covid trends, level of service demand observed during 2022/23 an obvious risk to the budget is that demand is materially different to planning assumptions. Holding a prudent level of reserves assists in mitigating this risk to a degree, at least in the short term.
- 8.3. General inflation levels and inflationary pressures associated with the social care provider market and prices of other goods and services should also be regarded as a key risk. A notable 'side-effect' of supply side pressures in the social care provider market for care at home is more care is being procured at higher average rates than previously.
- 8.4. A further significant wave of Covid-19 and or a new strain would also pose both service and financial risks.
- 8.5. Taking the financial and service contexts together, though the greatest risk is that insufficient resources are available to deliver adequate health and social care at or close to home and this has a material adverse impact on the performance of the whole Health and Social Care system in Forth Valley which already has very significant challenges.

This could potentially include:

- Inability to fulfil statutory functions
- Increased delays to discharge
- Provider failure and/or inadequate business continuity arrangements

9. Conclusions

- 9.1. The financial landscape for the IJB and the public sector generally is significantly more challenging than we have seen to date both in terms of resource and predicting supply, demand, prices and overall costs.
- 9.2. The financial and economic outlook, whilst challenging in 2023/24, appears likely to be more difficult 2024/25 and potentially beyond.
- 9.3. Therefore it is paramount that the transforming care programme is progressed and unmet need is minimised to seek to minimise the need for ongoing and likely more expensive supports in the medium to longer term.
- 9.4. However given the IJB, from previous years financial performance, can reasonably be expected to deliver £2 to £4m of savings and efficiencies per annum the level of financial gap forecast cannot reasonably be expected to

bridged through transformation alone. It requires ever more difficult decisions on priorities, investment and disinvestment along with national and local policy approaches to assist in reducing expenditure and reducing future expenditure burdens.

- 9.5. There would clearly be impacts on the partnerships performance of delivering services within the anticipated financial envelope and this will require to be fully assessed as plans develop in the coming weeks and months.

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:	As detailed within the body of the report.
Legal:	N/A
Risk & mitigation:	Financial Resilience is a risk reflected in the IJBs Strategic Risk Register.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>



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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

15th December, 2022

Dear Chief Executives

Scottish Government Budget 2023-24

Following the announcement of the Scottish Government's Budget for 2023-24 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of this is provided in **Annex A** to this letter.

The Deputy First Minister has set out this budget in the context of the current cost of living crisis and funding parameters set by the Chancellor of the Exchequer in November 2022. This budget sets out the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government, taking into account the current economic environment and recent Emergency Budget Review.

As in previous years, the position will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 and pay funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Budget Uplift

Compared to 2022-23 budgets, Boards will receive a total increase of 5.9% for 2023-24. This includes recurring funding for pay in 2022-23 and a baseline uplift of 2% for 2023-24. Within this total, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023-24 Budget and we will say more on 2023-24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year. As part of Boards recurring adjustments for 2022-23, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2022-23. The Agenda for Change pay deal remains subject to agreement, and we will work with Directors of Finance to finalise this position once the outcome is known. I will write to Boards in 2023 to confirm finalised baseline budgets following the conclusion of this work.

Health & Social Care Levy Funding

I can confirm that the £69.1 million allocated in 2022-23 to support Boards with the costs of the additional National Insurance levy in 2022-23 will remain with Boards. Following the change in policy by UK Government, this funding is not ringfenced and it is to be determined locally how this resource is utilised.

Covid-19 Funding

Whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023-24. It is our intention to provide early indication of allocations, where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

Recognising the level of funding that is provided through in-year non-recurring allocations, and to maximise flexibility in delivery, we intend to review funding arrangements ahead of 2023-24. As part of this work, we will seek to bundle and baseline funding where this is appropriate. We will work closely with both Territorial and National Boards to establish a suitable approach.

Health and Social Care Integration

In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay.

The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

Capital Funding

The Health Capital settlement for 2023-24 is in line with the expectations of the Capital Spending Review. Therefore I can confirm that Boards' Capital Resource Limit will be in line with that for 2022-23, plus additional funding will be provided for legally committed projects. The capital programme and commitments is subject to ongoing review by the National Infrastructure Board and the Capital Investment Group, and Boards will be advised at the earliest opportunity on any further allocations for projects in development during 2023-24.

2023-24 Financial Planning

As previously confirmed, where Boards are indicating that financial support is required in 2022-23, we have asked Boards to submit financial recovery plans in the new year, setting out a return to financial balance in the next three years. I expect that Boards are taking proactive steps to develop these plans.

We will be requesting that financial plans for 2023-24 are submitted in the new year and will be issuing guidance to this effect shortly. As noted in my letter on 12 September, all Boards are expected to be engaging with the Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the four aims. The S&V board is now meeting regularly as are the working groups taking forward specific ideas. Value propositions have been set out to bring various elements of this work together which will be shared in due course.

Longer term work is required as we move out of recovery, towards transformation and renewal of our health services to deliver world-class, safe, person-centred, and sustainable healthcare for the people of Scotland. This will build on and prioritise specific areas of work in a joined-up way, whilst working in parallel to develop longer term transformation and renewal of our health services.

It is clear that there is significant financial challenge in 2023-24 and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely

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

Richard McCallum
Director of Health Finance and Governance

Annex A – Board Funding Uplifts

	2022-23 Allocation	Recurring Allocations*	22-23 Pay**	Total 2022-23 Allocation	Uplift***	2023-24 Total Allocation	Uplift from 2022-23	NRAC Funding	Distance from NRAC Parity	HSC Levy Funding (retained by Boards) ****	Uplift from 2022-23 (inclusive of HSC Levy)
	£m		£m	£m	£m	£m	%	£m	%	£m	%
NHS Territorial Boards											
Ayrshire and Arran	806.8	(0.6)	27.4	833.5	16.7	850.2	5.4%	0.0	-0.4%	4.4	6.0%
Borders	234.8	(0.1)	8.0	242.6	6.0	248.6	5.9%	1.1	-0.8%	1.3	6.5%
Dumfries and Galloway	334.1	(0.2)	11.3	345.3	6.9	352.2	5.4%	0.0	1.9%	1.8	6.0%
Fife	749.4	(0.5)	25.5	774.3	16.5	790.8	5.5%	1.0	-0.8%	4.0	6.1%
Forth Valley	598.1	(0.3)	20.3	618.1	13.0	631.1	5.5%	0.6	-0.8%	3.2	6.1%
Grampian	1,072.2	(0.9)	36.4	1,107.7	22.2	1,129.9	5.4%	0.0	-0.4%	5.8	6.0%
Greater Glasgow and Clyde	2,504.0	(1.4)	85.0	2,587.6	51.8	2,639.4	5.4%	0.0	1.7%	13.6	6.0%
Highland	725.6	(0.5)	27.8	752.9	15.3	768.2	5.9%	0.2	-0.8%	3.9	6.4%
Lanarkshire	1,346.8	(0.8)	45.7	1,391.8	32.3	1,424.1	5.7%	4.5	-0.8%	7.3	6.3%
Lothian	1,639.3	(1.3)	55.7	1,693.7	49.6	1,743.3	6.3%	15.7	-0.8%	8.9	6.9%
Orkney	57.1	(0.1)	1.9	59.0	1.2	60.2	5.5%	0.1	-0.8%	0.3	6.0%
Shetland	57.0	0.0	1.9	59.0	1.2	60.1	5.5%	0.0	2.3%	0.3	6.1%
Tayside	856.5	8.7	29.1	894.3	17.9	912.2	6.5%	0.0	-0.7%	4.7	7.1%
Western Isles	84.5	(0.0)	2.9	87.3	1.7	89.0	5.4%	0.0	11.5%	0.5	6.0%
Territorials Total	11,066.1	2.0	379.0	11,447.1	252.2	11,699.2	5.7%	23.2		60.0	6.3%
NHS National Boards											
National Waiting Times Centre	68.1	0.0	6.2	74.3	1.5	75.8	11.3%			0.9	12.8%
Scottish Ambulance Service	305.9	5.6	16.2	327.7	6.6	334.2	9.3%			2.0	10.0%
The State Hospital	40.0	0.0	1.7	41.7	0.8	42.5	6.3%			0.3	7.0%
NHS 24	78.4	5.5	5.0	88.9	1.8	90.7	15.7%			0.7	16.7%
NHS Education for Scotland	492.3	1.4	13.8	507.5	10.1	517.6	5.1%			2.8	5.7%
NHS National Services Scotland	355.3	5.6	10.4	371.2	7.4	378.6	6.6%			1.5	7.0%
Healthcare Improvement Scotland	30.4	1.1	1.4	32.9	0.7	33.6	10.4%			0.2	11.0%
Public Health Scotland	52.1	0.2	3.5	55.8	1.1	56.9	9.3%			0.7	10.8%
Nationals Total	1,422.6	19.5	58.0	1,500.1	30.0	1,530.1	7.6%			9.1	8.3%
Total NHS Boards	12,488.7	21.5	437.0	12,947.2	282.2	13,229.3	5.9%			69.1	6.5%

* Includes recurring allocations from 2021-22

** Includes estimated funding for Agenda for Change and Medical & Dental pay uplift in 2022-23.

*** Includes NRAC parity adjustments.

**** Included in Boards 2022-23 Baseline Budgets

An Leas-phrìomh Mhinistear agus Ath-shlànachadh
Cobhid
Deputy First Minister and Cabinet Secretary for Covid
Recovery
John Swinney MSP



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Councillor Morrison
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EH12 5BH

Copy to: Councillor Steven Heddle
The Leaders of all Scottish local authorities

15 December 2022

Dear Shona,

Today I formally set out the Scottish Government's proposed Budget for 2023-24 in a statement to the Scottish Parliament. I write now to confirm the details of the local government finance settlement for 2023-24.

As discussed when I met with you, the Resources Spokesperson, and Group Leaders on 1 December, we are facing the most challenging budget circumstances since devolution. This is primarily due to over a decade of austerity eroding financial settlements from Westminster, compounded by the impact of Brexit and the disastrous mini-budget. Scottish and local government are experiencing unprecedented challenges as a result of the UK Government's economic mismanagement, resulting in rising prices and soaring energy bills, with inflation estimated to be running at a 41 year high of 11.1% at the time of the Chancellor's Autumn Statement.

My Cabinet colleagues and I have engaged extensively with COSLA Leaders and spokespersons over the course of the year and there is collective understanding that this economic context is also having a significant impact upon local authorities. Councils, like the Scottish Government and rest of the public sector, are working hard to support people through the cost crisis. In this regard we are hugely grateful to councils for their hard work and we fully appreciate that no part of public life has been immune from taking deeply difficult decisions to live within the current fiscal reality.

I have already taken the unprecedented step of making a statement to Parliament to reprioritise over £1.2 billion of funding as part of my Emergency Budget Statement. Despite the scale of that challenge the Scottish Government actively chose to protect Councils during

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that exercise and increased the funding available to councils whilst most other portfolios were required to make significant savings.

The Scottish Government's revenue raising powers offer limited flexibility to deal with challenges of this magnitude. I wrote to the Chancellor on 19 October to highlight the impact of inflation on the Scottish Government's budget and to call for additional funding to help us deal with these inflationary pressures and to support public services.

As we face these challenges, and in the absence of meaningful change in direction by the UK Government, we need to work together to ensure that we deliver for people within the financial constraints we have. I very much welcomed the open discussion on 1 December about how we focus our efforts on our shared priorities, and to that end we are offering to jointly develop an approach to working within this budget which delivers our ambitions.

The Local Government Settlement

Before turning to that offer, I will first set out how I have sought to support local government through the budget itself.

The Resource Spending Review guaranteed the combination of General Revenue Grant and Non-Domestic Rates Income at existing levels between 2023-24 and 2025-26 including the baselining of the £120 million that was added in Budget Bill 2022-23. The Budget delivers those commitments in full, despite the fact that the UK Government's Autumn Statement reversed their previous position on employer National Insurance Contributions resulting in negative consequentials. This decision has conferred around £70 million of additional spending power for local government.

The difficult decisions in the Emergency Budget Statement provided one-off additional funding to support enhanced pay deals for local government staff. We recognise the role that increasing pay for local authority employees, especially those on lower incomes, plays in helping more people cope with the cost crisis, but the fact remains that every additional pound we spend on recurring pay deals, must be funded from elsewhere within the Scottish Government budget. I therefore hope that councils will welcome the fact that the budget baselines the additional £260.6 million allocated in 2022-23 to support the local government pay deal and also delivers additional funding to ensure that payment of SSSC fees for the Local Government workforce will continue to be made on a recurring basis.

Despite the challenging budget settlement I have sought to increase funding as much as I can. I have been able to increase General Revenue Grant by a further £72.5 million, taking the total increase to over £550 million. I have also ensured that we have maintained key transfers worth over £1 billion and added a further £102 million of resource to protect key shared priorities particularly around education and social care.

The Resource Spending Review also confirmed the outcome of the 2021 Capital Spending Review and this has been supplemented by £120.6 million mentioned as part of the support to the local government pay deal plus a further £50 million to help with the expansion of the Free School Meals policy.

With regards to that wider settlement, we are providing £145 million to be used by councils to support the school workforce. The Cabinet Secretary for Education and Skills has written separately to COSLA on this matter.

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

I am also very grateful for the work undertaken through the Early Learning and Childcare Finance Working Group to develop and scrutinise detailed analysis of the delivery costs for the 1140-hour commitment. This is crucial to ensuring we meet our shared commitment to providing transparency and value for money in a significant programme of public sector investment. The Early Learning and Childcare settlement for 2023-24 takes account of significant declines in the eligible population in recent years and makes provision for important policy and delivery priorities based on feedback from COSLA and local government colleagues.

As set out in separate detailed communications, the Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by the non-recurring interim care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

The consolidation of funding into the new £30.5 million homelessness prevention fund not only reflects the importance local and national government jointly place on homelessness prevention and earlier intervention, but also simplifies the homelessness funding landscape. This provides more flexibility for council and greater clarity for citizens who want to understand how national and local government are working jointly to improve outcomes.

In total, including the funding to support the devolution of Empty Property Relief, the budget increases the local government settlement by over £550 million relative to the Resource Spending Review position.

I am conscious of the position you set out to me, and the challenges which councils will still face, like all parts of the public sector, in meeting current and emerging demands from within this budget. Therefore, I am offering to continue to work with you with real urgency in the coming weeks to determine how we might jointly approach these challenges and ensure sustainable public services to support our shared priorities now and in the future.

Delivering for People and Communities by Working Together Flexibly

Through the Covid Recovery Strategy, Scottish Government and Local Government, committed to work together to address the systemic inequalities made worse by Covid, to make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.

We must sustain this focus on the outcomes we care most deeply about, in particular:

- i) tackling child poverty,

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- ii) transforming the economy to deliver net zero, and
- iii) sustaining our public services.

No single part of the public service landscape can deliver these outcomes alone. We need to work in partnership to deliver outcomes for people and places across Scottish and local government as our two spheres of government, recognising our joint accountability for change. Local service providers have the critical relationships with people and communities and must be empowered and enabled to organise services around their needs, rather than the funding stream, policy area or body delivering. By doing so, we will collectively reduce complexity and barriers for people, deliver improved outcomes and reduce inequalities among communities in Scotland, and enable the fiscal sustainability of key public services.

Strong local leadership will make this approach work in practice, supported by a national vision and learning from good practice. Community Planning Partnerships are the mechanism in which we need to see a collective and intensive effort to align available resources into prevention and early intervention focused on delivering shared outcomes for people and place. Local authorities have the leading, critical role in CPPs, but CPPs also involve a range of public bodies which must play their part, alongside local third sector and community bodies.

The Scottish Government is committed to building trust and maximising benefits for our citizens and communities. We will act to:

- align budgets to maximise impact on outcomes;
- remove barriers which hinder flexibility in funding, and in the design and delivery of services around people, helping to embed the service changes flowing from this;
- require our partner public bodies and agencies to work collaboratively within CPPs to deliver shared outcomes, take action to address local priorities and align local funding, this will be supported by our Place Director network;
- enable third sector partners to participate and contribute in local plans, including through flexible funding.

Local authorities are key partners in this endeavour. Through COSLA, we will invite local authorities to work with us to:

- prioritise spending to agreed key outcomes for which we are jointly accountable, with clarity as to the way in which we will work together to secure and measure success;
- ensure that joint plans of activity across Community Planning Partnerships can deliver those outcomes in a way which reflects the needs of a local communities, and to robustly account for delivery of these plans;
- share resources across CPPs to deliver these activities in whatever way is most effective;
- continue to share and learn from best practice nationally and locally to embed person centred approaches that work for individuals and communities, and reduce barriers and duplication in our joint systems.

We will seek to agree jointly how to put this commitment into operation practically over the coming months and to develop robust assurance that demonstrates delivery of critical priorities and reform. We need to be data driven and transparent, reflecting the accountability which comes with responsibility. Scottish and Local Government need to agree metrics and mechanisms for monitoring impact and outcomes, so that intervention and resource can be

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targeted where it is most needed to secure improvement. This will include seeking to reduce unnecessary reporting.

This approach is aimed at building trust and relationships and as well as adopting it through this budget, it will be reflected in the partnership agreement that will underpin the New Deal for Local Government set out in the Resources Spending Review. In order to offer flexibility across funding and work towards removal of ring fencing, the Scottish Government will need clear commitment from local government about delivery of agreed joint outcomes.

The Cabinet Secretary for Social Justice, Housing and Local Government would welcome an initial discussion on this when you meet next week at the Strategic Review Group, in order to pave the way for work at pace among our officials.

Non-Domestic Rates and Other Local Taxation Measures

As Leaders will be aware, the 1 April 2023 marks the date of the next Non-Domestic Rates revaluation, and the first to reflect the reforms introduced by the independent Barclay Review of Non-Domestic Rates. These reforms, including the move to three-yearly revaluations and a one-year tone date, will ensure that property values more closely align with prevailing property market conditions in Scotland.

The Budget freezes the poundage and acknowledges the impact of the revaluation by introducing a number of transitional reliefs to ensure that any properties which see significant increases in their rates liabilities following the revaluation do so in a phased manner. The Barclay Review also recommended a number of reforms to the Non-Domestic Rates appeals process which are critical to ensuring the deliverability of the three-yearly revaluation.

The new two-stage appeals process will commence on 1 April 2023 alongside the transfer of functions of Valuations Appeals Committees to the Scottish Courts and Tribunals Service. The Non-Domestic Rates (Scotland) Act 2020 and subsequent regulations have, amongst other things, provided Assessors and Councils with greater information-gathering powers and have also increased the transparency of the process for ratepayers including, for the first time, the provision of draft values on 30 November 2022. These reforms are intended to reduce the reliance on the formal appeals process to deliver accurate rateable values and the Act also provided a legal basis for the pre-agreement of values.

Many of the reforms of the Barclay Review seek to incentivise behaviour changes to deliver a more effective and efficient system. Reflecting the ability to pre-agree values and the importance of building resilience in the new appeals system to support the transition to more frequent revaluations, Ministers plan to make administrative changes to the funding treatment of appeals associated with public sector bodies, including councils.

The current system essentially sees the public sector challenge other parts of the public sector with private sector advisor fees effectively extracting resources from public services. The conclusion of the process determines funding allocations outside the remit of the annual budget framework with successful public bodies benefiting financially to the detriment of other ratepayers and public services. The volume of public sector appeals also serves to delay access to justice for other appellants.

Ministers do not believe that this offers value for money for the public. Whilst the right to propose and appeal will remain, to incentivise the use of the pre-agreement powers and

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discourage the continued reliance on the formal appeals process, from 1 April 2023, all bodies, including councils, who receive their funding through the Scottish Government budget process, will see the financial incentive for proposing and appealing removed.

Where a property occupied by a public body is subject to a successful proposal or appeal, the financial benefit from the reduction in rateable value will result in a downward re-determination of revenue allocations at a subsequent fiscal event. On this basis, Ministers will be encouraging all public bodies to begin the process of pre-agreement with their local assessors ahead of 1 April 2023 to ensure that values are accurate prior to the start of the revaluation and that this approach be adopted by default for future revaluations.

The Non-Domestic Rates (Scotland) Act also had the effect of abolishing Empty Property Relief as agreed with the Scottish Green Party a part of the 2019-20 Budget process. Unoccupied properties will therefore be liable for full rates from 1 April 2023 if relief is not available under a local scheme. To effectively devolve responsibility for the relief and provide greater fiscal empowerment for council, as agreed by the Settlement and Distribution Group, the budget provides an additional £105 million of General Revenue Grant, significantly more than the cost of maintaining the national relief in light of the subsequent decision to freeze the poundage.

In addition, following consultation with members of the Institute of Revenues, Rating and Valuation, we will bring forward regulations intended to empower councils to tackle rates avoidance more effectively. In combination, the funding transfer and the proposed new powers will provide significant additional fiscal flexibility to councils to administer support for unoccupied properties in a way that is tailored to local needs.

Furthermore, I can confirm that the Scottish Government will not seek to agree any freeze or cap in locally determined increases to Council Tax, meaning each council will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. I do hope that councils will reflect carefully on the cost pressures facing the public when setting council tax rates.

We are also committed to expanding councils' ability to raise additional revenues and discussions among our respective officials have commenced to identify a structured approach to future potential local taxes. At the same time, councils now have the power to establish local workplace parking levy schemes and our work to introduce a local visitor levy bill in this parliamentary session is on track.

Finally, I am conscious that, while it is not directly applicable to Local Government pay negotiations, many stakeholders have used Public Sector Pay Policy as a reference point in previous years. For this reason, I feel it is important to highlight to you that we have taken the decision not to announce pay uplifts or publish a Public Sector Pay Policy for 2023-24.

There are a number of reasons for this, not least among them the desire to approach pay negotiations differently for 2023-24, the imperative for reform and the need to ensure the sustainability of public sector pay and workforce arrangements. This does not change our view that our job in the midst of a cost crisis is not to press down on pay, particularly the most vulnerable. We will be sharing further guidance in relation to 2023-24 pay at an appropriate point in the new year which is likely to be considered by Trade Union colleagues relevant in Local Government pay negotiations, if you agree I will ask my officials to engage

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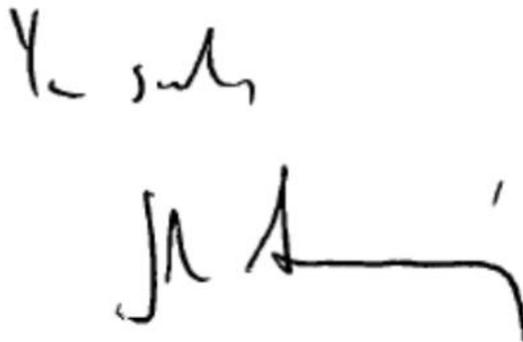


with COSLA officers as this develops to determine if you might wish to formally endorse or adopt it.

I am under no illusions about the challenging fiscal environment we face across all of our public services over the next few years but I have sought to protect the local government settlement as far as possible with an overall settlement of over £13.2 billion. The budget goes significantly beyond the commitments made in the Resource Spending Review. It provides substantive additional funding and it does not pass on the negative consequential for employer national insurance contributions resulting from of the Autumn Statement. Importantly, it provides a number of fiscal and policy flexibilities. Alongside the settlement, I hope my offer to build on the Covid Recovery Strategy will be warmly and urgently received, to enable us to make urgent progress on the New Deal.

I want us to work in partnership, to build on the Covid Recovery Strategy and agree an approach which improves delivery of sustainable public services, designed around the needs and interests of the people and communities of Scotland, at its heart.

I would welcome confirmation that you are supportive of the proposed joint work outlined above and I look forward to working with COSLA and Leaders in the months ahead to deliver on our shared priorities.

A handwritten signature in black ink, appearing to read 'John Swinney', written in a cursive style.

JOHN SWINNEY

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Clackmannanshire & Stirling Integration Joint Board

1 February 2023

Agenda Item 9.1

Quarter 3 Performance Report (October – December 2022)

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Office
Author	Carol Johnson, Principal Information Analyst & Ann Farrell, Principal Information Analyst
Exempt Report	No



Clackmannanshire
Council



NHS
Forth Valley

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

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration Functions, and as set out in the current Strategic Commissioning Plan.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Review the content of the report. • Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. • Approve Quarter 3 October to December 2022 report.
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Key issues and risks:	<ul style="list-style-type: none"> • Continued capacity challenges and service demands. • Workforce capacity • Uncertainty about budget settlement going into 23/24 financial year.
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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 3.
- 1.3. 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 are key measures linked to national programmes to improve NHS unscheduled care. In 2015 Six Essential Actions was published which was framed locally as 'Getting ForthRight'.

In 2021, two new national improvement programmes were introduced, 'Interface Care' and 'Discharge without Delay' (DWD), to support NHS Boards to explore alternatives to hospital inpatient care where appropriate, and improve the discharge process for those who do need to be admitted to hospital.

Discharge without Delay¹, is intended to improve pathways through hospital settings, reducing inpatient length of stay and build bed capacity. The approach aims to reduce delay in every patient journey by whole-system planning and preparation for discharge and adopting 'home first' with 'discharge to assess' as good practice.

Discharge to Assess is a service where people who are clinically ready for transfer and do not require an acute hospital bed but may still require short term support to be discharged to their own home (where appropriate) or another community setting, or in order to assess what longer term needs they may have.

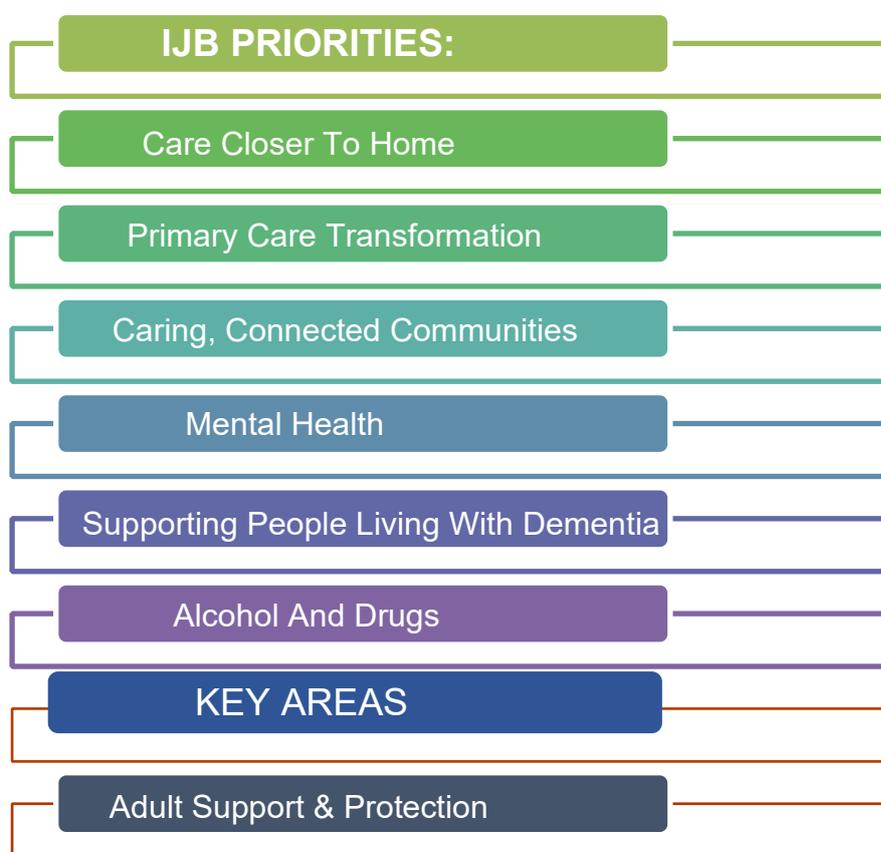
1. Care Closer to Home	<ul style="list-style-type: none"> Highly capable and accessible Multi-Disciplinary Teams (MDTs) built around the needs of communities and people Safe, resilient and sustainable Out of Hours primary care services Further develop the digitally enabled gateway to the NHS in Scotland Work closely with organisations to improve the interface before and after urgent care to provide a seamless service to the people of Scotland
2. Redesign Urgent Care	<ul style="list-style-type: none"> Supporting people to access the right care delivered at the right time and in the right place. Reduce avoidable Emergency Department (ED) attendances by directing patients to more appropriate urgent care settings All Flow Navigation Centres (FNCs) will be 24/7 with immediate access to senior clinical decision maker Improve patient safety by scheduling urgent appointments to ED/ Minor Injury Units (MIUs) and avoiding unnecessary waits
3. Virtual Capacity	<ul style="list-style-type: none"> Providing alternatives to hospital-based care and avoiding unnecessary admission by providing care close to home or at home (Ambulatory Interface Care, Hospital at Home, Remote Monitoring) Improve patient experience by reducing the need to travel for care
4. Urgent and Emergency Assessment	<ul style="list-style-type: none"> Managing Front Door Flow – Every Person, Every Time Rapid Assessment, Diagnostics Decision and Streaming Reducing the wait to no longer than 4 hours from arrival to admission, discharge or transfer for 95% of attendees at ED Eliminate 12-hour waits
5. Rapid Assessment and Discharge	<ul style="list-style-type: none"> Optimising patient flow by increasing the number of patients on a 0-48-hour journey Alternative pathways to prevent admission as default Improved access to early senior clinical decision maker and diagnostics Improved outcomes
6. New Models of Acute Care	<ul style="list-style-type: none"> New Models of Acute Care optimising access to specialty opinion and keeping care closer to home Demand and capacity modelling at a specialty level Capacity and demand realignment
7. Discharge without Delay	<ul style="list-style-type: none"> Improved patient experience by simplifying the discharge process Improved Length of Stay (LoS) by discharging patients on their planned day of discharge Optimised in-day flow by aligning capacity with demand
8. Community Focused Integrated Care	<ul style="list-style-type: none"> Whole system integration and collaboration A range of community services aimed at avoiding admission and supporting discharge Supporting prevention and self-management Sustainable models of social care delivery Integrated health and social care MDTs

1.6. The Chief Officer and Chief Finance Officer with their teams 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. The Audit & Risk Committee last reviewed the Strategic Risk Register on 16th November 2022, and exception details are found in Appendix 2.

1.7. 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, unpaid carers and their families. And improving how services are provided, as well as the difference that integrated health and social care services should make, for individuals.

¹ More detailed information can be found in Discharge without Delay: A Best Practice Discussion Paper (Centre for Sustainable Delivery, NHS Scotland, 2021).

- 1.8. Integration Authorities are responsible for planning and delivering a wide range of integrated health and social care services and are accountable for delivering the national health and wellbeing outcomes². 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.
- 1.9. The Quarter Three 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, which is about to be reviewed and modernised over the next year.
- 1.10. The graphic below sets out these priorities and key areas.



- 1.11. 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 consideration 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. Officers in the HSCP started planning for winter in July 2022. The Clackmannanshire and Stirling IJB Winter Plan 2022 / 2023 was noted at the IJB on 23 November 2022. The winter plan was completed based on the key clinical areas and focus areas outlined in the Winter Resilience Checklist 22 / 23 and letter from Scottish Government. Activity relating to the winter plan has been set in the context of themes and issues identified within this report.



²[National health and wellbeing outcomes framework - gov.scot \(www.gov.scot\)](http://www.gov.scot)

2. Development of Quarterly Performance Reports

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

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

On this occasion the report did go to the Finance & Performance committee prior to the IJB. Furthermore, due to the submission deadlines which were before the end of the quarter and Christmas break, data for December has not been available in some cases. Where this is the case, data has been provided up to the end of November.

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 3. In keeping with the exception reporting practice both appendices 2 and 3 will be summaries of those considered high risk or red RAG exceptions.

2.3. Quarterly national data based on the national core indicators will now be summarised in Appendix 5 along with highlights in the main report where relevant. National data is also provided relating to Unscheduled Care known as MSG indicators in Appendix 4.

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

2.5. Reporting timetable:

Finance & Performance Committee		Integration Joint Board	
21/12/22		01/02/22	Q3 QPR 22/23

QPR - Quarterly Performance Report

APR – Annual Performance Report

2.6. Due to the lead in times for the presentation of the Quarterly Performance Report to the Finance & Performance Committee, data that is not available to that committee will be noted. If this data is available before the 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.
- 3.3 Work is being undertaken to modernise the integrated performance framework over the next year.

4. Appendices

Appendix 1 – Quarter Three Performance Report (October to December 2022)

Appendix 2 – Exceptions reporting. Risk Register

Appendix 3 - Exceptions reporting. Operational Scorecard

Appendix 4 – MSG Indicators

Appendix 5 – Core indicators

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	Strategic Risk Register – appendix 2.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Scotland Duty	<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

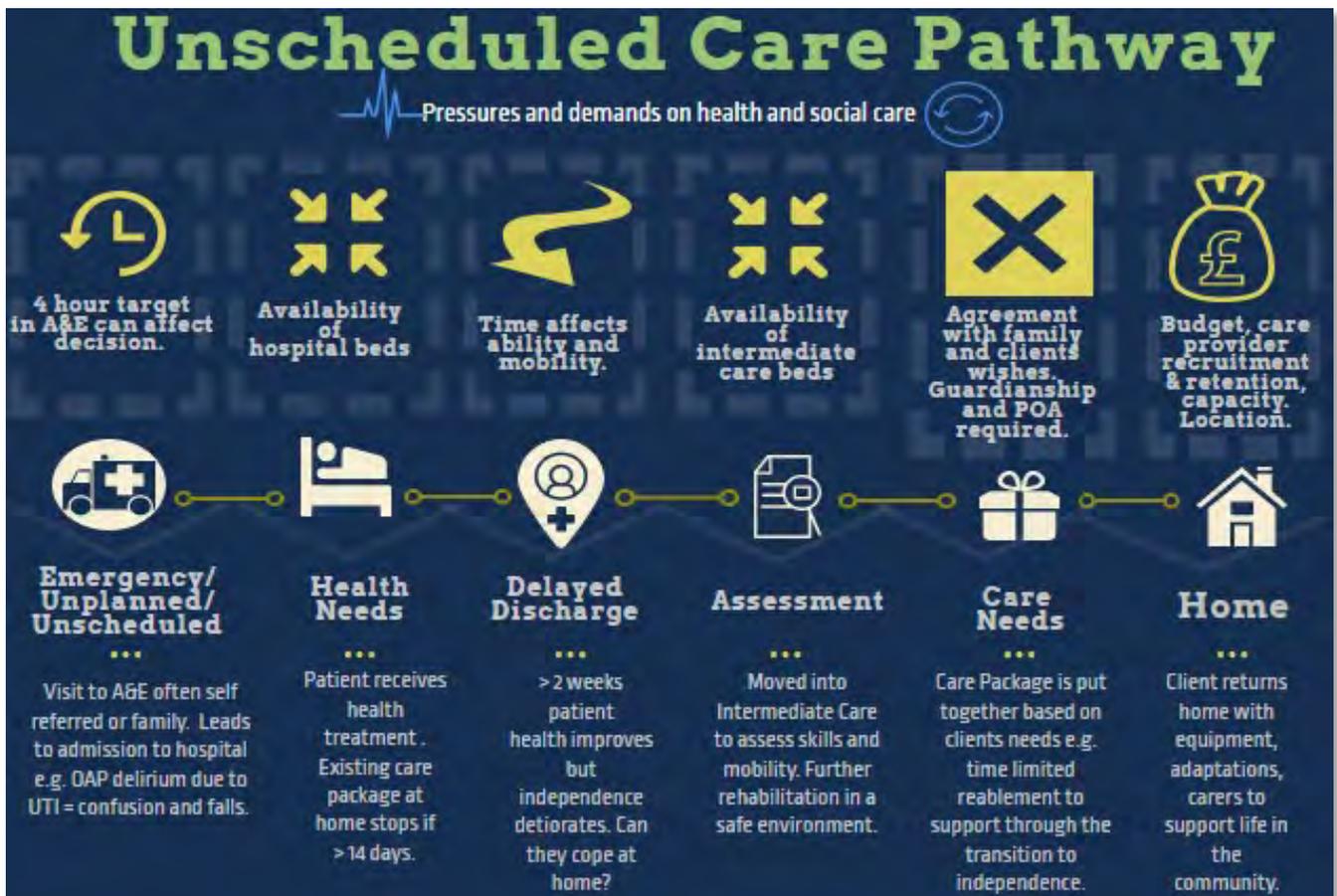
Quarter Three (October to December 2022) Performance Report

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.”

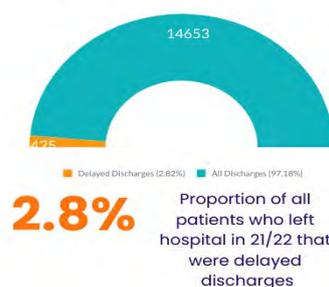
Strategic Plan 2019-2022

Avoid unnecessary delays in hospital discharge

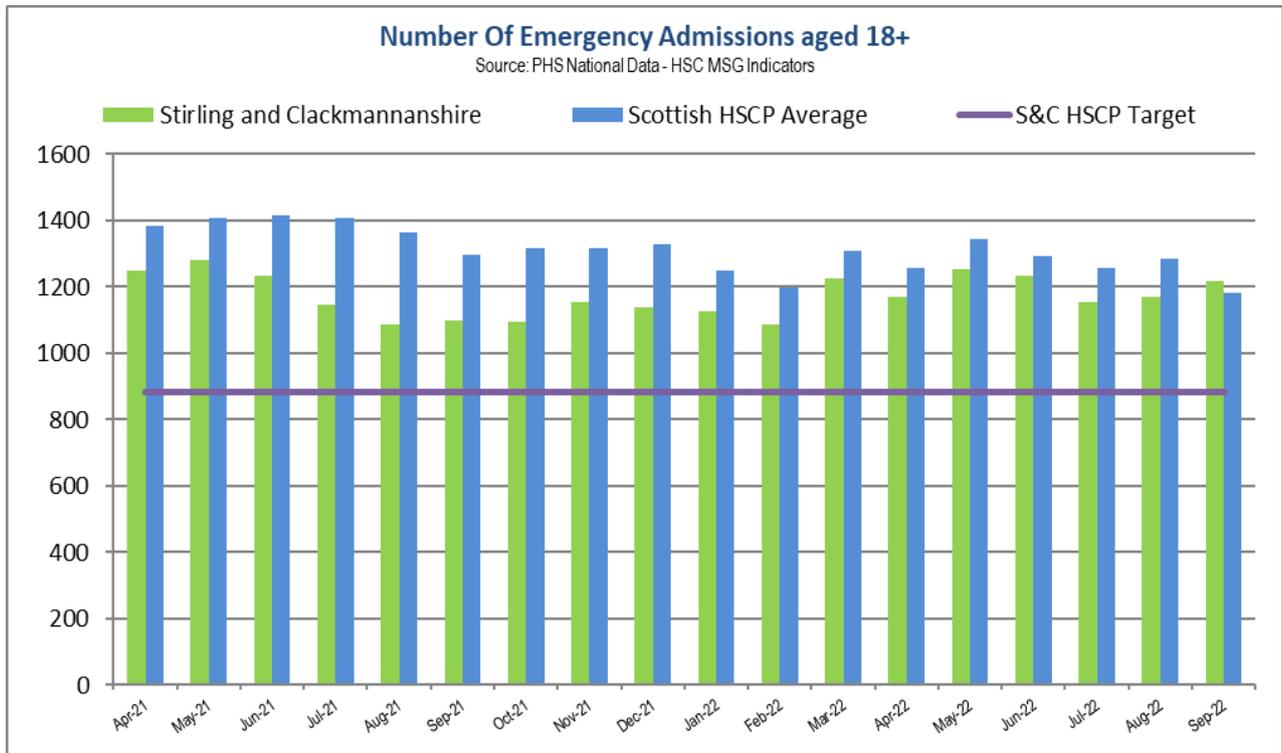


The infographic above describes the inter-dependencies that impact on the flow through the Unscheduled Care pathway. It is important to note however that delayed discharges form a very small part of the overall discharges from hospital.

Patients Leaving Hospital



We know that in Scotland over half of all admissions to hospital in 21/22 were emergency or unplanned. Provisional data³ for Q2 shows the HSCP just above the Scottish Average but 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 because they are the cause of a high 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.

Key Facts:

- 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%).
- 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.
- Perceived risk of a fall at home influences assessment and is implicated in up to 40% of care home admissions. Yet the highest reports of incident falls is in hospital or care homes.
- 1 in 3 people over the age of 65 experiences a fall at least once a year. People with cognitive impairment and people who have a diagnosis of dementia are at increased risk of falling.

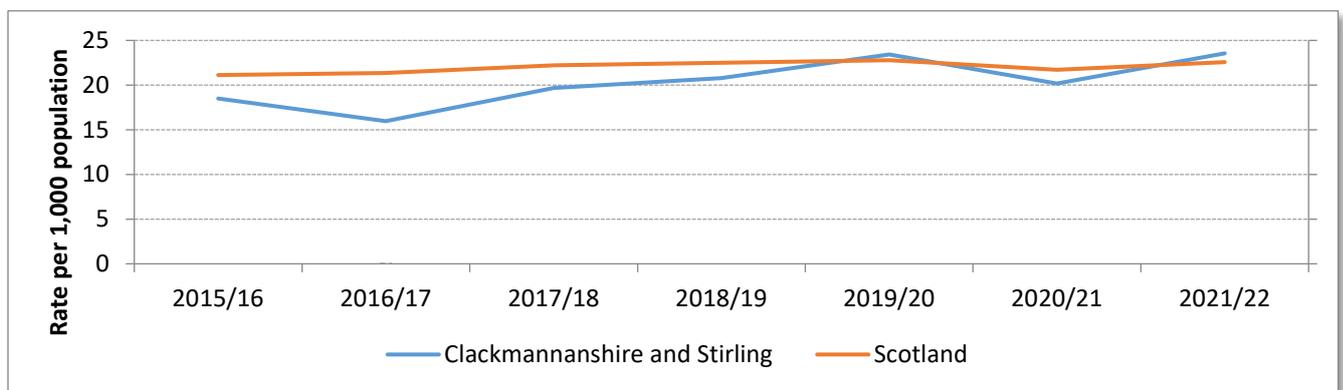
³Due to completeness issues of SMR01 data by NHS FV.

Falls Rate – Core Integration Indicator 16

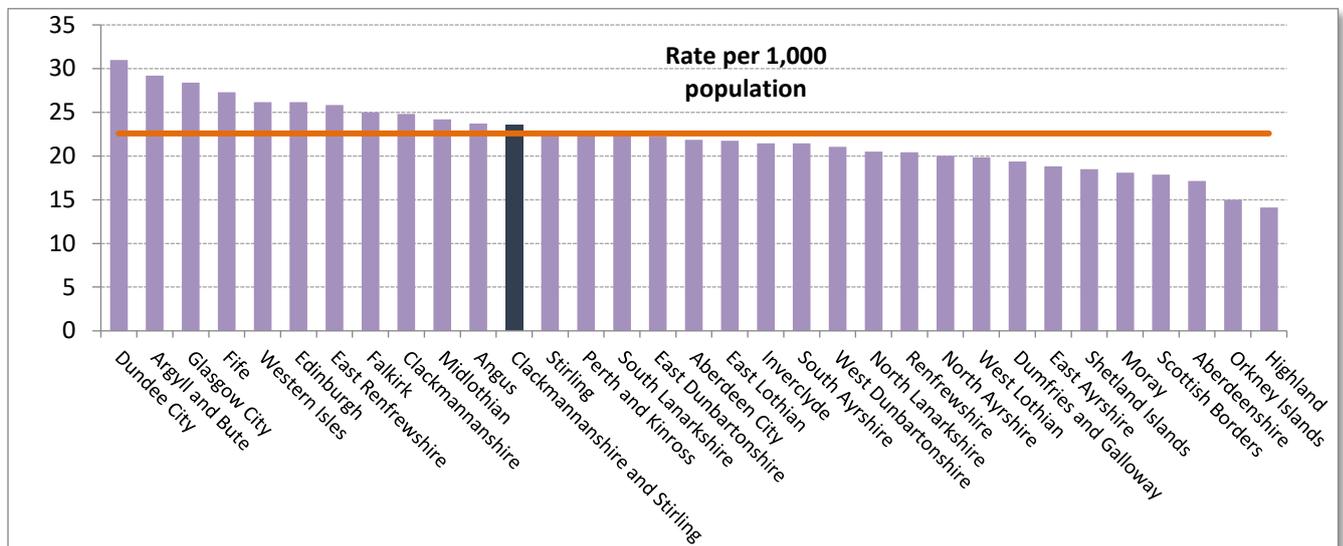
The ‘falls rate per 1,000 population aged 65+’ was named as one of the health and social care indicators in an effort to more accurately measure and ultimately reduce the number of falls among the elderly. Another purpose of these indicators is to measure progress towards the National Health and Wellbeing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

The 21/22 data below shows a rising trend, and Q1 data shows the figure continuing to remain high. Q2 data is provisional and subject to completeness. Further information is available in Appendix 5.

Year	Q1	Q2	Q3	Q4
2022/23	6.3	4.9		



Source: PHS national data



The table below shows Clackmannanshire is above the national rate for all age groups

Admission rate due to falls per 1,000 population at March 2022								
Age	Under 15	15-64	65-74	75-84	85+	65+	15+	All
Clacks	1.0	1.0	3.3	9.8	25.4	7.7	2.6	2.4
Stir	0.6	0.8	1.2	6.0	16.8	4.7	1.7	1.6
Scot	0.5	0.7	2.3	6.2	18.1	5.5	1.8	1.6

Source: PHS national data

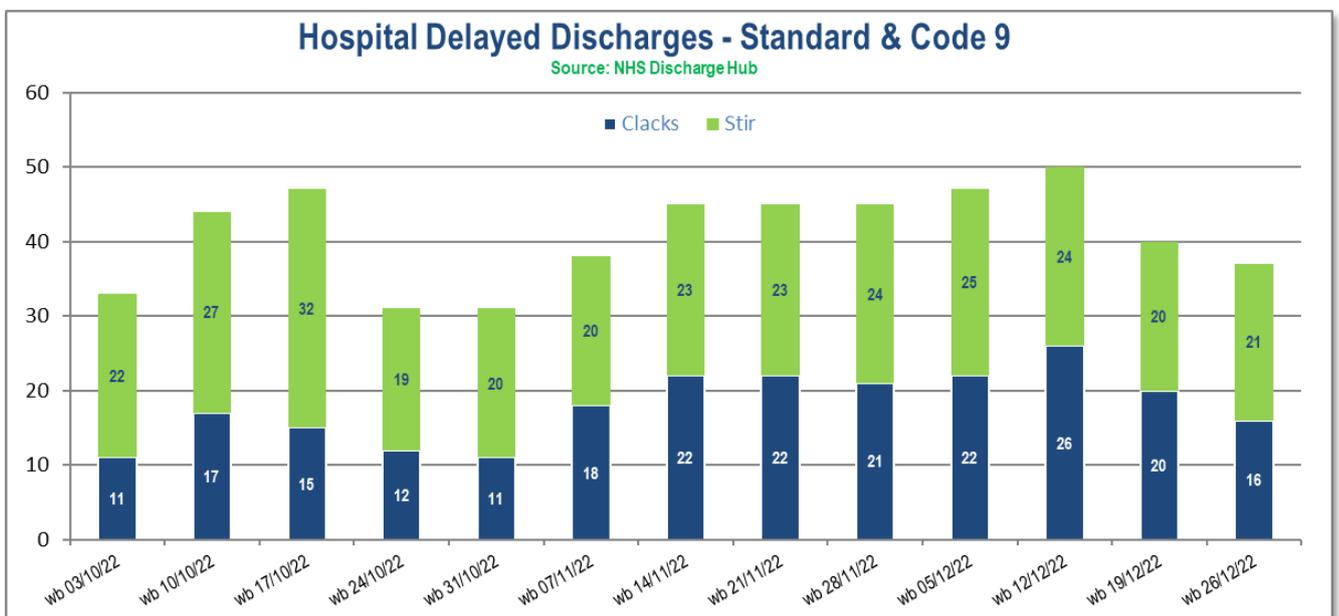
The HSCP has recently appointed a Falls lead for this area of work and is due to start work early March 2023, reports on progress will be included in future reports.

National Policy states “Effective falls prevention and management requires co-ordination and collaboration across health and social care, as well as the third and independent sectors”.



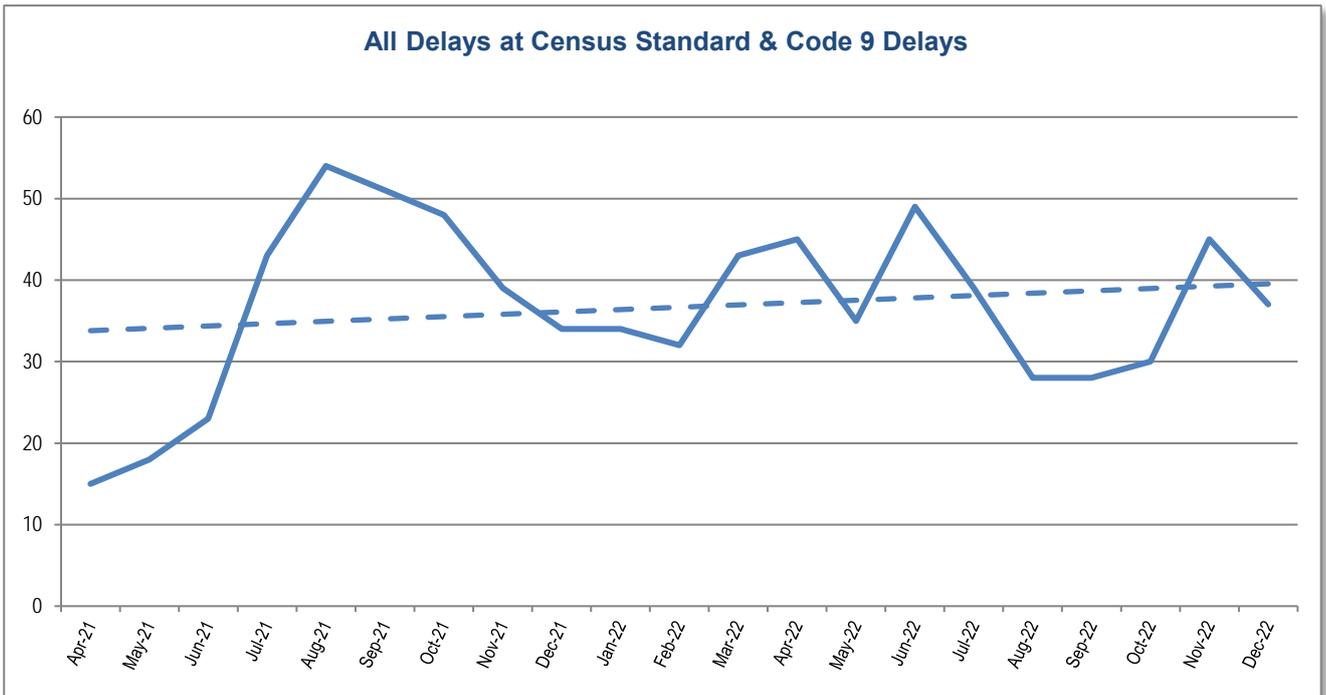
As a whole system, we are working with Scottish Ambulance Service to increase referrals to our Mobile Emergency Care Service where able to do so and prevent patients who are not medically unwell from being transferred to hospital. This previously worked well but there has been a considerable fall in referrals over the last 2 years and the focus of this project is to return and exceed previous numbers.

Weekly Unscheduled Care Summary for Quarter 3:

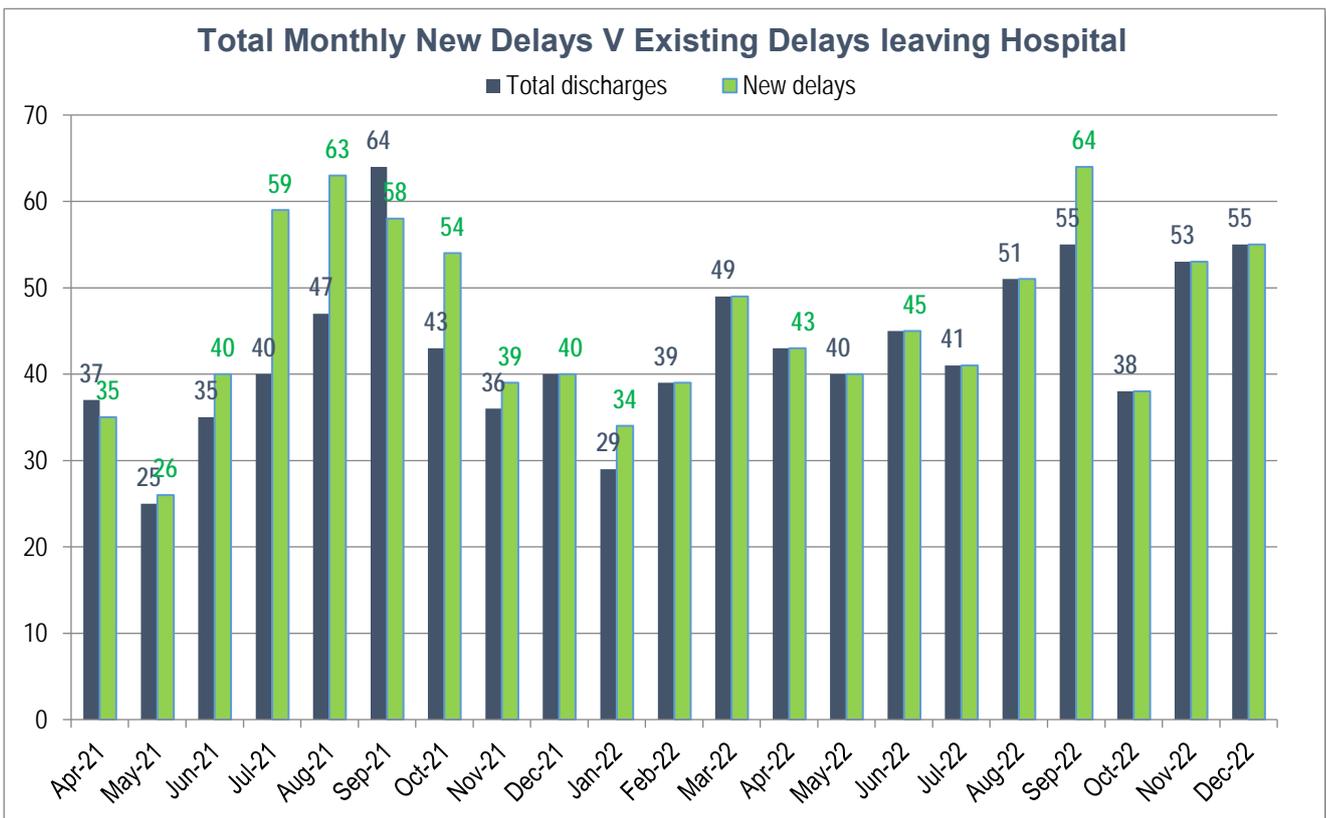


Source: Local Data NHS Discharge Hub

Overall delays have reduced by the end of December. Although there had been a very high number of new admissions over the period the impact of this was offset by discharges. By the end of the quarter the number in FVRH waiting to move to other care had dropped for all (community hospital, packages of care, intermediate care) except care homes. However, throughout the quarter waits to move into Clackmannan Community Hospital had been high, as were the Guardianships in that location (which may have impacted on flow). Intermediate care flow was steady throughout the quarter, and the HSCP saw a high number (106) of discharges to home with packages of care compared to previous Q2 (81). Overall, there has been movement and flow that increased the closer it got to the end of the quarter and Christmas.



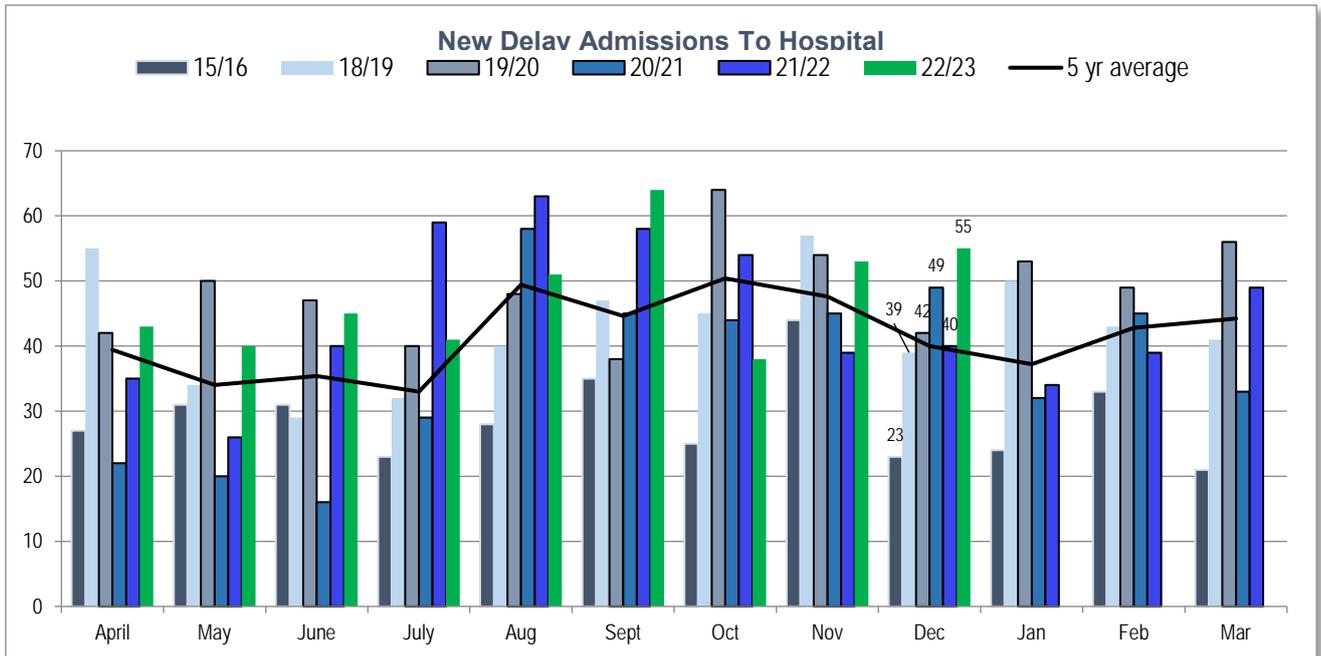
Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Unscheduled Care Dashboard local data

The graph above presents activity data throughout the month and not just a snapshot. It shows new patients are equal to those leaving over the three months of the quarter. Only when discharges are more than admissions will the figures improve. However, this is an ongoing challenge.

The graph below shows a rising trend of new admissions for the three months of the quarter, this highest for December since 15/16. 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.**

What Does Code 9 Mean?

Code 9 and its various secondary codes, should only be used for reasons **beyond their control**, and the specific circumstances are:

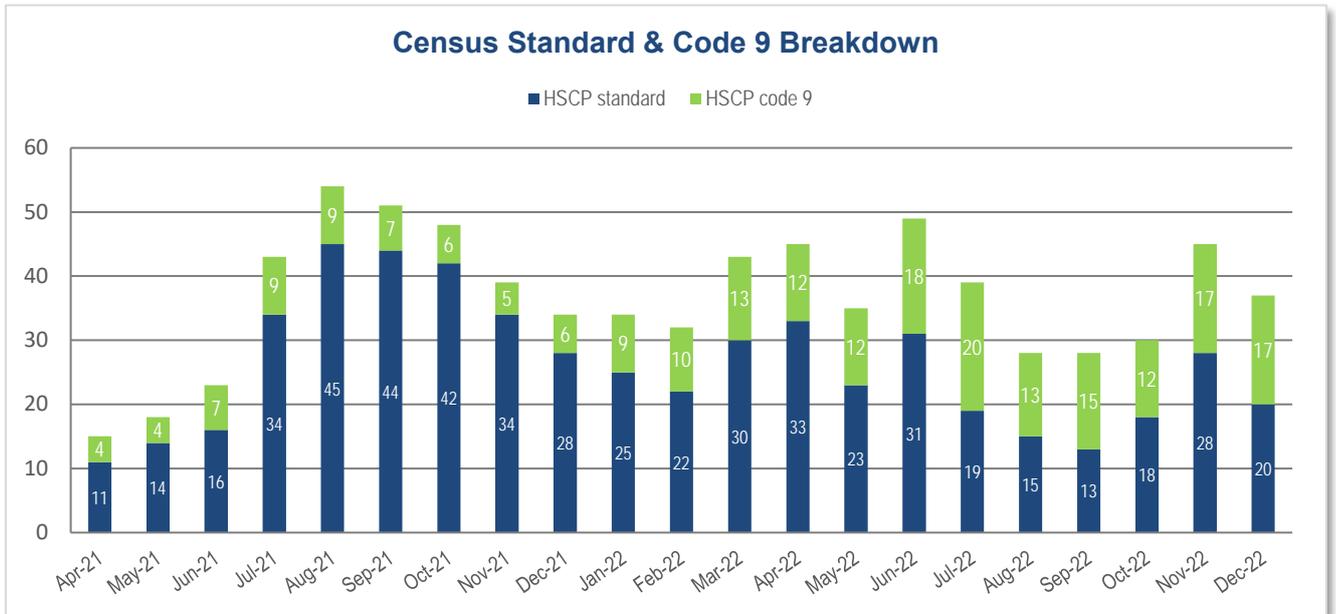
- the patient lacks capacity, is going through a Guardianship process, and for whom the use of S13za of the Social Work (Scotland) Act 1968 is not possible. <http://www.gov.scot/Publications/2008/03/20114619/12>
- the patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate
- patients for whom an interim move is not possible or reasonable

When a patient appears to lack capacity to make decisions about their discharge or ongoing care requirements, they should be appropriately assessed under the definitions in the Adults with Incapacity (AWI) Act. The act provides a **framework for safeguarding the welfare** and managing the finances of adults (aged 16 or over) who **lack capacity due to mental illness, learning disability, dementia or a related condition, or an inability to communicate.**

For those people who do not have the capacity to fully participate in discharge planning processes, legal frameworks must be considered to ensure appropriate lawful authority and respect for the person's rights. There are three commonly used frameworks:

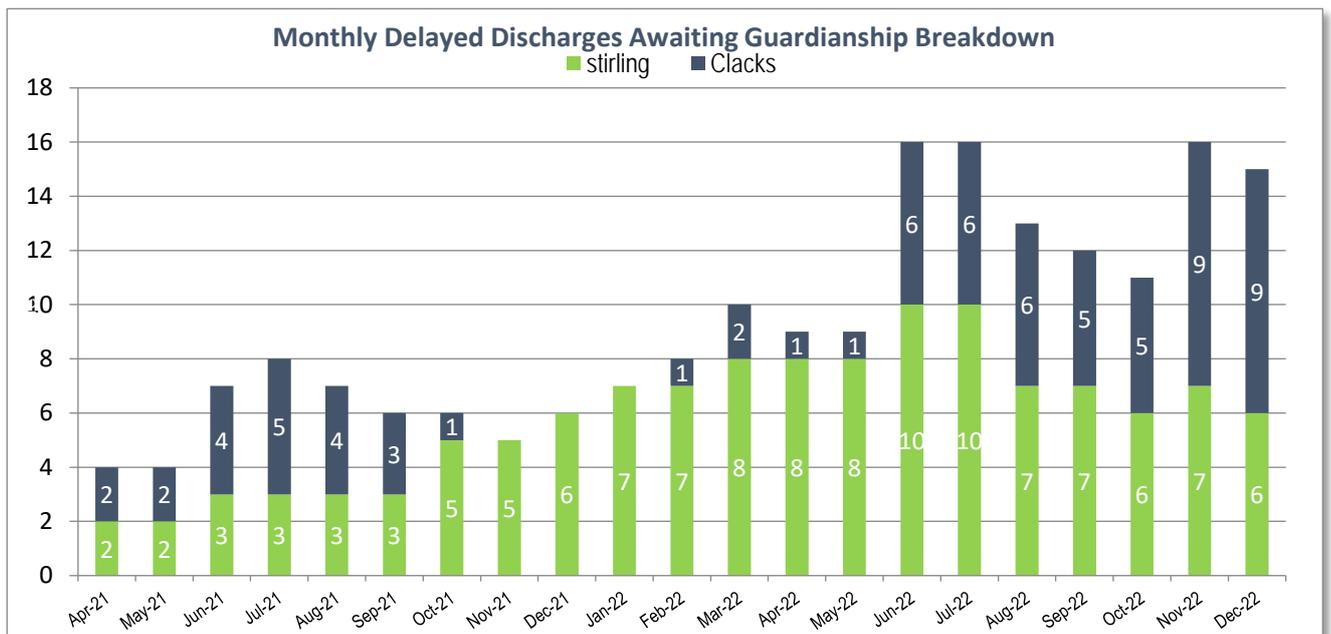
- Welfare Power of Attorney (PoA) – This is a means where an individual permits someone with capacity to put in place arrangements for their financial or welfare affairs.
- Section 13ZA - This allows a local authority to use the Social Work (Scotland) Act 1968 to make significant care arrangements for a person's discharge where they are not capable of making that decision.

- Welfare Guardianship (WG)- If there is no PoA and Section 13ZA is not appropriate, then a WG Order may be required to support discharge. By law, if an adult is unable to make key decisions or take necessary actions to safeguard their own welfare, a court can appoint a 'welfare guardian' to do this for them. This can be a relative, friend or a carer, or the chief social work officer of a local authority. Local authorities have a duty to make an application for welfare guardianship where it is needed and nobody else is doing so.



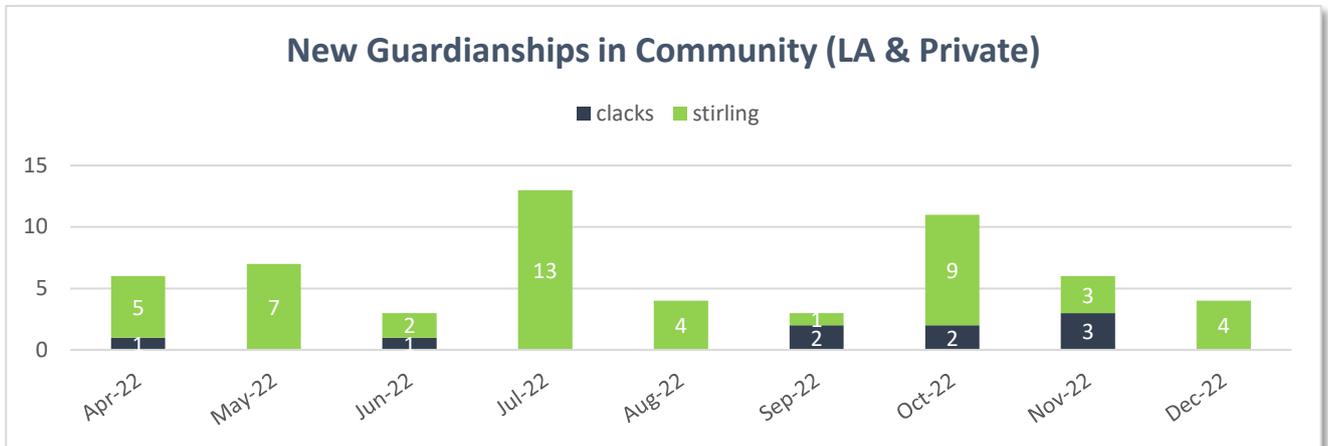
Source: HSCP Unscheduled Care Dashboard local data

Code 9s continue to remain high in Q3. They can cover a range of reasons, but guardianship is usually the main one. In December 2022 there were 17 code 9 patients in hospital, 15 of those were awaiting guardianship. Clackmannanshire has seen a rise in guardianships.



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. Of the 16 guardianships in the last week of December 1 patient was in FVRH Acute, 12 in Community Hospitals (Wallace and CCH1), and the remaining 3 in hospital wards within community hospital campus (CCH2 and Thistle) with 1 in Bellsdyke Hospital.

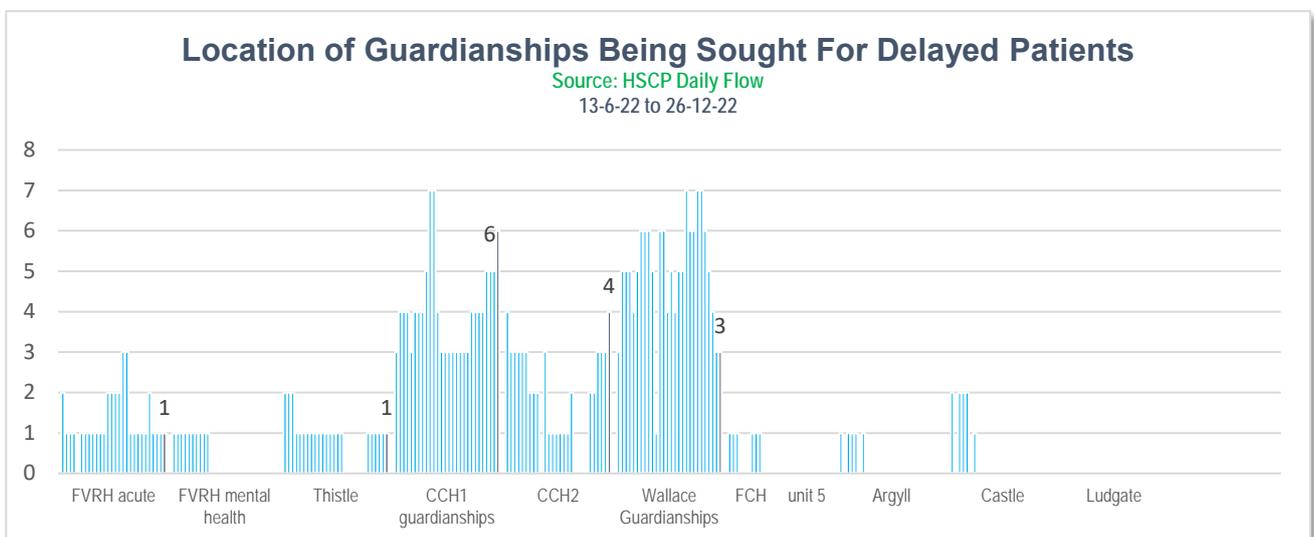


Source: Adult Social Care local data

The graph above shows the very slow rate of guardianships awarded by courts, this may have been impacted by the Pandemic with a backlog waiting to be considered. The Mental Welfare Commission noted that the proportion waiting more than six months to granting was higher for all diagnostic categories in 21/22, and issued a good practice report around hospital discharge.

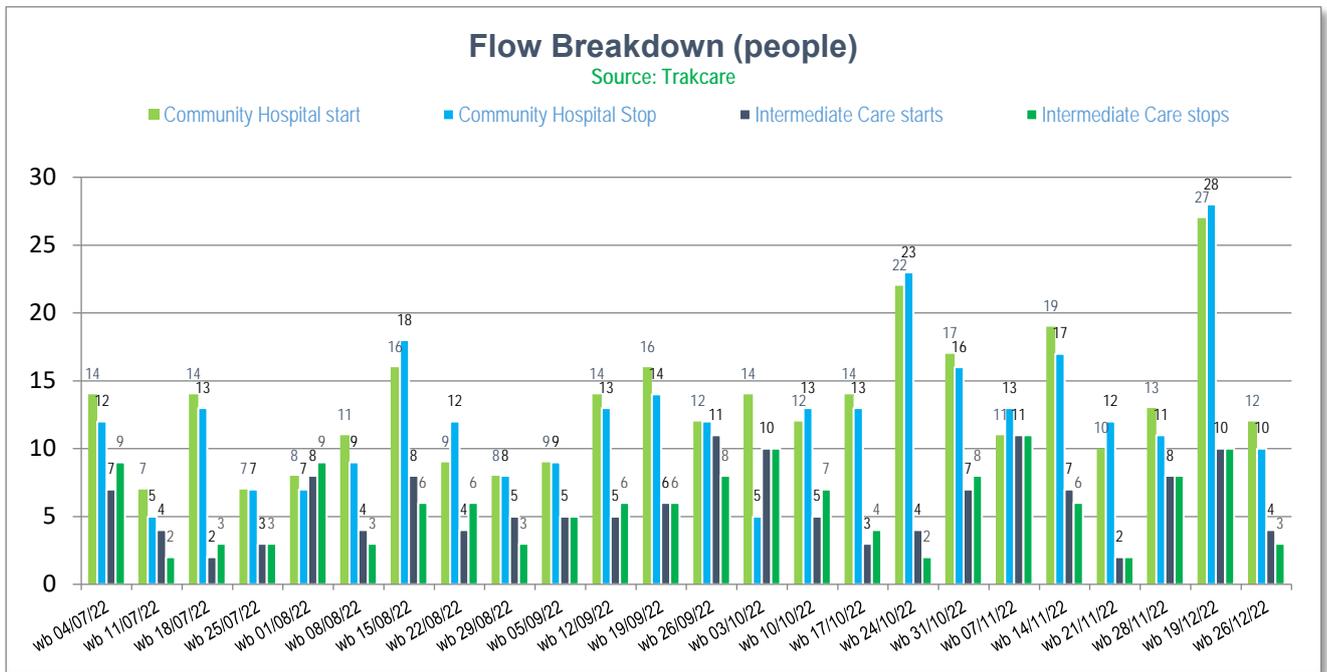
There is a fortnightly HSCP meeting to track and discuss the people awaiting discharge due to requirement for guardianship (code 9). These meetings have given assurance that any situation not being progressed has actions agreed for follow up, along with identification of people who require intervention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

Patients awaiting guardianships are mostly located in community hospitals CCH1 and CCH 2 (Clackmannanshire) and Wallace (Stirling).

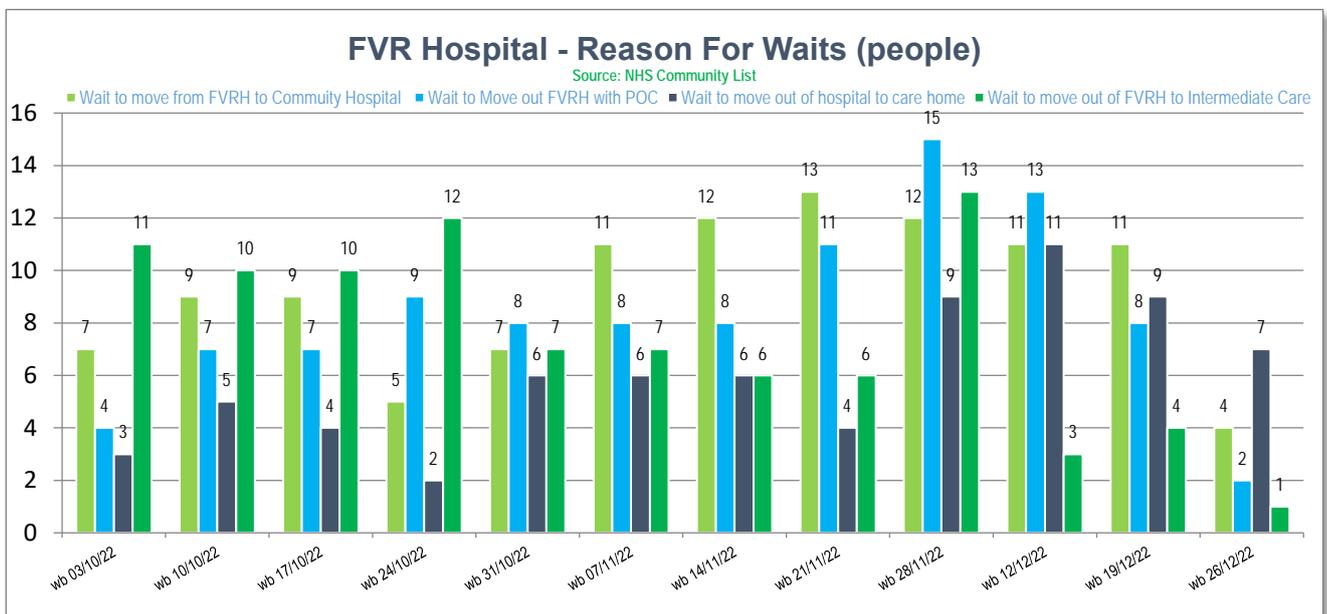


Source: local weekly Unmet Need data

The graph below shows movement through Community Hospitals, with those waiting for a bed outwith FVRH reducing before the end of the quarter. However, waits for care home placements were high over the quarter.



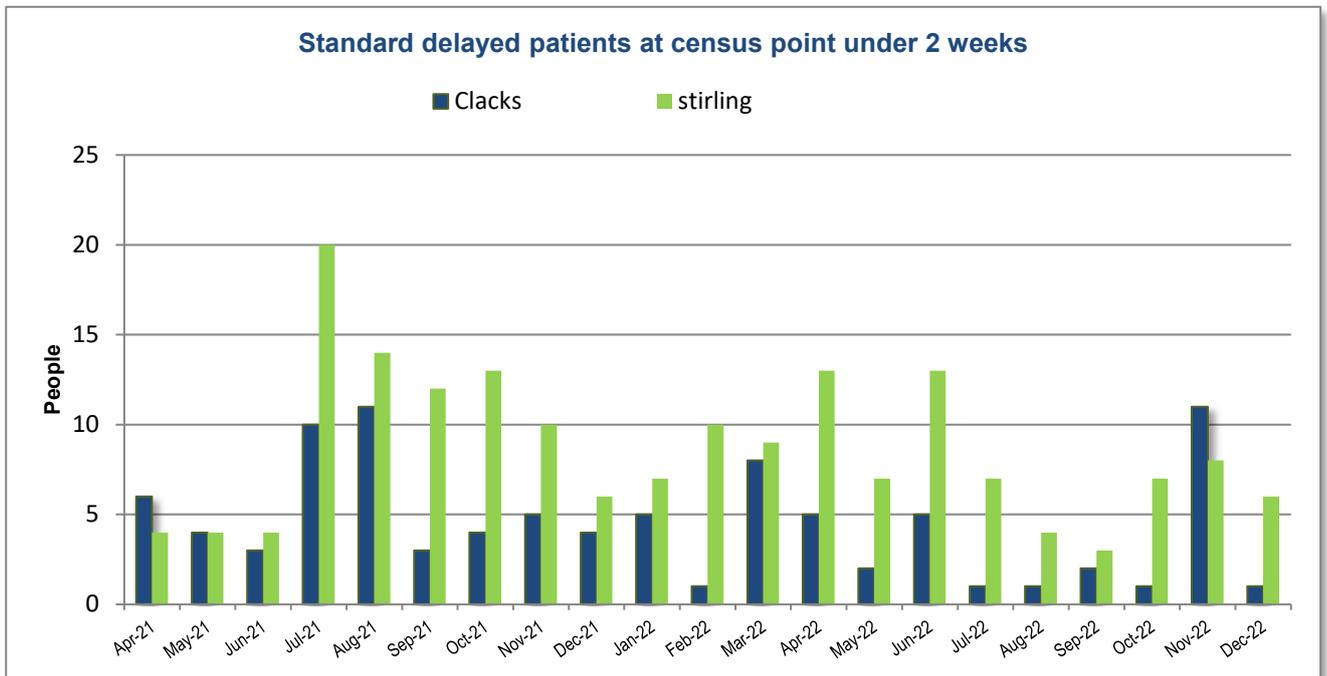
Source: local weekly Unmet Need data



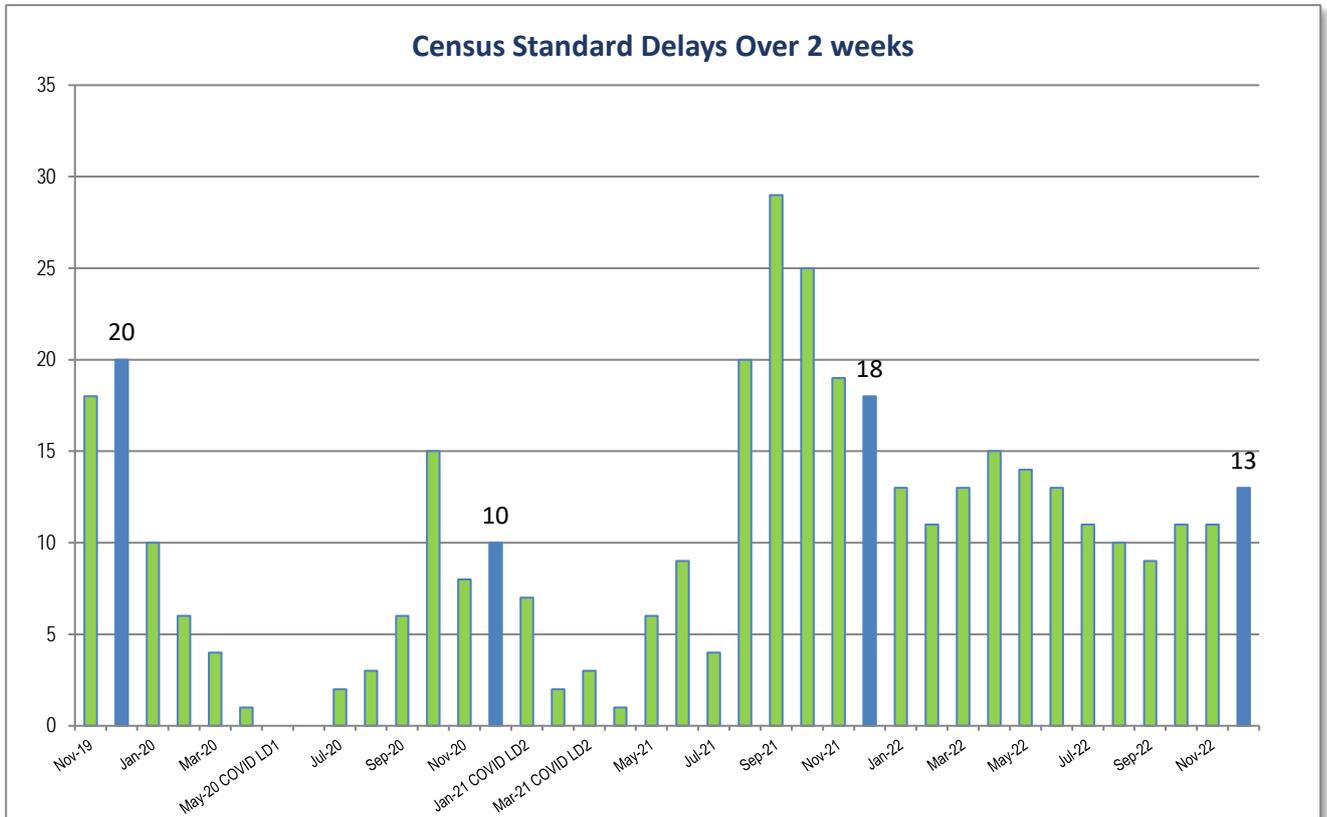
Source: Local Data NHS Community List

The graph above also shows the patients in acute waiting for community support to enable them to leave. Waits for intermediate care rose in November but had decreased towards the end of the quarter. Of the 13 patients waiting for intermediate care on 28th November, 10 of the patients in FVRH were rehab, and 3 were waiting on an assessment. Although 13 is high, there was movement, with 52 patients from FVRH moved to Bellfield intermediate care over the quarter. The end of the quarter saw a much reduced waiting list for intermediate care.

The graph below shows that Clackmannanshire has seen a sharp rise in patient admissions which have been delayed more than 72 hours but under 2 weeks in November 2022 but this improved towards the end of the quarter.



Source: HSCP Unscheduled Care Dashboard local data

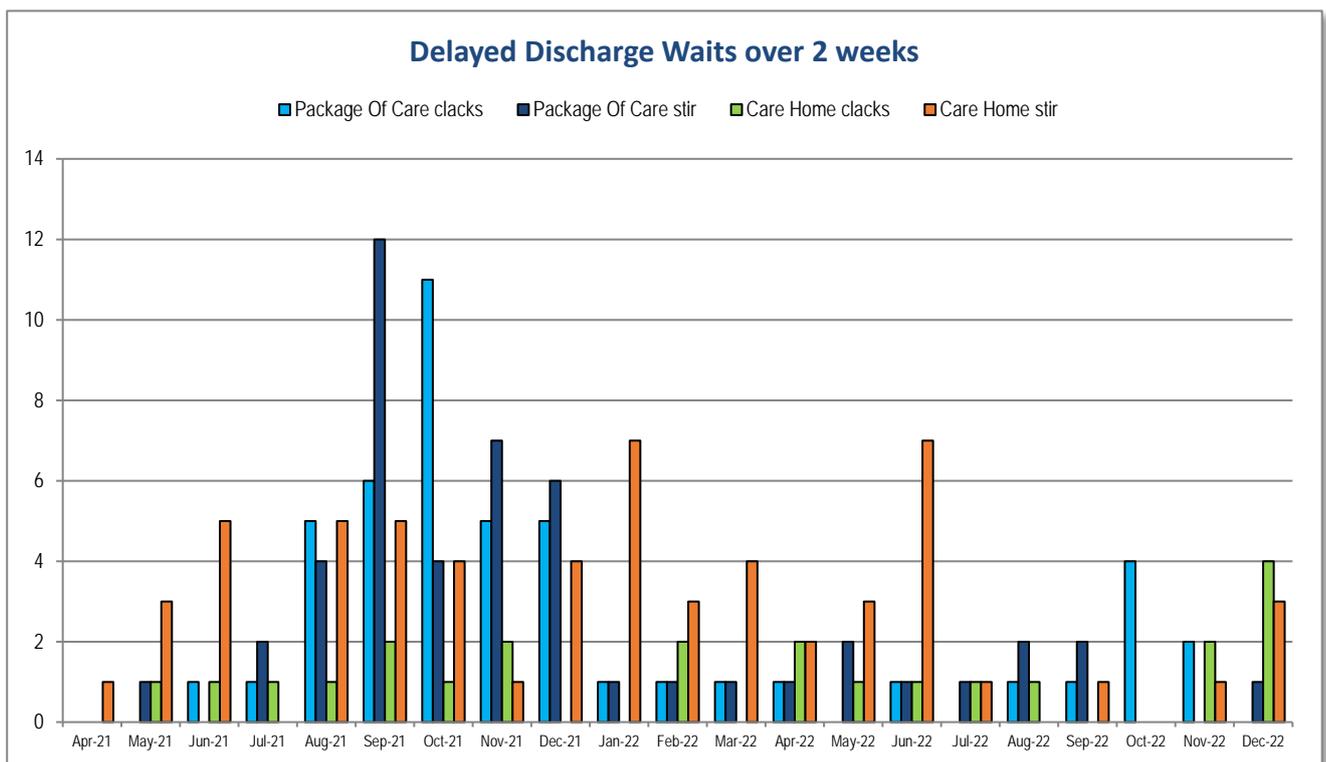


Source: HSCP Unscheduled Care Dashboard local data

The graph above shows the number of standard delayed discharge patients (who are not code 9) who are waiting over 2 weeks to return home has risen slightly in the quarter. A breakdown of the November data shows the highest number were those waiting to be assessed (6), then awaiting Care Home (3), awaiting POC (2).

There is clear evidence that an **unnecessary, prolonged stay in hospital can be detrimental to a person’s physical and mental wellbeing.**

- For patients over 80, a week in bed can lead to 10 years of muscle ageing, 1.5 kg of muscle loss, and a 10% loss of aerobic capacity, and may lead to increased dependency and demotivation.
- Almost 50% increase in chance of needing help with activities of daily living one month after discharge.
- On-going muscle weakness 3 – 5 years after discharge.
- Five times more likely to be admitted to a care home on discharge.
- A sense of disconnection from family, friends and usual social network leading to boredom, loneliness, hopelessness, confusion and depression.
- Increased susceptibility to hospital associated infection and a higher risk of delirium, malnutrition, pressure sores and falls.

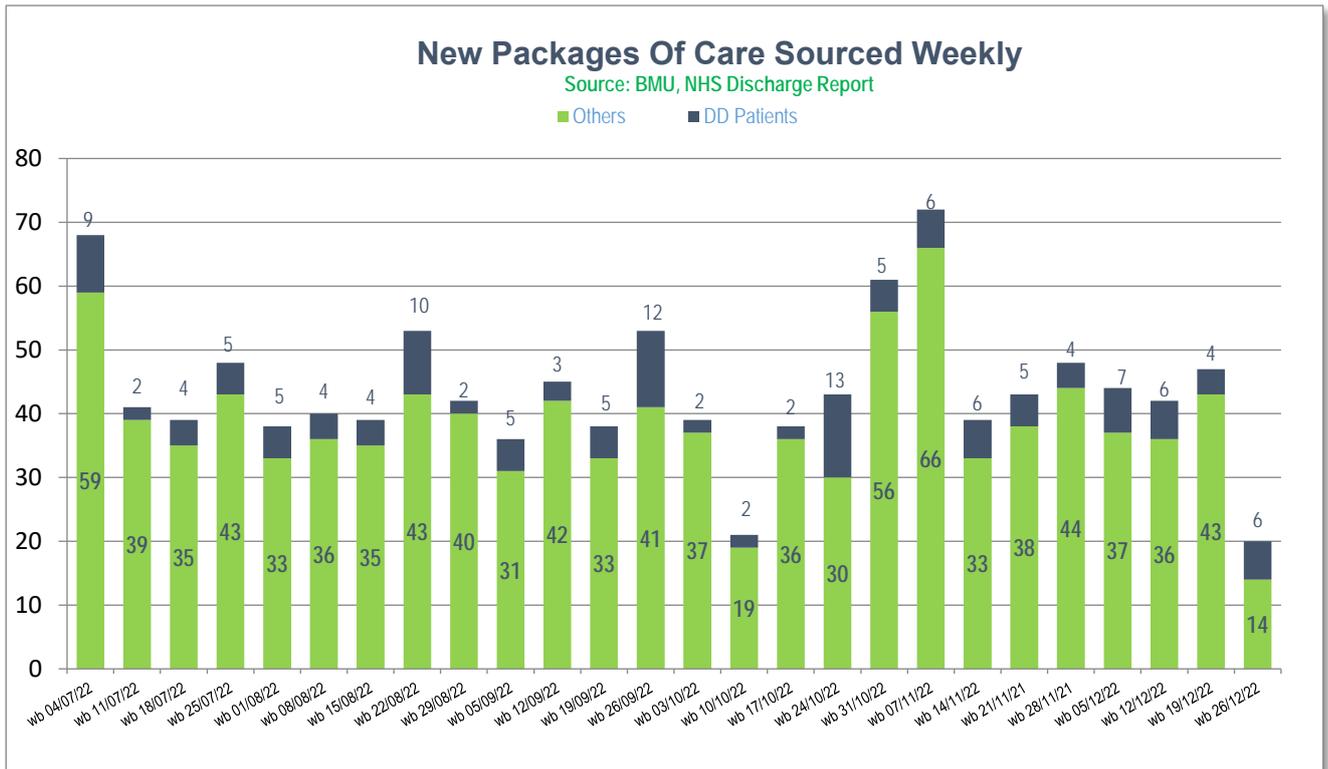


Source: HSCP Unscheduled Care Dashboard local data

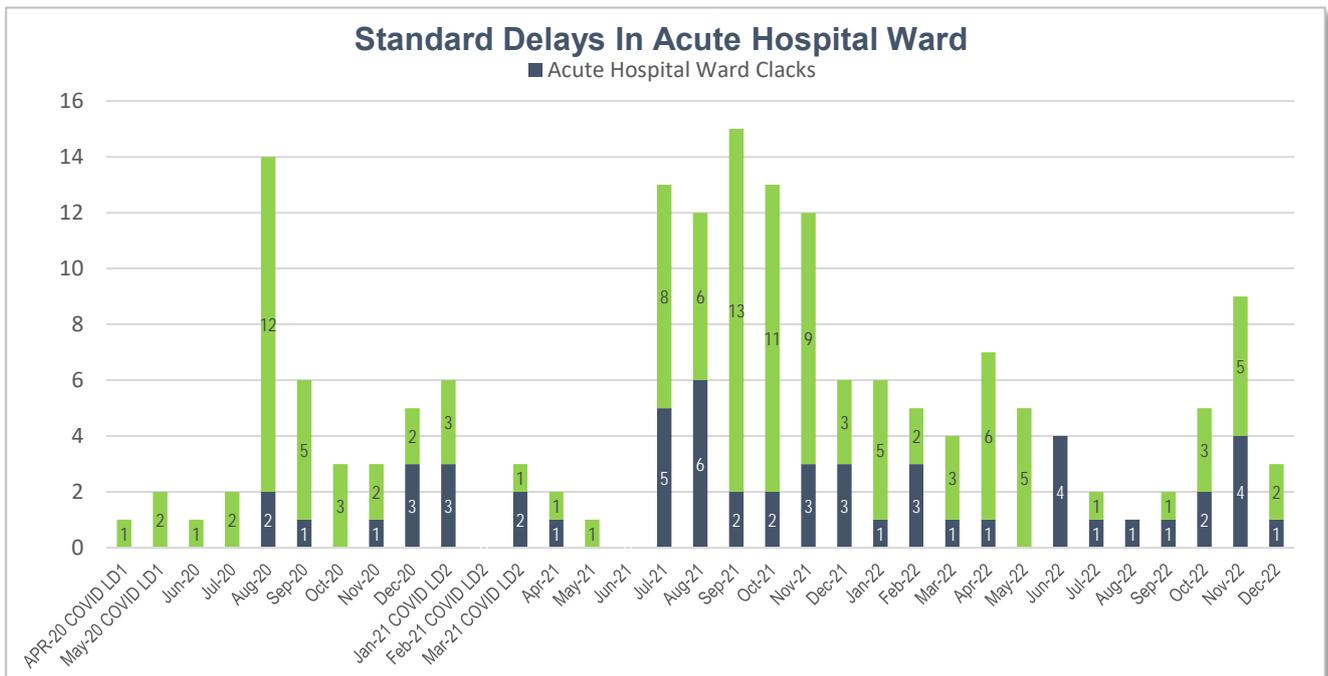
The graph above shows a great improvement in those delayed over 2 weeks awaiting a package of care.



Some of the reasons for this may be hospital discharge redesign including Integrated Discharge Team. And the Discharge to Assess approach who dealt with the following delayed discharge Stirling patients (Sep 11 clients, Oct 37 clients, Nov 37 clients, and Dec 20 clients up to 20/12/22).



Source: local weekly Unmet Need data



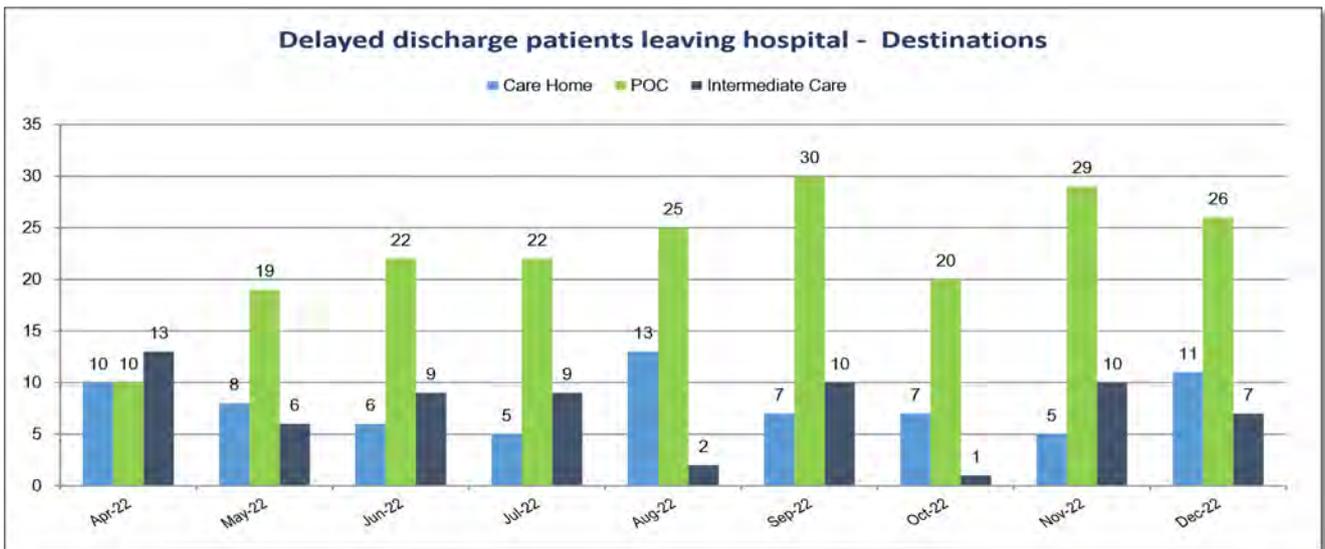
Source: HSCP Unscheduled Care Dashboard local data



The graph above shows a rise in delayed patients in FVRH in November, with the remaining (68%) of delayed discharge patients located in community hospitals. In October a winter pressure acute ward was opened up in the Stirling site which diverted some pressure away from FVRH. Over the quarter 63 patients were admitted or moved there from FVRH.

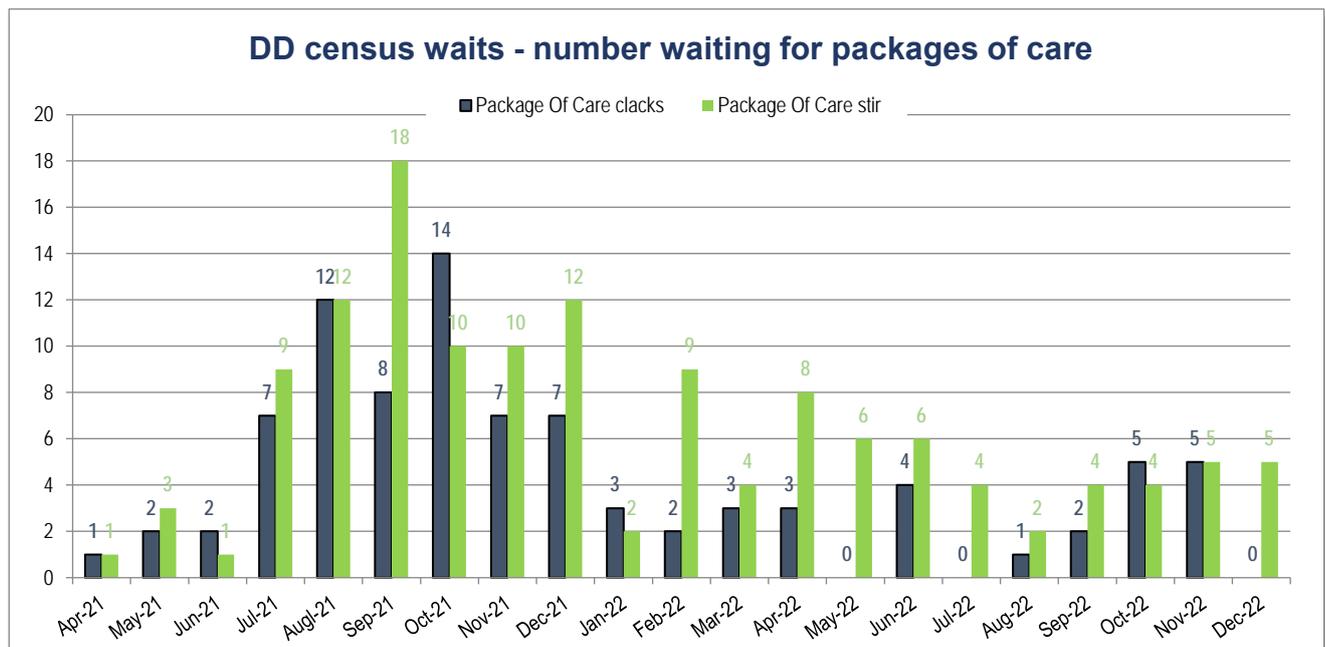
At present the HSCP have two hospital discharge teams and our plan is to combine into one team with joined up leadership. This will help better allocation of staff resources with clearly defined roles, an improved skill mix and supportive culture to achieve better outcomes for both patients and organisation identity for staff. It will enable the introduction of Front Door assessment (admissions and pathways). Increase Multi-disciplinary assessment of needs, and reduce bed days lost to delay. We are also moving from 5 to 7 day working for our Hospital discharge Team staff to support weekend discharges.

For those patients who had been delayed in leaving hospital, returning home with a package of care continues to be the highest destination.



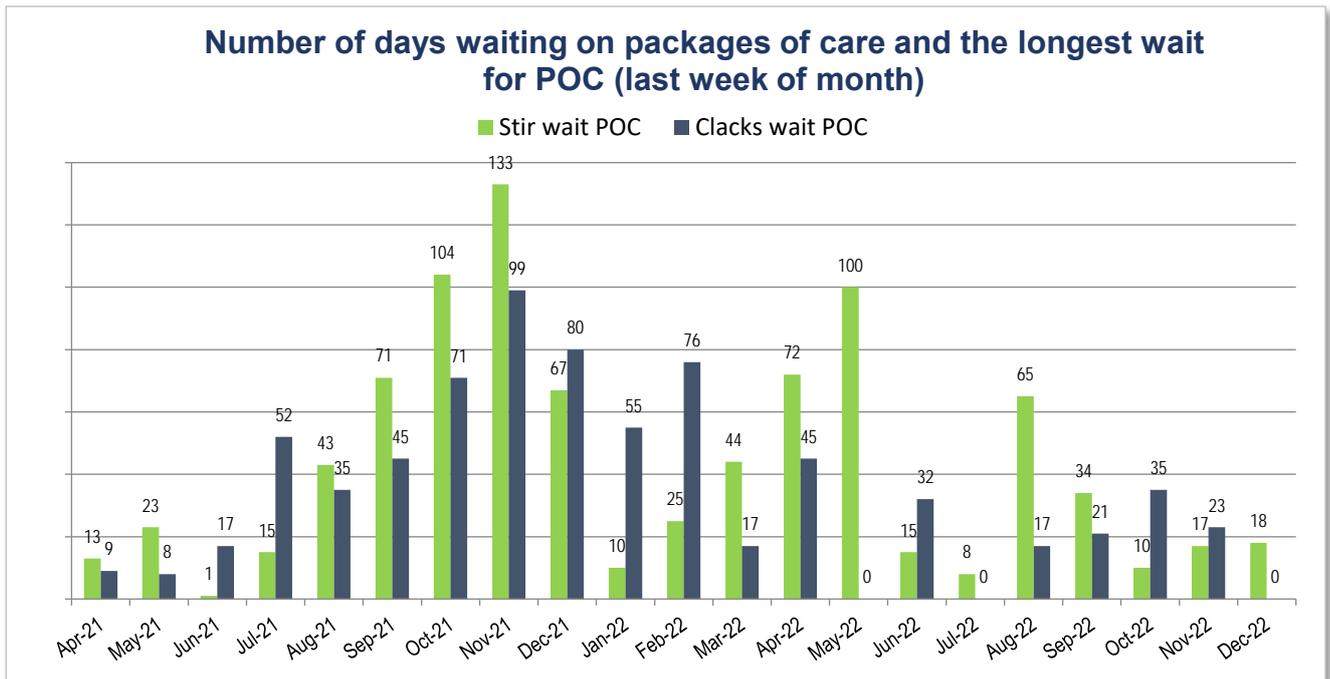
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows, that waits improved in Clackmannanshire area by the end of the quarter.



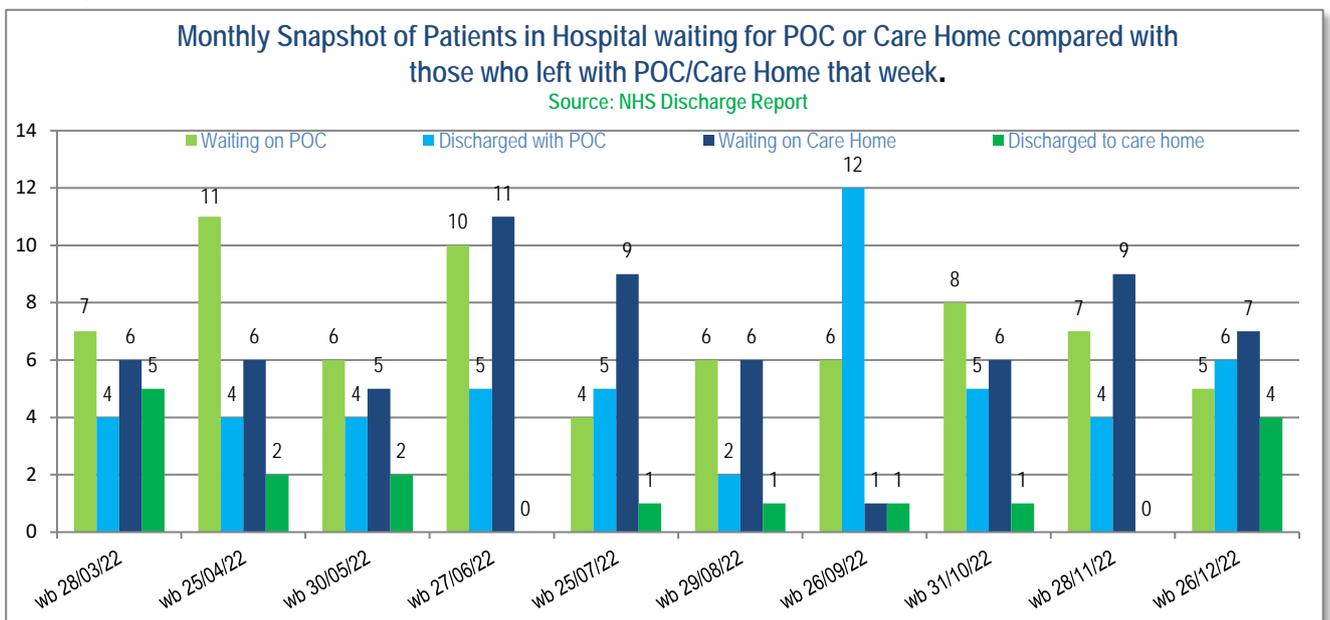
Source: HSCP Unscheduled Care Dashboard local data

The graph below also confirms that, waits were an improving picture.



Source: HSCP Unscheduled Care Dashboard local data

The weekly data below shows that packages of care were being sourced for patients delayed in hospital.



Source: local weekly Unmet Need data



It is unclear how the Discharge to Assess model will impact on these figures going forward, where patients will be discharged to their own homes for assessment of care needs which will be carried out in their home rather than in a hospital setting. Discharge to assess is part of the rapid Response service that is being developed, and includes the recruitment of Allied Health Professionals.

The HSCP is currently assessing patients/clients who require two or more paid carers to help with movement and transfer, to see if technology, aids and adaptations could support the transfer thus reducing the number staff/carers required (called single-handed care or also known as Prescribing Proportionate Care PPC). 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.

The PPC 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. A working group is established and a full programme of training completed.



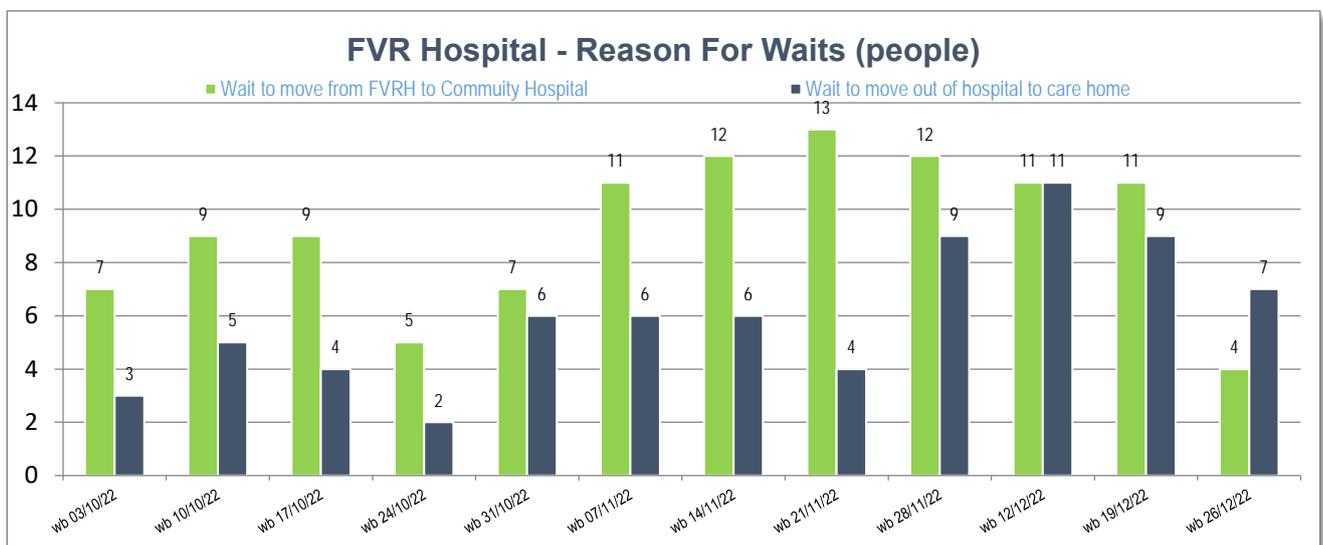
The HSCP is committed to review all care at home clients with multiple visits and reduce where possible. We also spoke to referrers (Clinicians, Allied Health Professionals, GP's etc) to communicate the challenges in providing packages of care four times a day. This resulted in a marked decrease in the number of hospital requests for multiple care visits to support patients at home.



We are working collaboratively across all acute and community bed based sites, to promote discharges pre noon with a new local campaign 'Home for Lunch'. We are working through issues required such as transport, medication and will provide packed lunches to patients if their care does not start until teatime. 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.

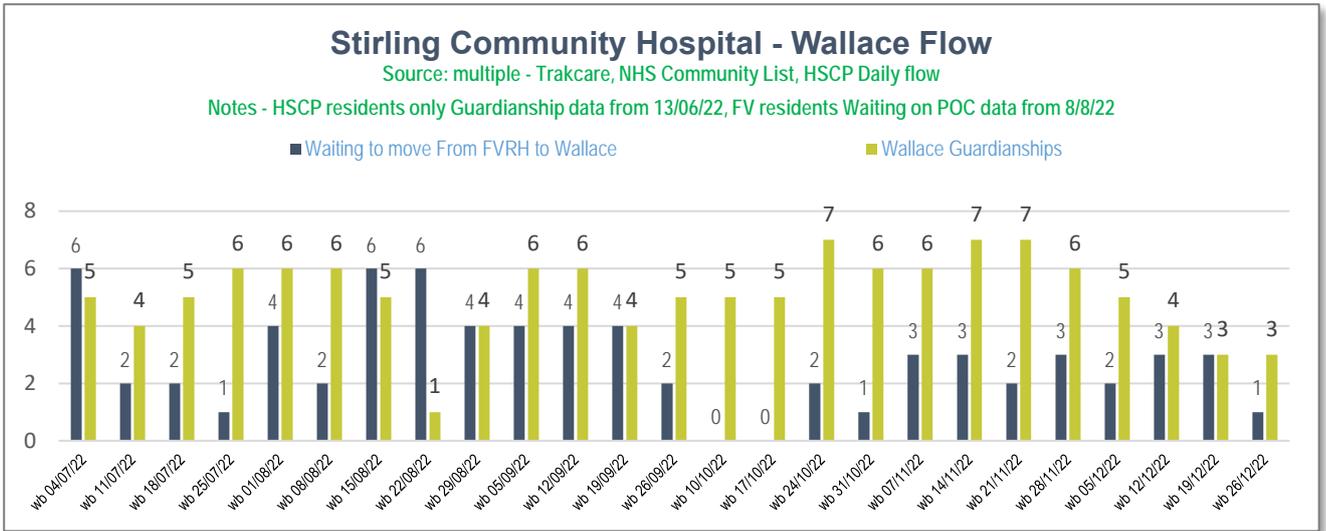
Care Homes

In the last week of December 2022 there were a range of different system pressures present in this sector that affected waits to move into community hospitals and waits for care home placement.

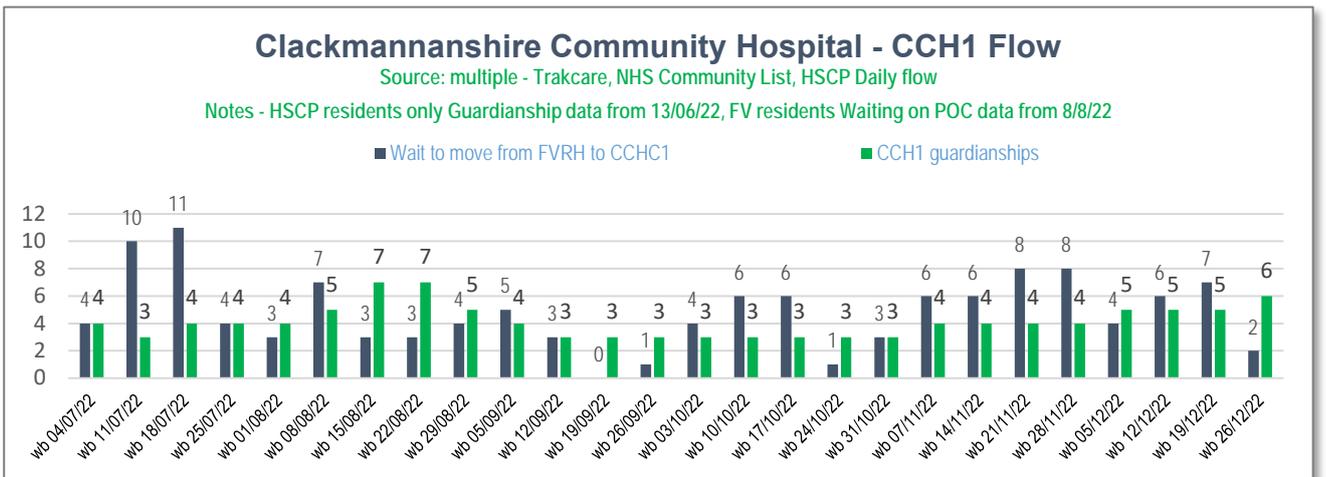


Source: local weekly Unmet Need data

Patients who finally move into care homes will often be moved to community hospitals whilst they await legal proceedings to be completed around guardianships and a vacancy in a nursing care home of their choice.

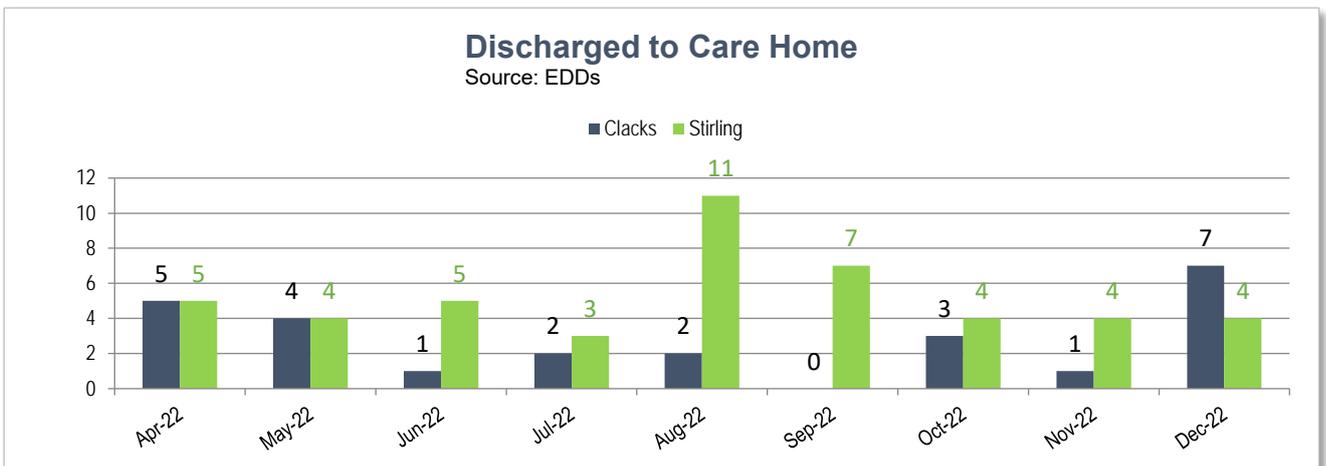


Source: local weekly Unmet Need data



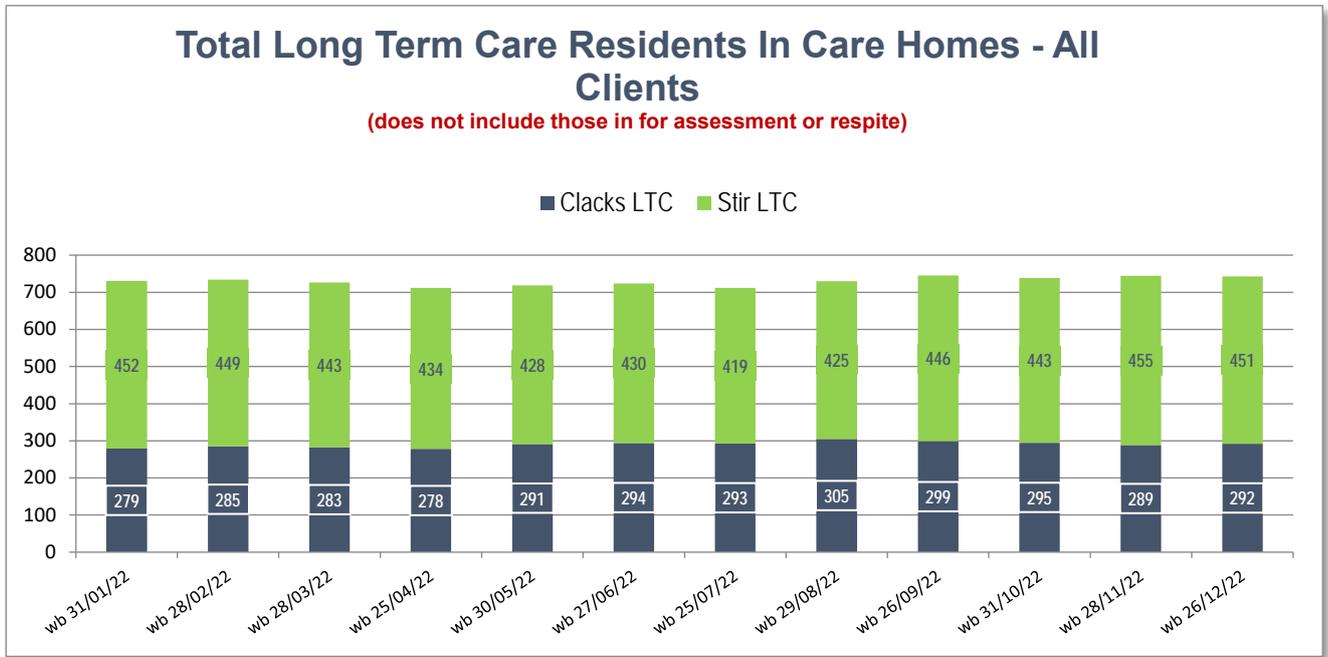
Source: local weekly Unmet Need data

Discharges to Care homes continue to fluctuate.



Source: HSCP Unscheduled Care Dashboard local data

There are typically around 8-10 unoccupied beds in care homes in Clackmannanshire & Stirling each week. It should be noted that unoccupied beds are not necessarily available vacancies for a variety of reasons, such as refurbishment of rooms, restrictions based on availability of staffing, needs profile of existing residents etc. In addition, due to CI requirements most providers will only accept 2/3 admissions per week, with some providers only accepting a limited number of Council-funded placements.



Source: local data from adult social work database. Data may not include those residents who are self funding.

Overall numbers have increased slightly in Clackmannanshire. This data is clearly linked to those waiting in community hospitals and seeking guardianships, clients who are too frail to live in their own homes with or without support.



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.

Throughout winter 2021 and 2022, we have operated a process where if a Care Home 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.



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

District Nursing

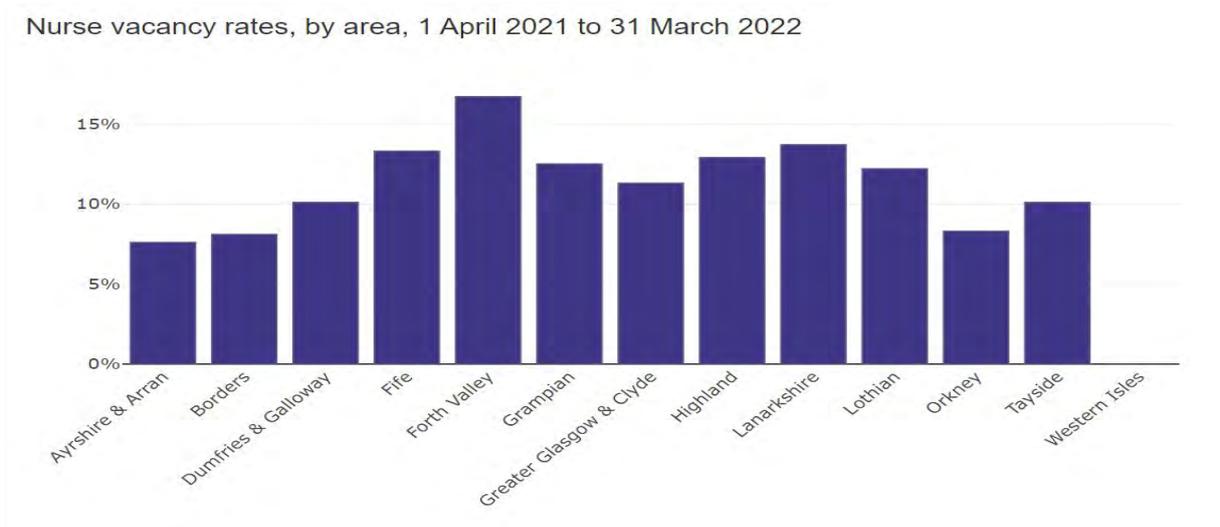
The District Nursing (DN) services provides clinical and care support to people across all communities. The Flu vaccine administration and covid booster - Autumn/Winter programme is completed. The DNs work in conjunction with other services such as GPs, AHPs, social care staff and Care providers to enable people to remain in their own homes safely. They have been working closely with social care to support ongoing demand for care/reviews and to support timely hospital discharge. DNs have supported 10 discharge care packages over last few weeks of November to support hospital system pressures.

	Q1	Q2	Q3	Q4
Home Visits	20,579	21,552	25,941	
Treatment Room	6,194	6,936	7,675	
Telephone Calls	285	260	2,688 ⁴	

Source: HSCP Local Data

National data published in the quarter highlights an issue within Forth Valley, it measures the number of vacancy sessions per 100 total GP sessions. We will explore local data around this in future reports. In November the service had the following vacancies: 1 WTE band 7 DN ANP, 1 WTE band 6, 4.2 WTE band 5, 10.2 WTE band 3 (including winter recruitment).

Nurse vacancy rates, by area, 1 April 2021 to 31 March 2022

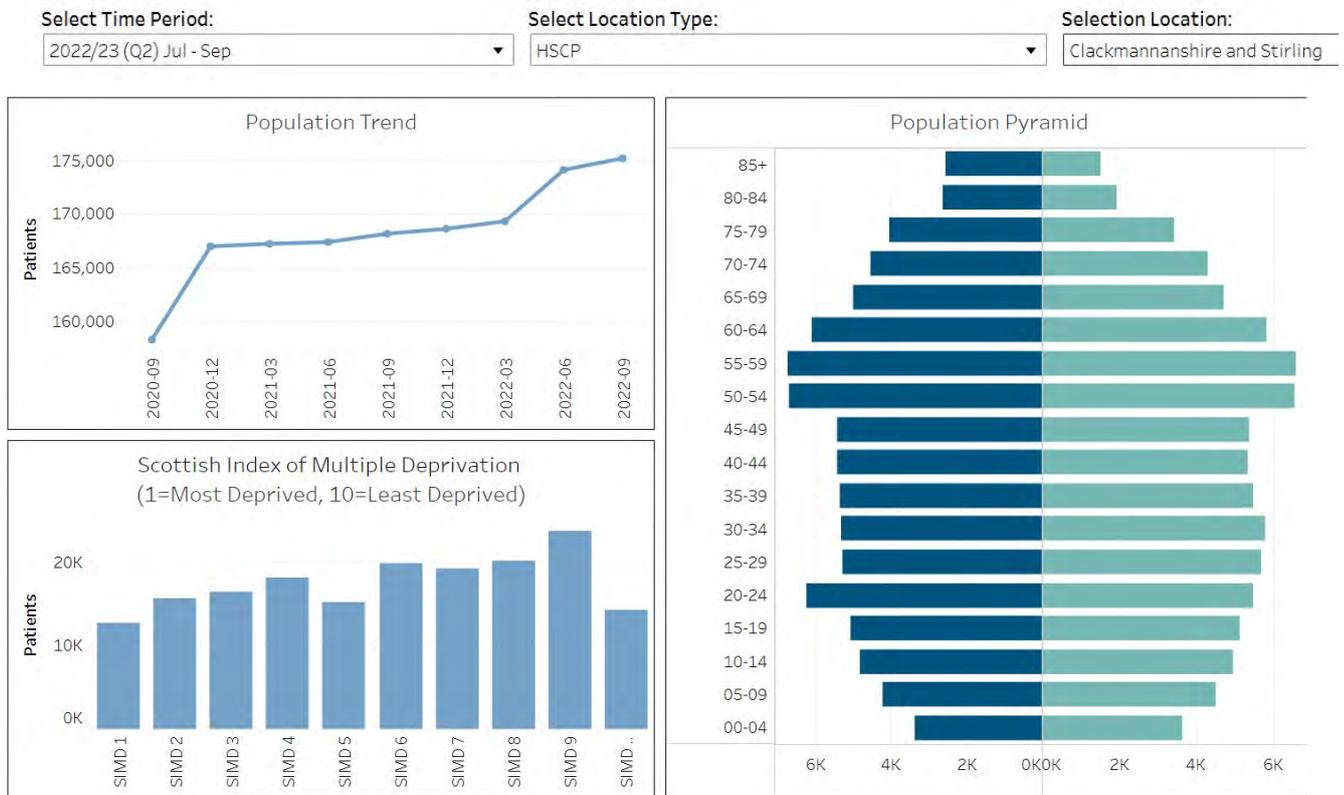


Source: General Practice Workforce Survey

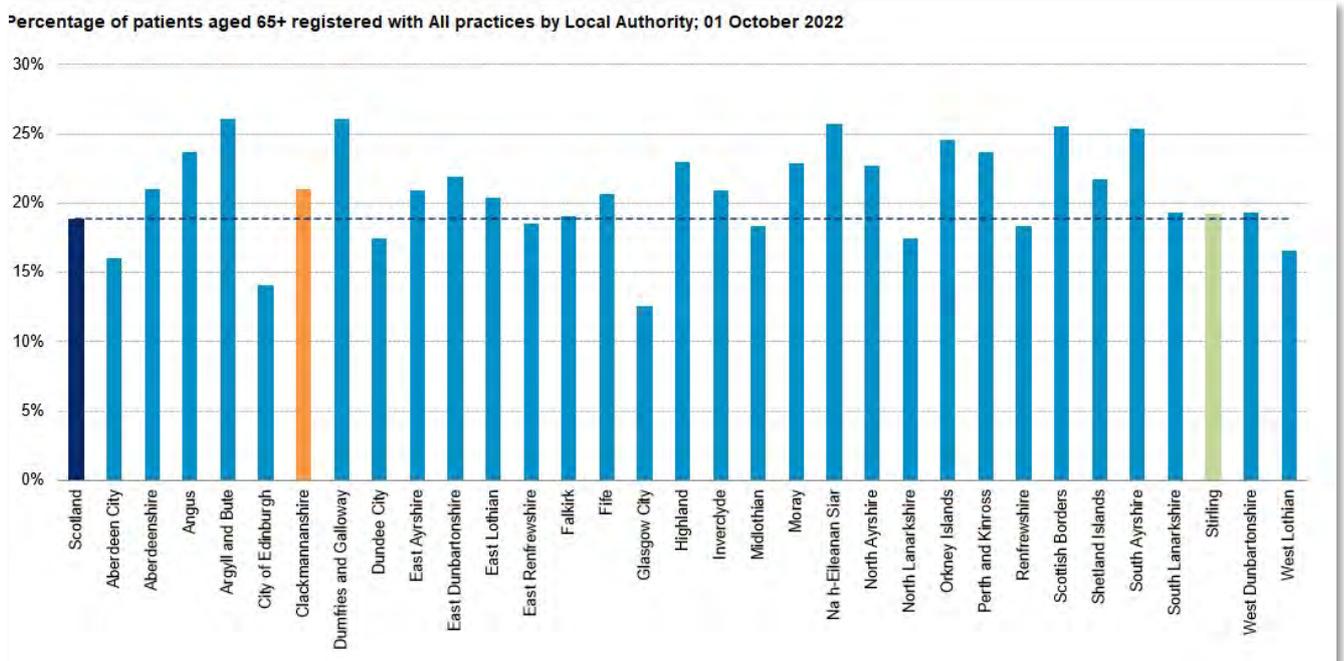
⁴ Change of recording practice to account for all telephone calls.

Primary Care⁵

Demographics of registered patients



Source: [PHS Demographics publication](#)

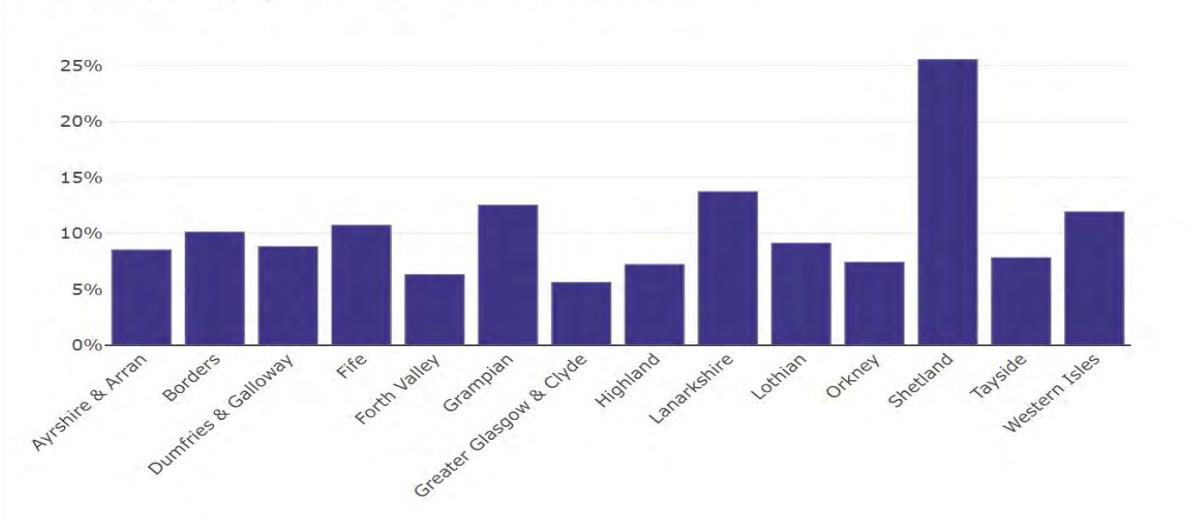


⁵ This release by Public Health Scotland is the first release of General Practice activity data and presents data extracted from participating practices across NHS Scotland from January 2018 to October 2022 by NHS board and HSCP level. This exploratory work aims to illustrate the type of activity information captured within General Practice clinical systems. Not all activity is recorded on the clinical systems and information on the complexity or duration of the activity is not currently available. Therefore, the activity reported does not represent all work happening within a primary care setting.

Source: PHS GP practice data

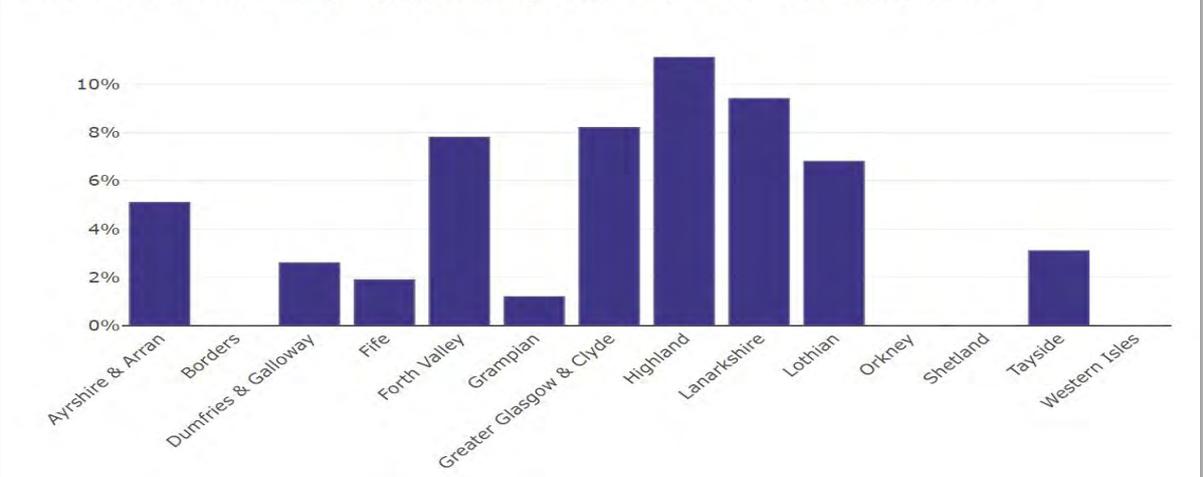
Workforce issues

GP vacancy rates, by area, 1 April 2021 to 31 March 2022



Source: General Practice workforce survey

HCA and Phlebotomist vacancy rates, by area, 1 April 2021 to 31 March 2022



Source: General Practice workforce survey

Adult Social Care / Social Work

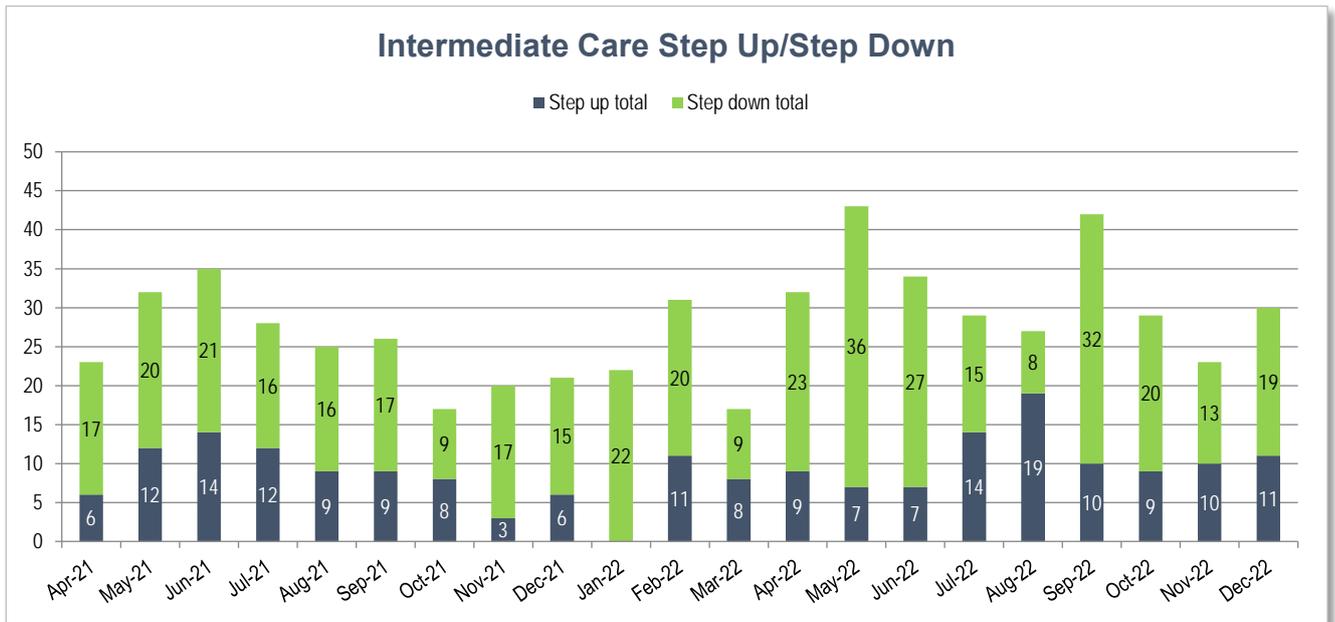
The HSCP supports people to regain or maximise their independence by offering within the community bed based Intermediate Care or Reablement care at home.

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.

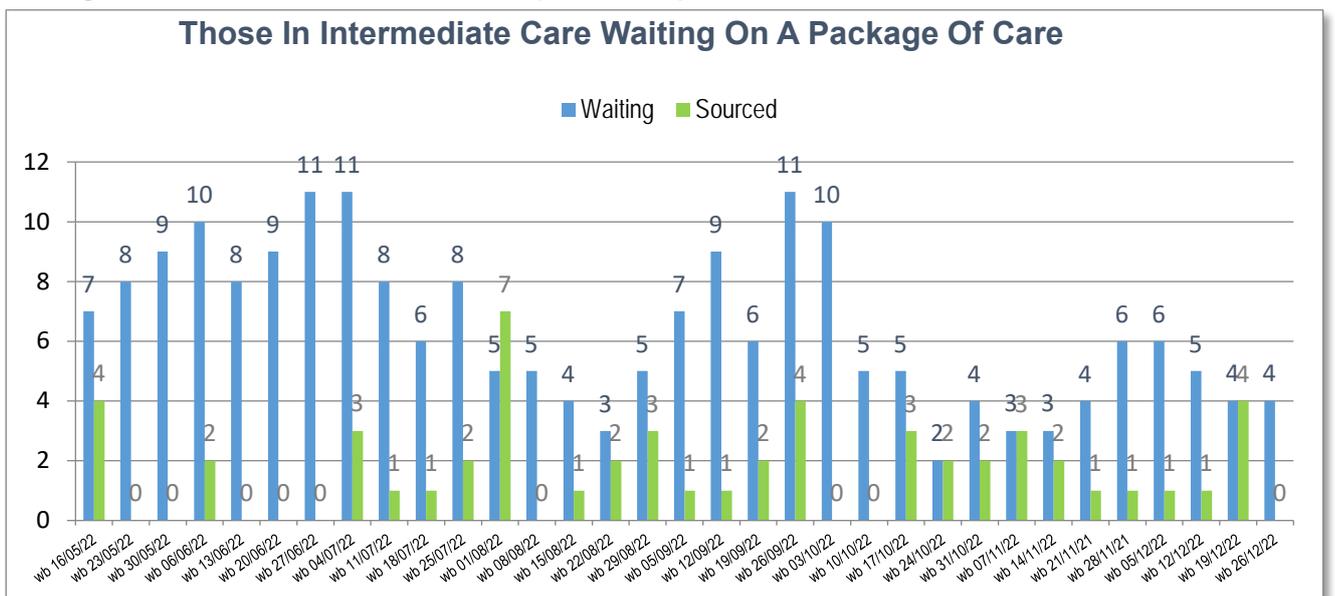
These services are key linkages within the Unscheduled Care Pathway between hospital and home. As we know both Intermediate Care and Reablement services have had a reduced number of admissions and discharges over the period due to the ongoing system pressures, which is reflected in the slowing down of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

The graph below shows the number of those entering bed based Intermediate Care from hospital is slightly lower (56) than the previous quarter (60).



Source: HSCP Local Data

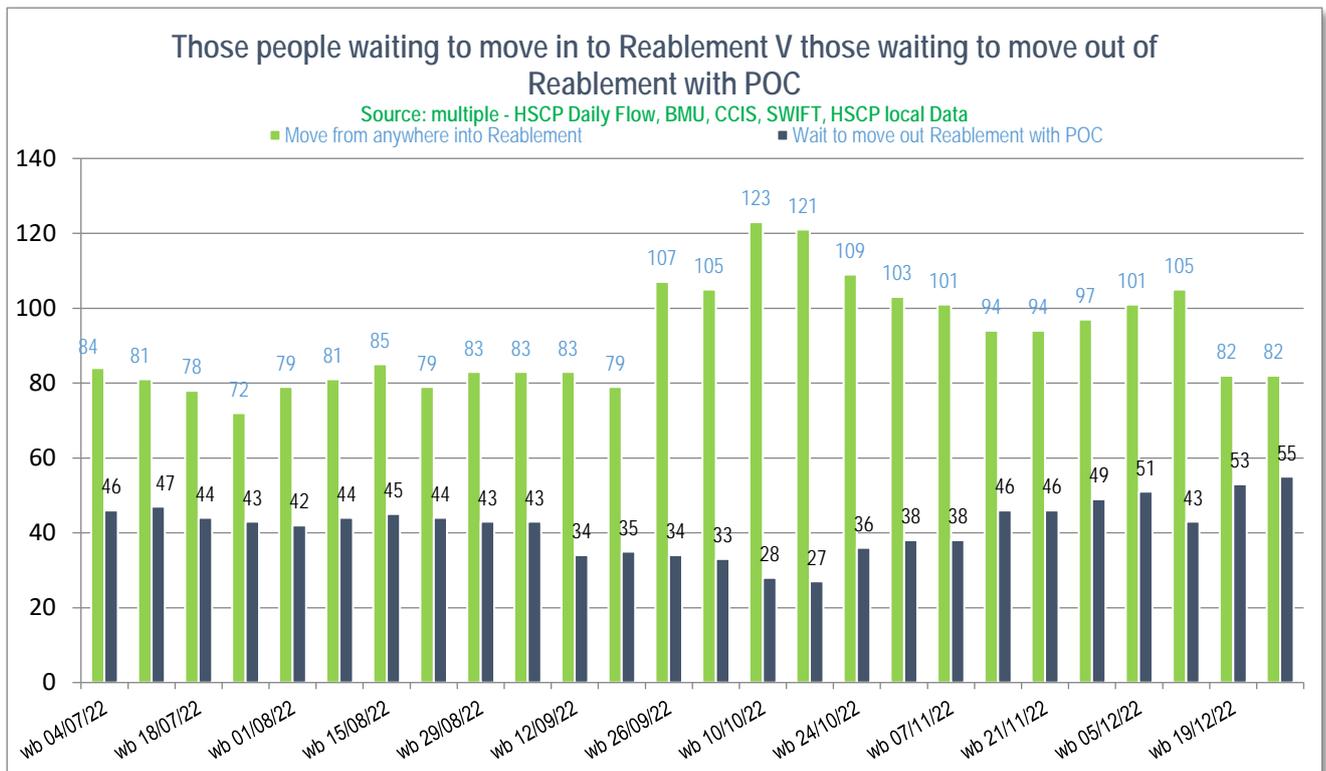
The movement through the Intermediate Care service is slowed down by those clients waiting to move back home with a package of care. This limits the number of residents being discharged from the service and limits the capacity to take new residents. There is movement however, and the number of residents who returned home from Intermediate Care with a package of care in Q3 (20) was lower than Q2 (28) but higher than Q1 (15). However, those waiting for a POC is much lower than previous quarters.



Source: HSCP Unscheduled Care Dashboard local data

The HSCP have redesigned the Community Reablement Teams and is 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.

Stirling Reablement	Hospital	Community	Nov 2022
Average wait time to commence on Reablement/internal service from referral date (days)	2-3	3-7	
Average wait time for FWP to commence from end of reablement assessment	6+weeks		

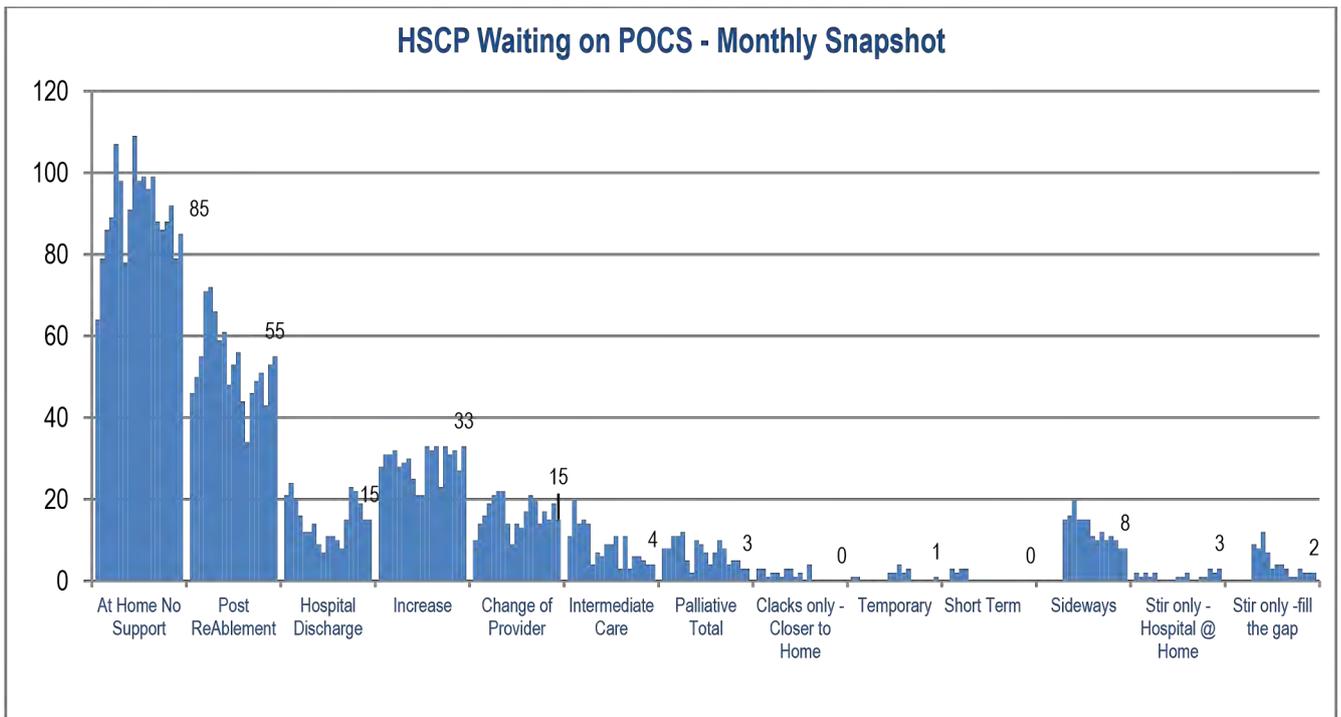


Source: local weekly Unmet Need data

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. 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 bringing 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).



The graph below shows the waiting lists for all social care clients who require a package of care (POC).



Source: HSCP Local Data

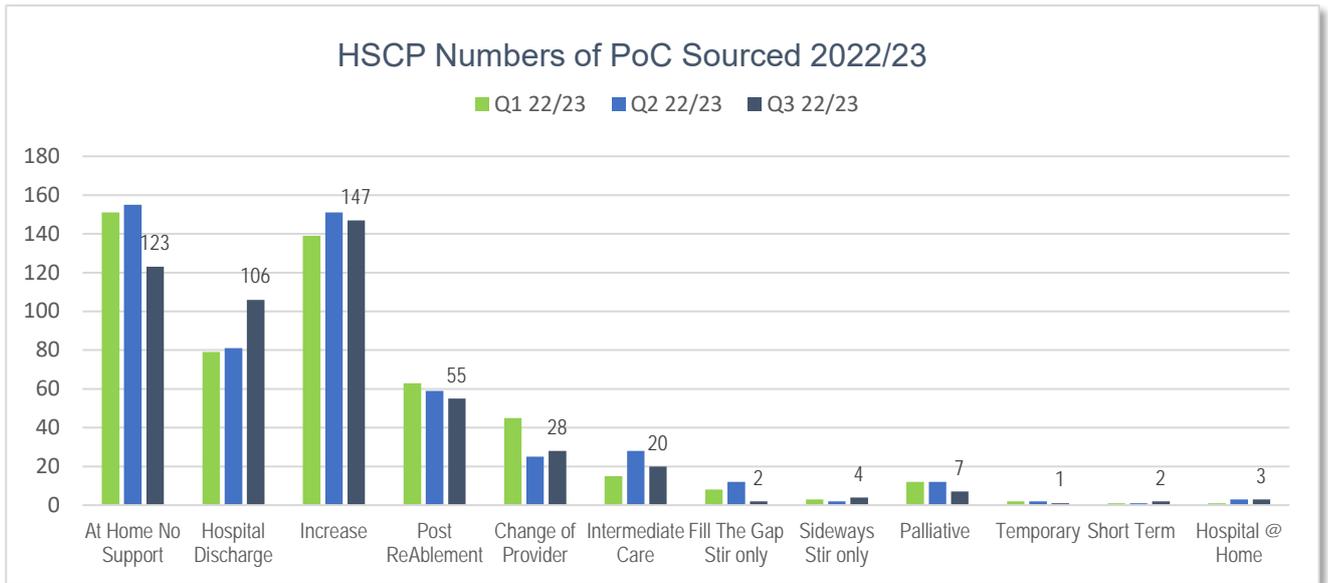
Those clients waiting for a package of care from a framework provider, whilst remaining in services such as Intermediate Care and Reablement, means that capacity to take on new clients is restricted in those services. These are often the services required for delayed discharge patients.

During 2021/22, our local external Providers were reporting a 10-20 % decrease in staffing who were leaving due to fatigue and/or other jobs. As a result, the HSCP 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 business continuity plans and prioritise 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. The HSCP has not fully recovered from this position with high waiting lists for those living in the community who are waiting on care at home.

Within Clackmannanshire the care at home review team continue to progress reviews with the following results at the end of November;

- Total Hours reintroduced to the service 149.5 hours per week
- Clients reviewed: 120
- Decreased 32 packages of care totalling 187.5 hours p/w
- Increased 7 packages of care totalling an increase of 38 hours p/w

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.



Source: Weekly Unmet Need Spreadsheet

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.

Winter Plan

The Clackmannanshire and Stirling IJB Winter Plan 2022 / 2023 was approved at the IJB on 23 November 2022. The winter plan was completed based on the key clinical areas and focus areas outlined in the Winter Resilience Checklist 22 / 23 and letter from Scottish Government. There are key items detailed in the Winter Plan, not limited to, however include:



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.



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 and a 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.

All of these implemented ideas and additional temporary projects to provide additional capacity (and others included in the plan) will put the HSCP in a strong position to meet increased demand across Clackmannanshire and Stirling. Modelling is currently underway to understand the impact these will have on performance.

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.

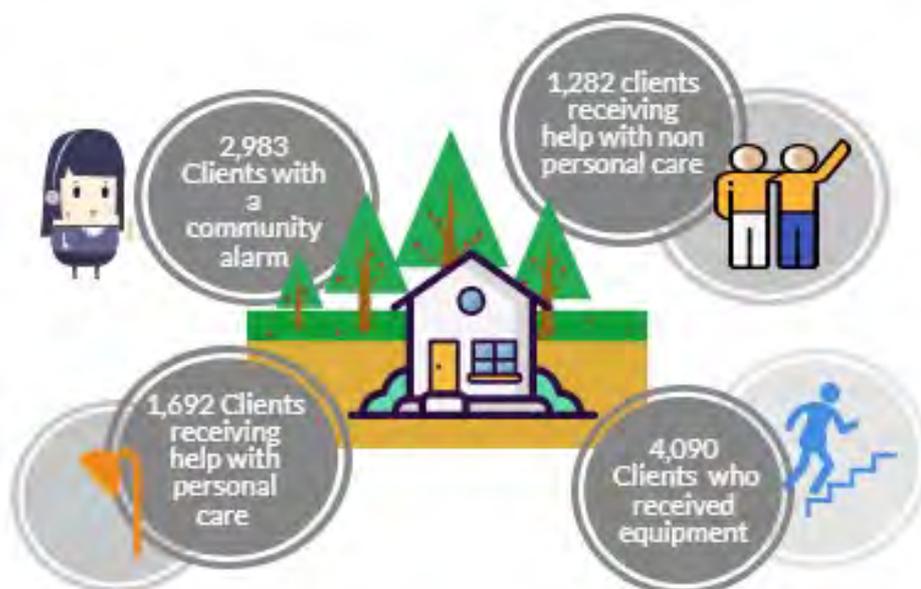
Quarter Snapshot 20/21	People with community alarm	People with equipment	People with personal care	People with nonpersonal care
1	3,111	3,540	1,646	1,251
2	3,021	3,871	1,717	1,293
3	2,985	4,054	1,724	1,298
4				

Source: HSCP Local Data

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

Personal Care examples are hygiene, mobility, health and wellbeing

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



Source: Adult Social Care Databases

Self-Directed Support

The HSCP SDS Steering Group of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations provides a forum for planning, reviewing, monitoring and reporting. The Steering Group continue to meet on an eight weekly basis and provide an opportunity to update the group of developments in respect of the SDS implementation plan. The meetings provide a forum for attendees to give input, influence and contribute towards the progression of the implementation plan.

The plan is reviewed at the beginning of each meeting to reflect what progress has been made and to consider if there are developments or new actions that need to be captured within the plan. All parties agree the importance of the implementation plan being a live document, which can be adapted as the plan develops.

SDS Refresher Training - 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. Around 127 staff have received the training with plans to hold a final session to ensure all staff across the HSCP have received SDS refresher training.

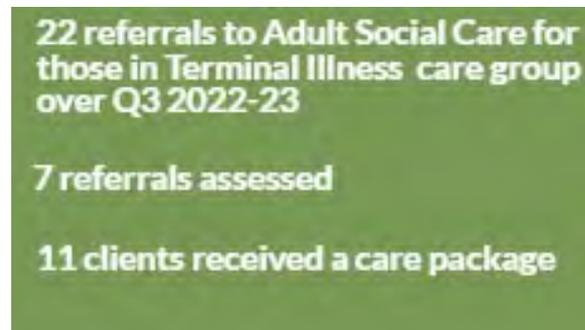
The intention is that the SDS refresher training is the first step in what will be part of a bigger training programme. SDS refresher training has been completed there will be time taken to map out what learning is still required, next steps and how to ensure recurring refresher training for staff.

Assessment Tool - It has been identified that the existing assessment documentation requires redesigned to ensure compliance with SDS legislation. Consultation sessions with staff are being held to discuss the draft tools and to identify information that would be gathered and what would be helpful through the assessment process.

The next stage for the assessment tool will be to work with Team Leaders/Management to review all information received from consultation and consider what the proposed pilot version of the assessment 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. 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.

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.

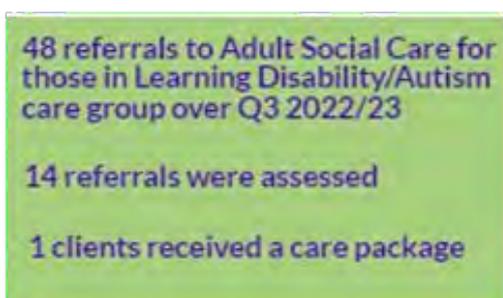


Source: Adult Social Care Databases

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.

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. Over the period they supported (144) end of life patients dying at home. The HSCP has 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.

Learning Disabilities



Source: Adult Social Care Databases

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 know⁶ that of those people known to Adult Social Care, 81%⁷ are supported in their own or family home, and 15%⁸ live in long term care which can include care homes and supported living.

⁶ Based on 19/20 data

⁷ Str (243) Clacks (170)

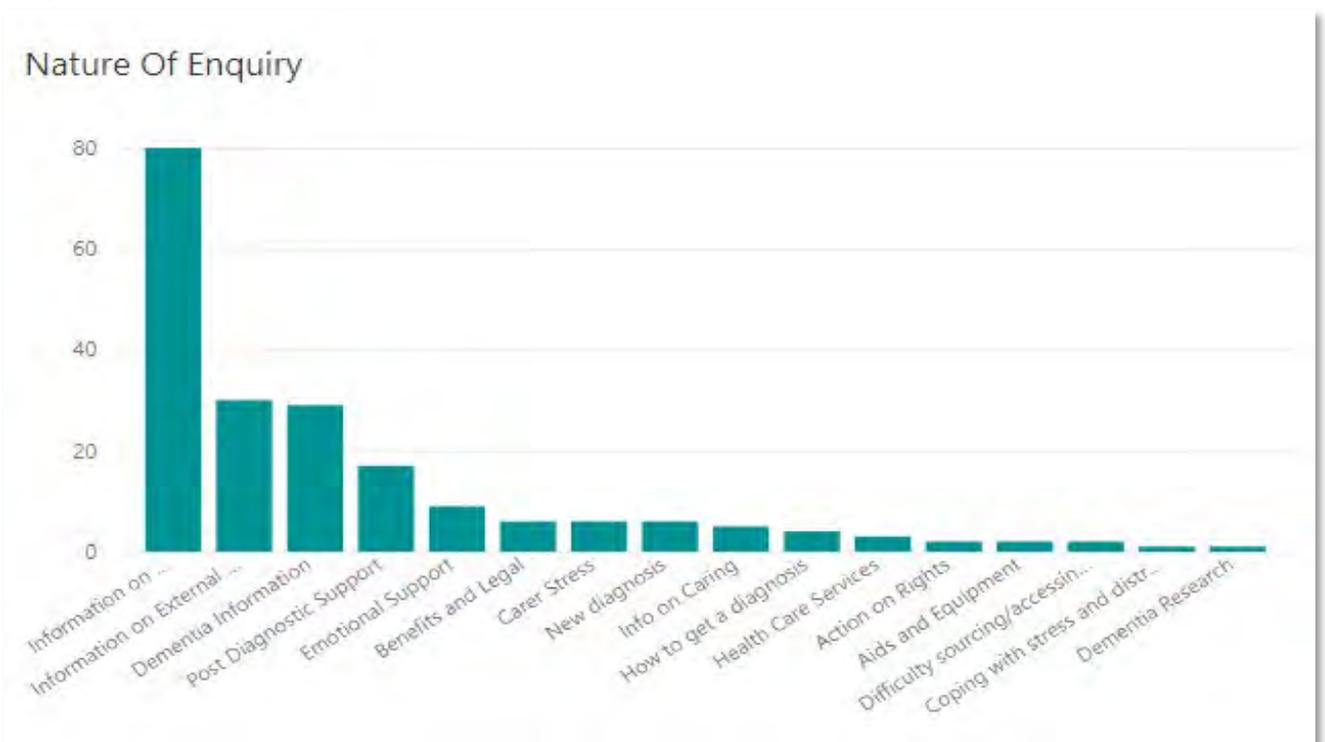
⁸ Str (44) clacks (31)

Unpaid Carers

A Carers Lead Officer is now in post with a priority in attending carer group sessions arranged by the carers centres to increase engagement and strengthen links with unpaid carers. In addition, work is underway to develop functions across HSCP teams to identify and assess carers as well as recording as such within dedicated carers case notes linked to the cared for person. Carer eligibility criteria is also being reviewed with the plan to consult with carers within each of the locality areas, this is more of a document for carers around the impact their caring role is having on their wellbeing. The carers investment plan is also being reviewed with an update expected to be provided at the IJB in February.

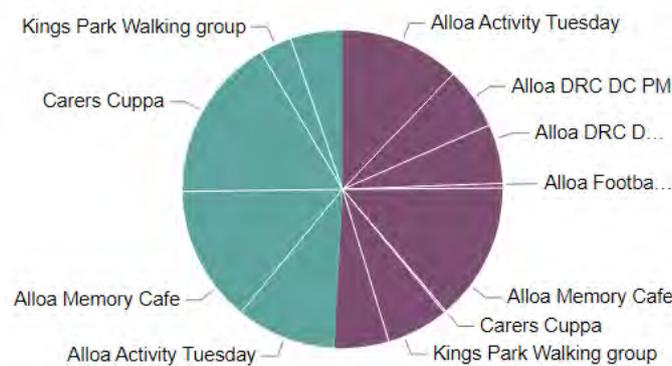
Support provided to carers by Alzheimer Scotland:

Enquiries from carer, relative or friend 83



Event Attendees by Composition

Attendee Type ● Person with Dementia ● Carer/Professional



Support to Carer/professional (people) 56

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 3 individual carers in this period. The Carers Centre in Clackmannanshire currently has 930 carers registered and active.

	Q1	Q2	Q3 Oct & Nov only	Q4
2021/2022				
No of new carers identified	44	48	21	
No of ACSPs offered/requested	52	38	28	
No of ACSPs completed	53	44	34	
No of carers accessing individual support	275	271	222	
No of Carers benefiting from short breaks grants for health and Wellbeing support ⁹	66	81	34	
Attendances at Care With Confidence Sessions	44	25	7	
No Carers Forum meetings	1	1	1	
Attendances at Forum meetings (carers)	5	10	8	
Attendances at Forum meetings (professionals)	6	10	6	
Number of Carers Groups facilitated	24	9	7	
Attendances at groups	190	104	74	

Source: Carers Centres Local Data

Stirling Carers Centre

Currently has 1,682 adult Carers registered and active at the end of December 2022.

	Q1	Q2	Q3	Q4
2022/23				
New Carers Registered	142	139	82	
Adult carer support plans (ACSP's) offered / discussed with	185	158	131	
Adult carer support plans (ACSP's) completed	99	121	87	
Adult 1:1 appointments completed	202	306	150	
Welfare checks completed	933	894	697	
Emergency care plans offered	138	166	102	
Adult Carers contacting the Centre	926	1141	634	

Source: Carers Centres Local Data

⁹ 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. Q3 data not available.



Source: NHS Forth Valley Local Data



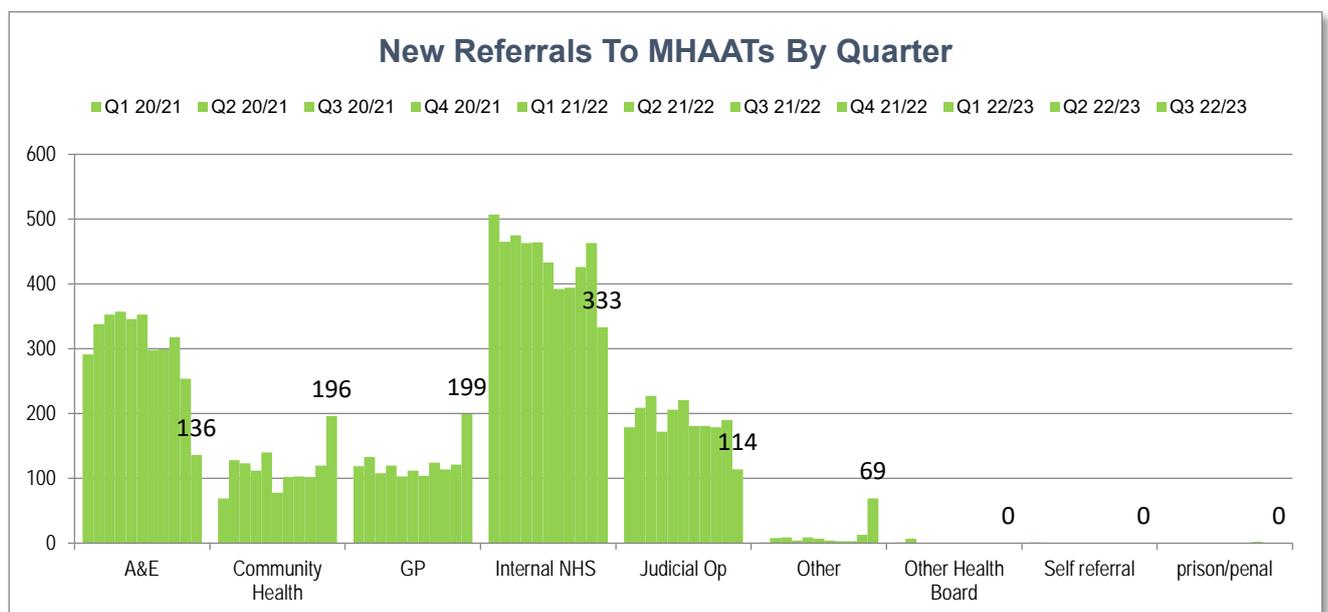
Source: NHS Forth Valley Local Data

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.

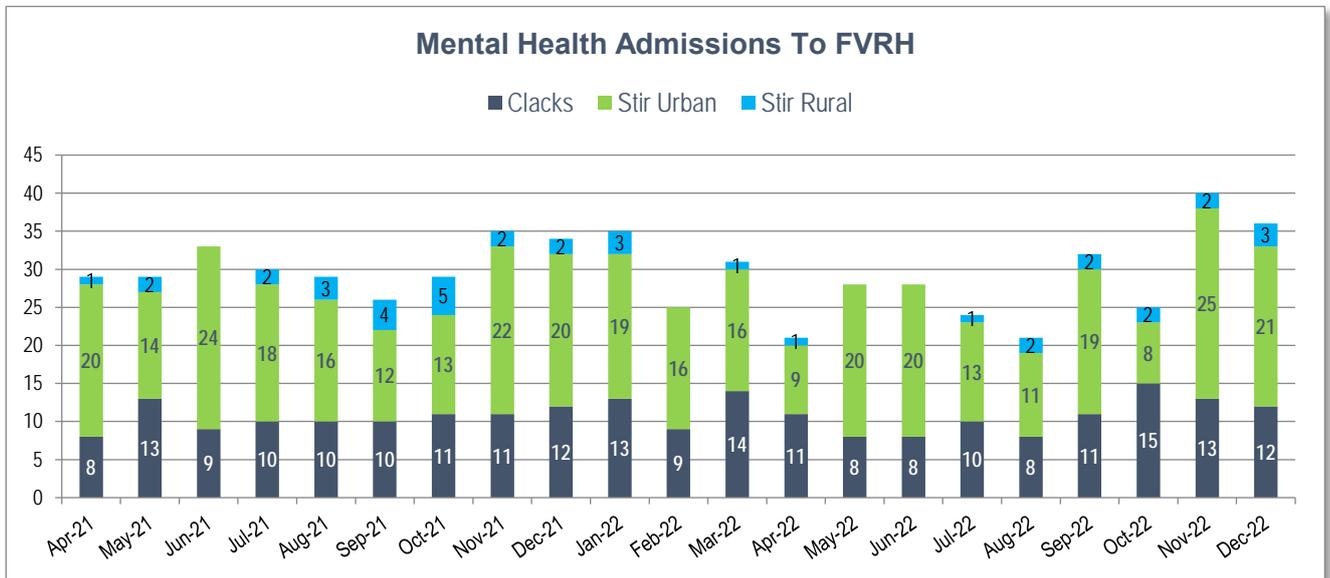
The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

The number of referrals has dropped slightly from 1161 in Q2 to 1047 in Q3. The graph below shows a drop in Acute referrals and a rise in Community referrals.



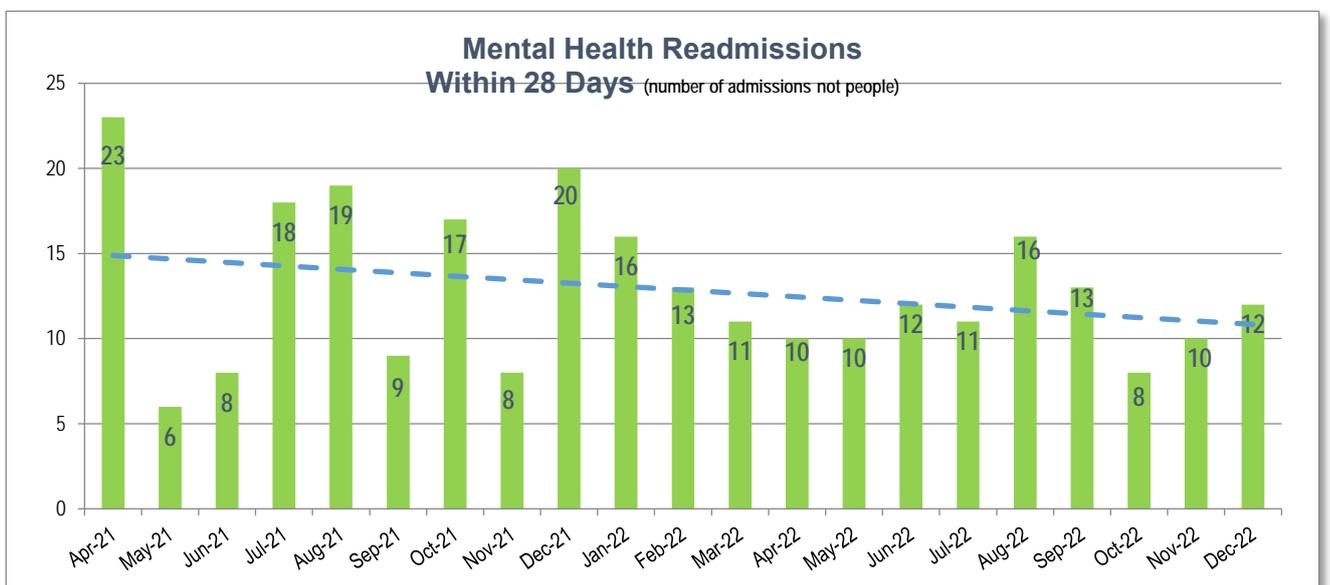
Source: NHS Forth Valley Local Data

There were 101 admissions to Forth Valley Royal Hospital (FVRH) from the Clackmannanshire & Stirling area to the Mental Health wards in Q3. This is the same level as Q3 of the previous year. There was an increase over the first two months of with a slight drop in December.



Source: NHS Forth Valley Local Data

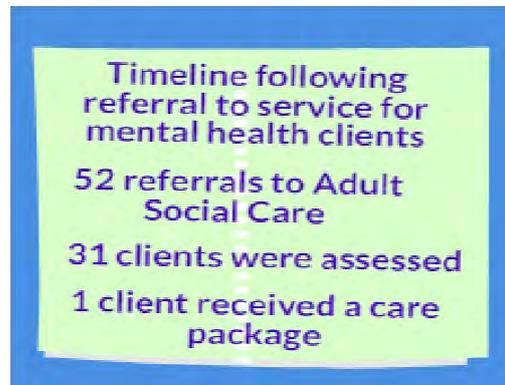
There were 30 readmissions to hospital within 28 days in Q3. This is a reduction from Q2 and much lower than Q3 for the previous 2 years.



Source: NHS Forth Valley Local Data

Social Care

2% of people with mental health problems who were referred in Quarter 3, went on to receive a care package that provided them with practical support and personal/non-personal care.



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.

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

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

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

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.

84 referrals to Adult Social Care for those in Dementia care group over Q3 2022/23

16 referrals were assessed

22 clients received a care package

Source: Social Care Local Data

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

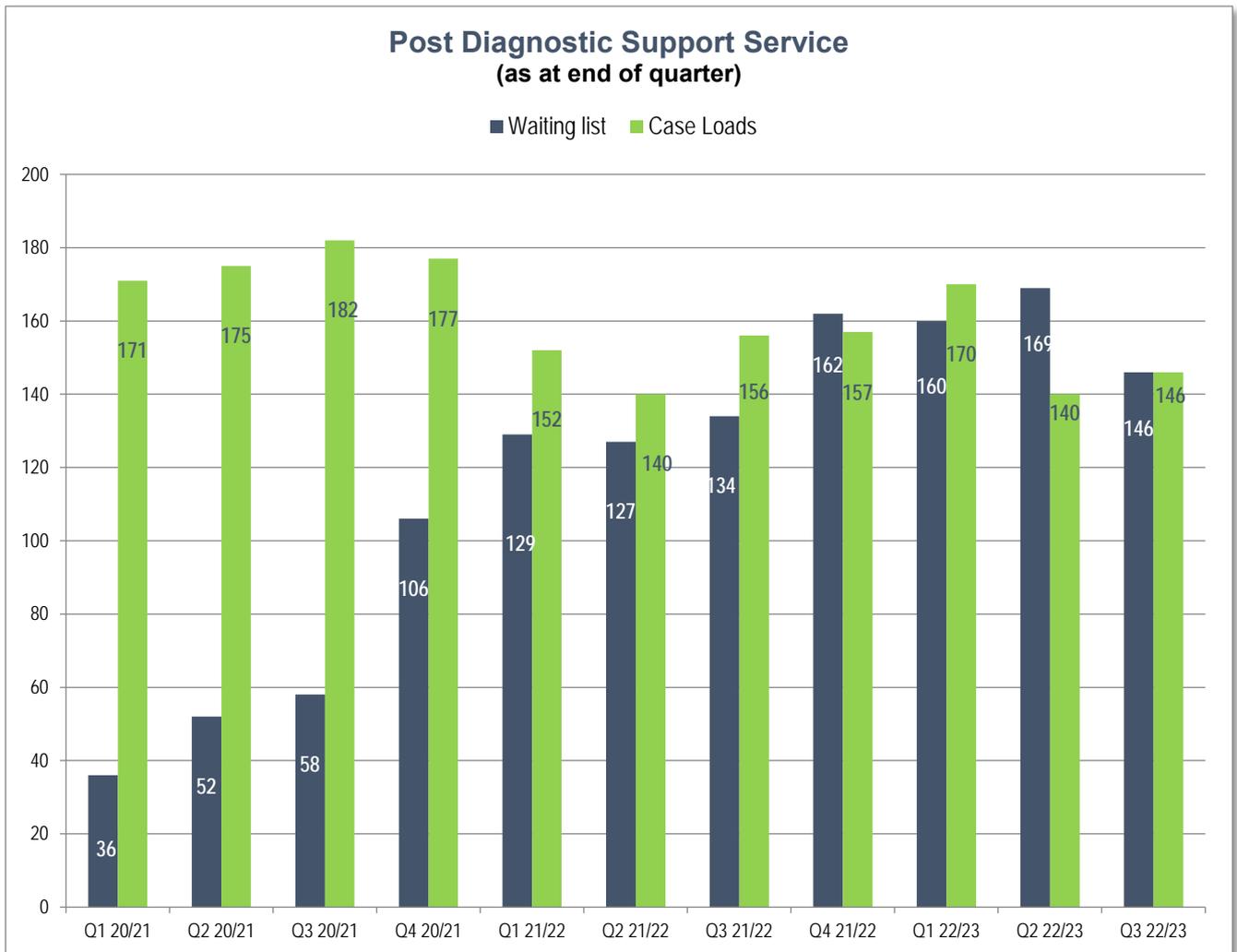
- 8% had actually received a care package in the quarter in advance of an assessment still to be done
- 19% of referrals not yet assessed were either allocated or pending and would be completed in the next quarter
- 9% were closed.

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 is reducing in Q3 22/23.



Source: Local Data

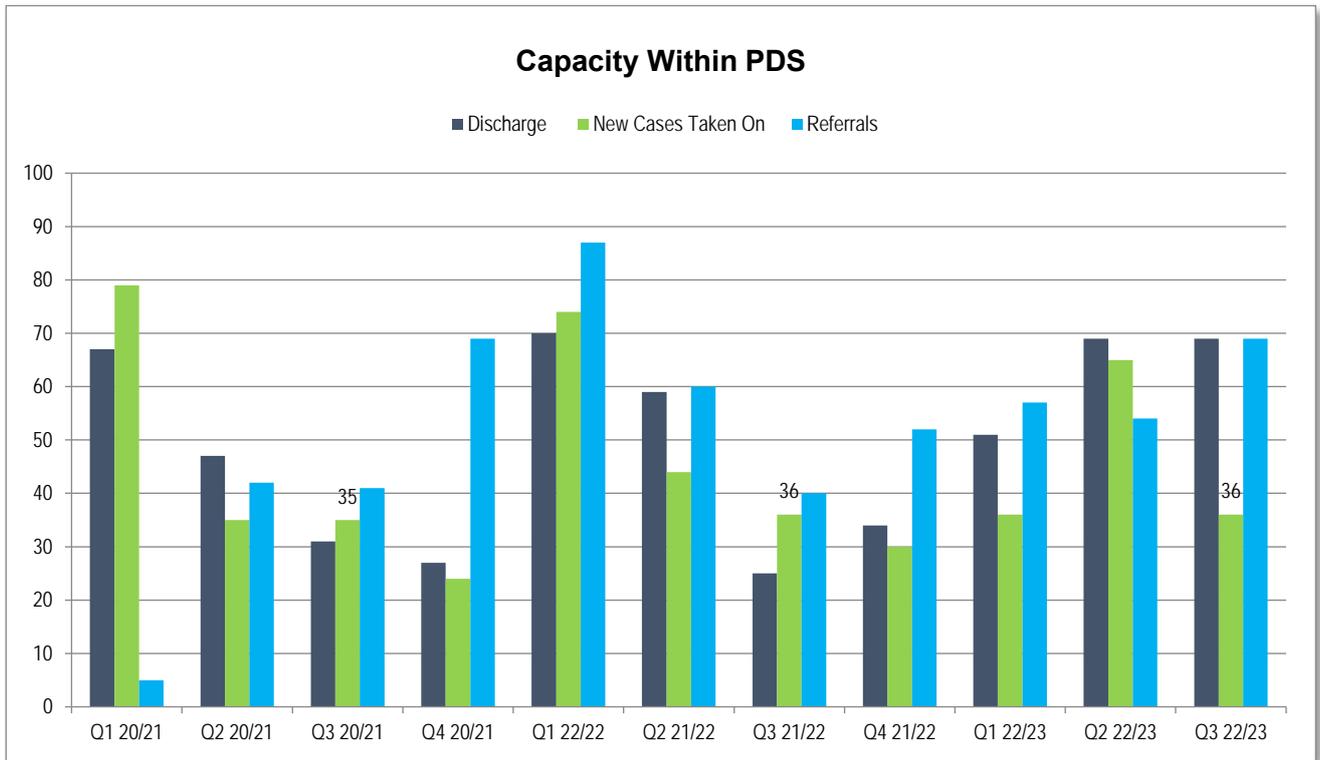
Learning and Development:

We have a rolling programme of Continued Professional Development specifically for the Post Diagnostic Support Link workers. Topics covered to date include Grief and Loss, Power of Attorney, Dementia and Hearing loss, The Dementia Diagnostic Assessment and Allied Health Professionals session on connecting people to support.

The Allied Health professionals also offer link workers the opportunity to join their webinars and they recently joined a webinar on Dementia through a trauma informed lens. Locally staff from the CMHT delivered a session on the Rockwood driving assessment to the link workers.

In addition, we are working with NES to roll out the Promoting Excellence Framework Enhanced level to all staff. Whilst the existing link workers within Stirling and Clackmannanshire have attained, this we are requesting all staff refresh their knowledge.

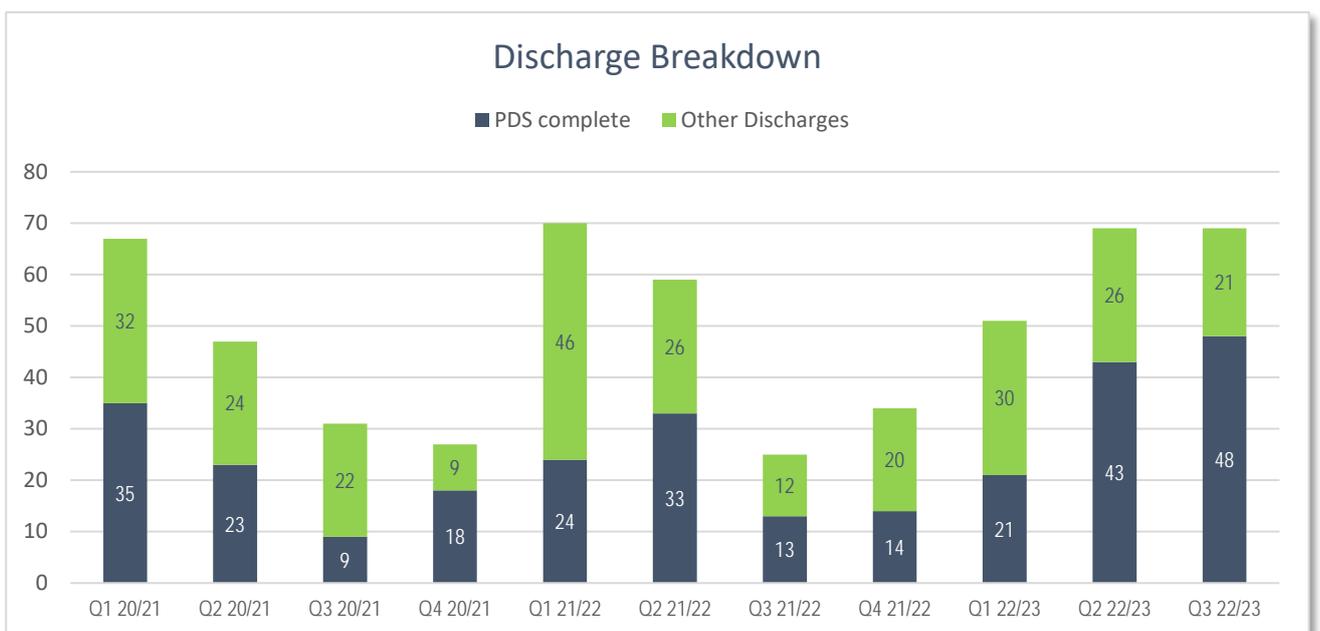
The graph below shows activity in the period, with a high number of discharges and lower activity around new cases. Although December activity is not included.



Source: Local Data

Q3 in the graph above had a low level of new cases taken on in comparison with other quarters that year, however when comparing the same time in other years the number is similar.

The chart below Shows that completed Post Diagnostic support has increased over the 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.¹⁰

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. The ADP delivery plan update will be reported to the HSCP Strategic Planning Group and will be provided to the IJ Board every six months going forward. Quarterly reports will be prepared for the Strategic Planning Group.

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 ¹¹

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

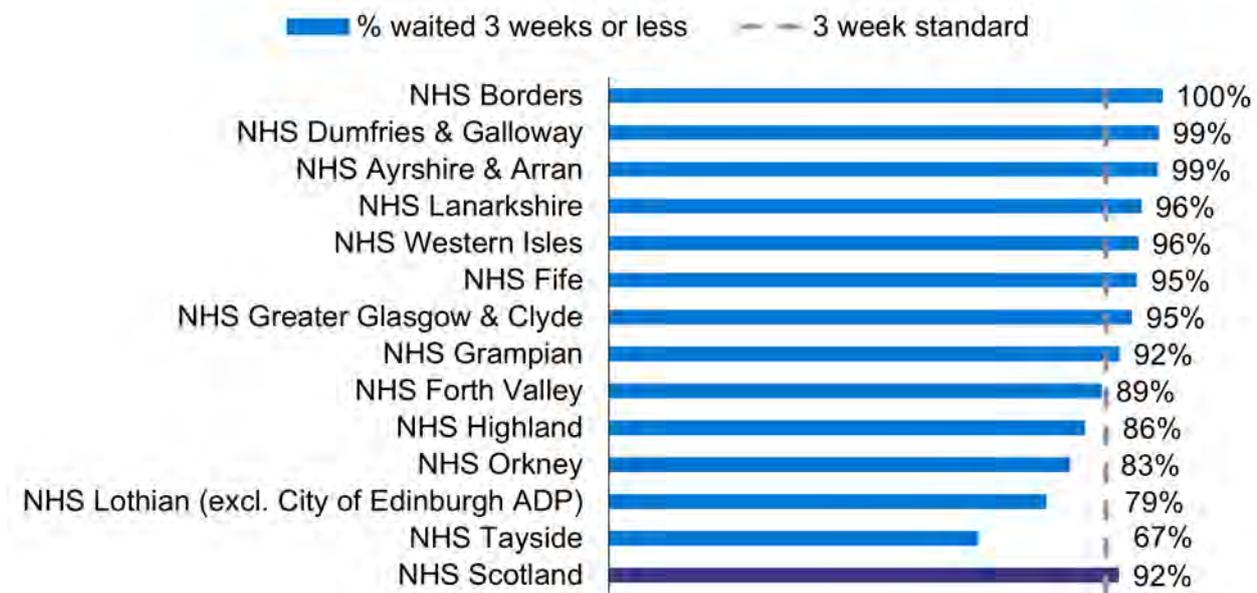
Filter selection

Service type	Community-based service		
Substance type	All		
Quarter ending	30/09/2022		
Measure	Percentage		
	Performance against Standard		
	number of	Waited more than 3	Total
	Waited 3 weeks or less	weeks	waits
Scotland	92	8	7,363
Forth Valley	89	11	431

¹⁰<https://forthvalleyadp.org.uk/>

¹¹ Source: <https://publichealthscotland.scot/publications/show-all-releases?id=20553>

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



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

Other information can be found in the Scottish Alcohol and Drug Partnerships (ADP) 2021/22 Annual Returns: Summary Report

Forth Valley Recovery Community

Group activities

During Q3 we facilitated 172 group sessions across Forth Valley. (44 online group sessions and 136 face-to-face cafés or drop ins), with average 13 sessions per week (over 13 weeks). These sessions were attended 2045 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	180	126	366	310
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 21 Recovery Ramble walks across Forth Valley with 74 participants attending these walks. We also facilitated one Recovery In the Wild event where 9 community members enjoyed Gorge walking and learnt team building skills.

Individual Support Sessions

During the reporting period, we received 24 referrals.

	Clackmannanshire				Stirling			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individuals supported	27	10	7		32	12	12	

Drop in Peer support

During this reporting period the following Recovery cafés and Recovery Drop-ins (mini cafés) have been operational providing support - seven days per week. Many of the premises were closed over the festive period so a drop in from 10am-3pm was offered in Vicar Street in Falkirk.

- 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)

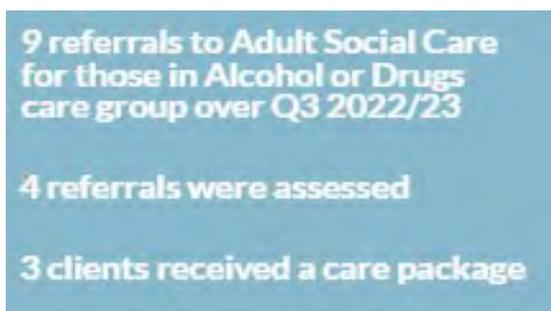
During the reporting period 24 members of the community achieved, started and/or sustained employment, further education and training courses.

Other significant events

We continue to facilitate the following activities:

- Free gym sessions to community members at the Raploch Campus on 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.
- Fitness Fridays in partnership with Active Stirling.

Social Care

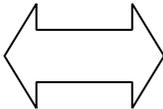


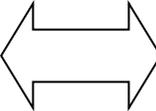
Source: Social Carer Local Data

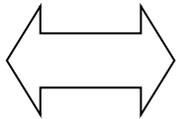
CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 16 November 2022

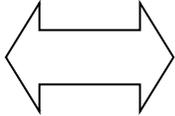
Exceptions Only

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSCP 001	Financial Resilience The risk that delegated service functions cannot be delivered within resources available.	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently'</p> <p>2. Local Outcome 'Decision Making'</p>	Current (4)	Current (4)	Current (16) High	Chief Officer / Chief Finance Officer	<p>Will continue to material impacts of Covid on financial resilience over near and medium term.</p> <p>Review of MTFP underway aligned to recent Scottish Government Resource Spending Review (RSR)</p>	
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. (March 2023) 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 requires to be reviewed with Falkirk and NHS Forth Valley – propose March 2023) 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. (Partially complete – outstanding items per governance workplace) 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 Improvements ongoing) 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 23/24 IJB Business Case – Dec 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. (Q2 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) 							

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSC 008	<p>Information sharing process and practice The risk that information sharing processes, practice and associated governance is inadequate to support efficient and effective delivery of delegated integration functions</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (4)</p>	<p>Current (16) High Target (12) Medium</p>	<p>Chair of Data Sharing Partnership / Head of Service (SP&HI)</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.</p> <p>Risk re-assessed and considered higher than previously scored.</p>	
Risk Reduction Action	<ol style="list-style-type: none"> 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) 7. Refresh of Data Sharing Partnership underway. 							

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSC 011	<p>Sustainability and safety of adult placement in external care home and care at home sectors</p> <p>The risk that the sectors are unsustainable and/or oversight arrangements are inadequate.</p>	<p>1. National Outcomes ‘People are Safe’ ‘Positive Experience’</p> <p>2. Quality of Life</p>	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (16) High</p> <p>Target (4) Low</p>	<p>Head of Service (SP&HI)</p> <p>Heads of Services / Strategic Commissioning Manager / Chief Finance Officer / Adult Support and Protection Co-ord,</p>	<p>Short term arrangements to take cognisance of fuel cost issues.</p>	
Risk Reduction Action	<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. The risk that the workforce profile and demographics result in inadequate workforce is secured and retained to deliver delegated integration functions.	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)								

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	Risk Direction
HSC 015 (added 21 Feb 2020)	Primary Care Sustainability The 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 Health and Social Care system.	1. National Outcome 'Resources are Used Effectively and Efficiently, and 'People are safe'	Current (4)	Current (4)	16 High	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.	
			Target (3)	Target (3)	9 Medium			
1. Primary Care Programme Board re-established (Nov 21) 2. Premises improvement funding in place including sustainability improvement loans.(in place – NHS FV has responsibility for capital and assets) 3. PCIP being delivered so far as resources permit. +18- posts recruited (in place) 4. Expansion of community pharmacy services (ongoing) 5. Investment in quality clusters and cluster leads to ensure GPs and MDTs are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation.(complete) 6. Targeted recruitment to build GP and MDT capacity and capability (ongoing) 7. Strong and regular engagement with SG, BMA and national networks (ongoing) 8. Capital investment programme in Primary Care initial agreement completed and outline business cases will be commenced over coming year. (ongoing) 9. Roll out of ICT improvements including remote server solutions (remote server complete – ICT improvements ongoing) 10. Work with NHS Board to identify and implement options where there are specific recruitment and retention issues (eg Rural practices) (Ongoing)								

Explanation of Scoring:

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

HSCP Balanced Scorecard Clackmannanshire

Performance for Clackmannanshire Locality

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

Pls 1 0 2 0 3

Th Outcome 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 3 1 4 0 8

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

Pls 1 0 8 0 7

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

Pls 0 1 0 0 10

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

Pls 6 0 1 0 1

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

Pls 2 2 4 3

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 6 0 1 0 8



Outcomes For People

Service Delivery

Alert

Warning

OK

Unknown

Data Only

HSCP Exceptions Clackmannanshire 2022-23

Generated on: 19 January 2023



PI Code	Description	April 2022		May 2022		June 2022		July 2022		August 2022		September 2022		October 2022		November 2022		December 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Target	
HSC AB1 GOV	Average FTE Days Sickness Absence Adult Social Care Clackmannanshire (Health & Social Care Partnership)	1.1	✔	1.4	✔	1.4	✔	1.4	✔	1.4	✔	1.0	✔	1.6	✘	1.4	✔	1.9	✘	1.4	
HSC AB2 GOV	% Sickness Absence Adult Social Care Clackmannanshire (Health & Social Care Partnership)	5.42%	✔	6.03%	✔	6.27%	✔	7.23%	✔	7.46%	⚠	5.52%	✔	8.88%	✘	9.16%	✘	9.81%	✘	7.00%	
ADC ADA 01sc	Length of wait (days) from community referral date to start of local authority reablement service. Clackmannanshire	9	✔	102	✘	13	✘	28	✘	1	✔	80	✘	59	✘	175	✘	97	✘	11	Dec 22: Community - due to high volume of hospital referrals that take priority, community care packages are taking a longer amount of time to source.
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%	✘	44.4%	✘	41.2%	✘	9.1%	✔	30.8%	✘	10.0%	Dec 2022: 4 service users required an increase in care due to the following: decline in health and risk of falls; reduced mobility; health condition (Parkinson's); poor memory cognitive issues and to help reduce carers stress.
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	✘	5	✘	4	✘	5	✘	0	Dec 22: 1 assessment ongoing, 4 awaiting care home
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	✘	11	✘	22	✘	16	✘	7	Dec 22: 6 standard delays and 9 code 9s

Agenda Item 9.1 - Appendix 3

PI Code	Description	April 2022		May 2022		June 2022		July 2022		August 2022		September 2022		October 2022		November 2022		December 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Target	
ADC CUS 02c	% of reported indicators for Clackmannanshire Council Adult social servicers registered provision graded 5 or better by Care Inspectorate over previous 12 months			0%						100%				0%				66.67%		100%	
ADC ADA 036	% of assessment completed beyond 28 days of referral for critical and substantial cases. Monthly figure is for three months in each quarter.					62.5%						68.42%						77.27%		15%	
ADC ADA 002q	Average wait in weeks for assessment to be completed in local authority reablement care. Clackmannanshire	8		8		10		3		3		9		5		10		5		4	Dec 22: One service users had an assessment period of 7 weeks – this was to assess if the client could become independent with continence care.
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%		14.1%		14.0%		19.0%		100.0%	
ADC CUS 02b	% of reported indicators for Clackmannanshire Council Adult social servicers registered provision graded good or better by Care Inspectorate over previous 12 months			20%						100%				0%				67%		100%	
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	0.0%		0.0%		0.0%		0.0%		0.0%		100.0%		0.0%		9.1%		0.0%		39.0%	
ABS.01 .WCD. CCHDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nursing	8%		10%		2%		6%		7%		9%		6%		11%		20%		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%		7.98%		13.11%		20.63%		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%		3.53%		11.93%		5.77%		4%	
ADC SAB 007	% absence for HSCP reablement and mecs for Clackmannanshire locality.	5.68%		9.76%		9.03%		9.65%		8.36%		5.1%		9.96%		7.91%		10.26%		7%	
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		9		9		9		6		3	

PI Code	Description	April 2022		May 2022		June 2022		July 2022		August 2022		September 2022		October 2022		November 2022		December 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Target	
ADC ADA 035	Number of completed social care assessments in period.	165		202		211		209		186		192		185		202		154		2,688	

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 ● 2 ▲ 0 ✔ 3 ? 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 ● 4 ▲ 1 ✔ 1 ? 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

● Alert*

▲ Warning*

✔ OK*

? Unknown*

 Data Only*

HSCP Exceptions Stirling 2022-23

Generated on: 18 January 2023

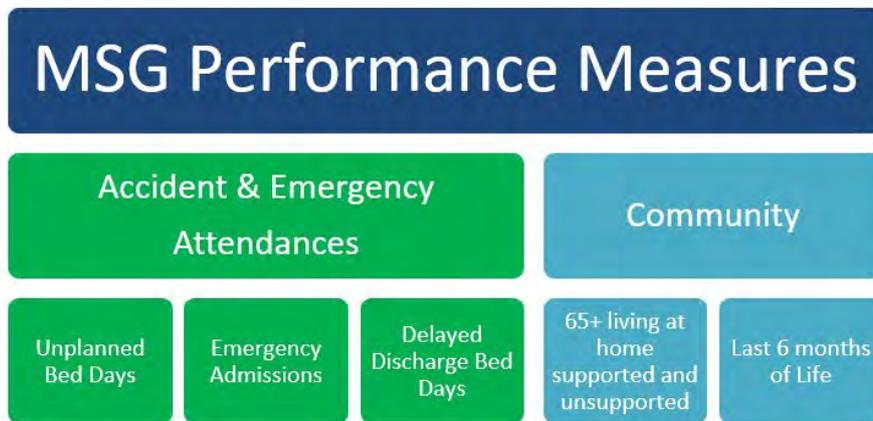


PI Code	Description	April 2022		May 2022		June 2022		July 2022		August 2022		September 2022		October 2022		November 2022		December 2022		2022/23	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Target	
SS_CC_NHS_03	This 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		6		7		8			Dec 22: 2 allocated and assessment commenced, 3 await Move to Care Home, 2 await SW allocation, 1 await package of care
SS_CUS_016	Stage 1 complaints due and responded to within target timescales in adult social care. CLONE COMP004	100%		100%		100%		100%		100%		20%		33.33%		66.67%		66.67%			
SS_CUS_017	Stage 2 complaints due and responded to within target timescales in adult social care. CLONE COMP016	0%		33.33%		100%		0%		100%		100%		0%		100%		50%			
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		28		27		33			
ABS.01.CSD.CHCM	This indicator pertains to the % of hours lost through SICK LEAVE each month	13%		23%		21%		21%		17%		18%		16%		9%		12%			Not measured for Years
ABS.01.CSD.LMHRC	This indicator pertains to the % of hours lost through SICK LEAVE each month	8%		11%		10%		5%		2%		5%		2%		2%		8%			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%		17%		23%		25%			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%		16%		19%		19%			Not measured for Years

ABS.01. WCD.B CFDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nurse	2%		5%		9%		10%		0%		9%		11%		7%		5%		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		33.24		34.79		29.96							

Health and Community Care: Ministerial Strategic Group (MSG)

This was a key strategic decision taking group in relation to transformational change in health and community care in Scotland. The group was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership and direction. The work of the Ministerial Strategic Group for Health and Community Care has now concluded, with its last meeting taking place in January 2020. However, these key measures continue to be collected and reported.

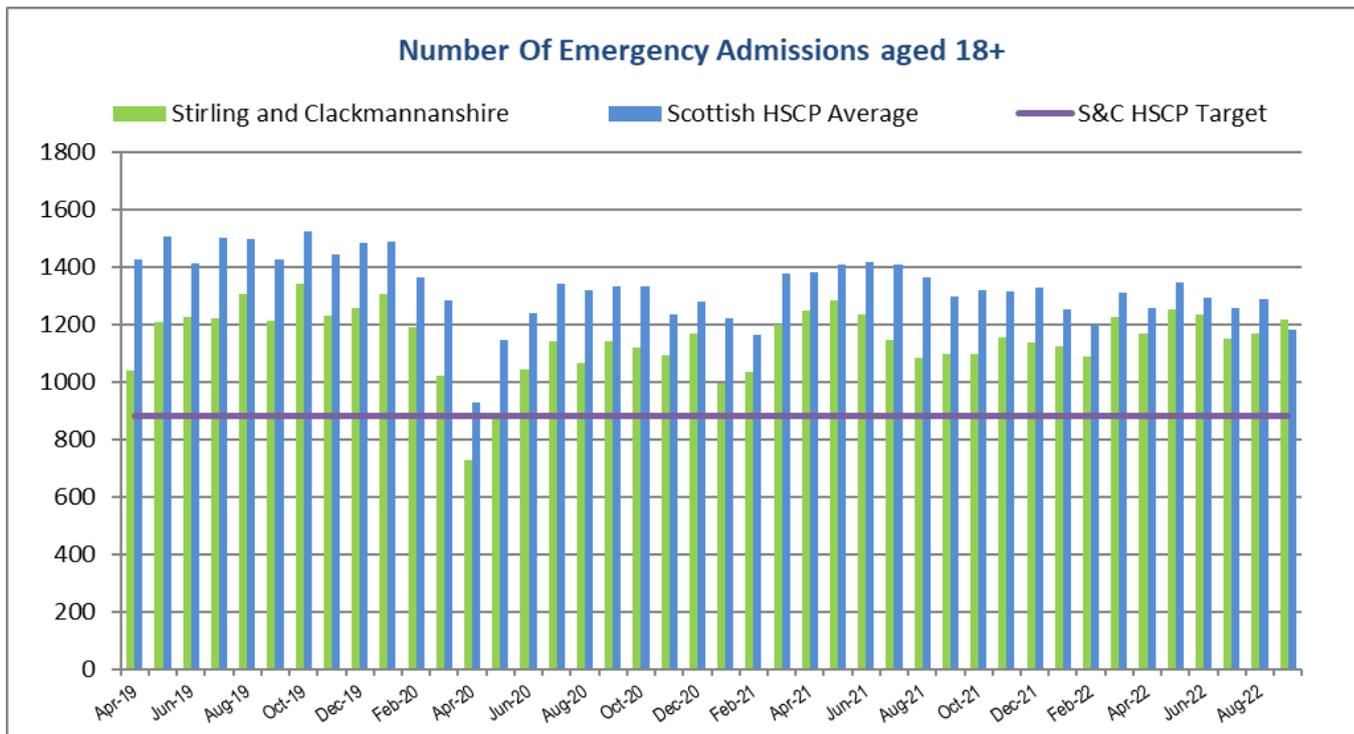


Completedness issues impact on some of this data where SMR01 records submitted by NHS Forth valley are not 100%. Data for 20/21 and 21/22 is 97% or above but none are 100% which means that some figures are likely to change. Where there are completedness issues this has been noted and the figure is highlighted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

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>12,611</i>
21/22			<i>13,921</i>

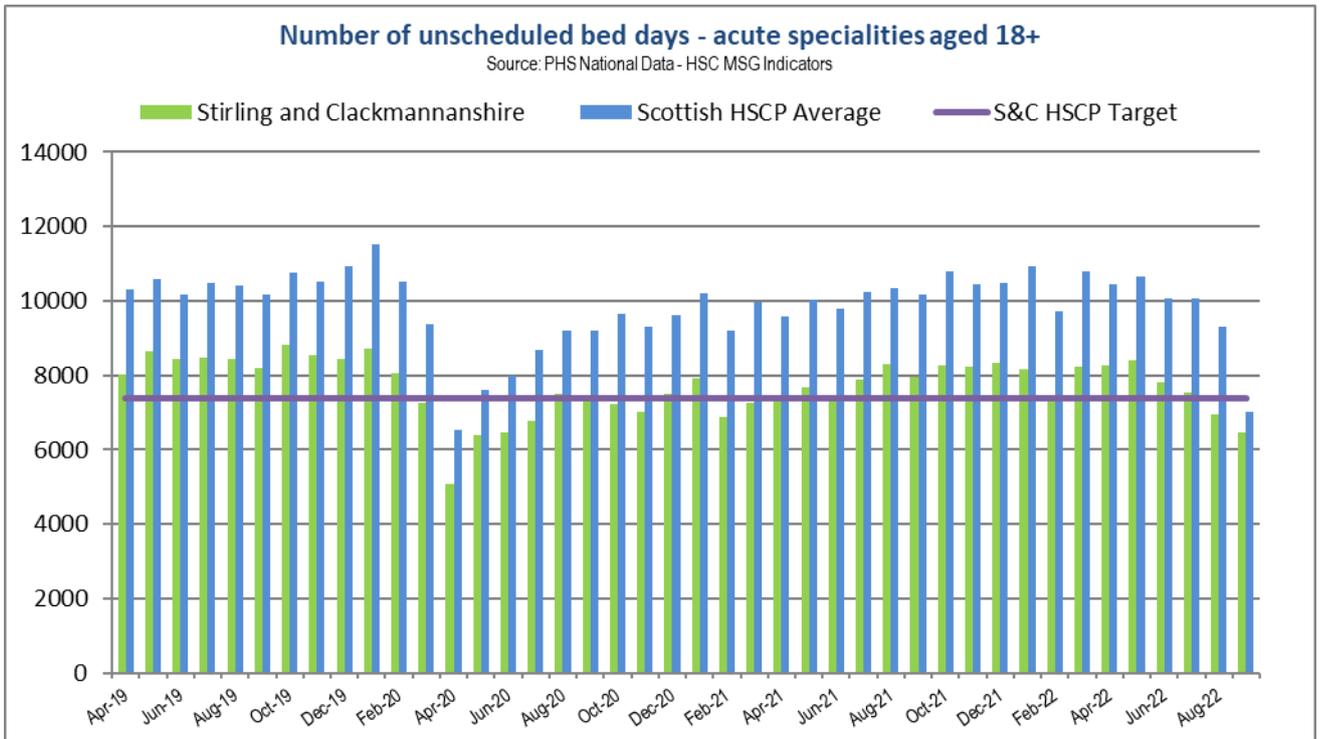
Source: PHS National Data - HSC MSG Indicators



2a. Number of unscheduled hospital bed days – Acute

Baseline year	Baseline total	% change	19/20 Target
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			83,468
21/22	all months 97% and above complete but none 100%		95,153

Source: PHS National Data - HSC MSG Indicators



2b. Number of unscheduled hospital bed days – 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

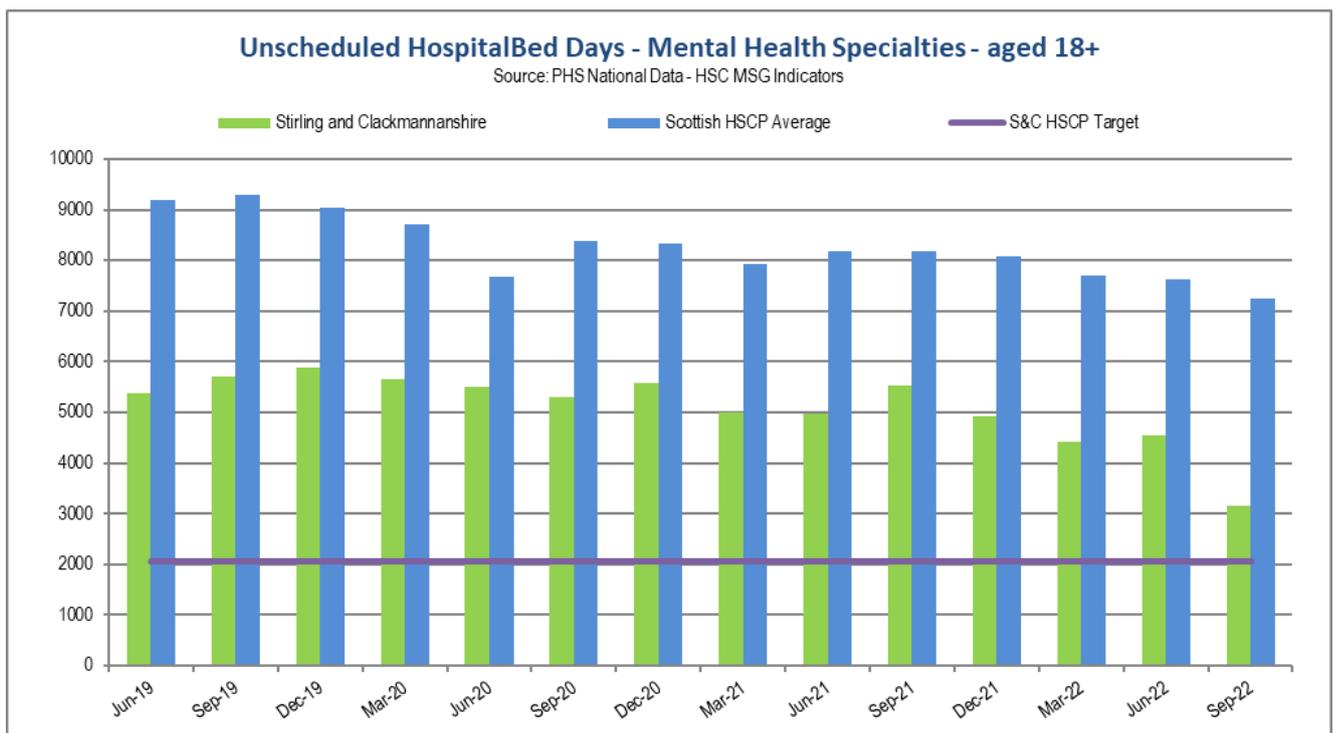
Source: PHS National Data - HSC MSG Indicators

No graph

2c. Number of unscheduled hospital bed days – Mental Health – aged 18+

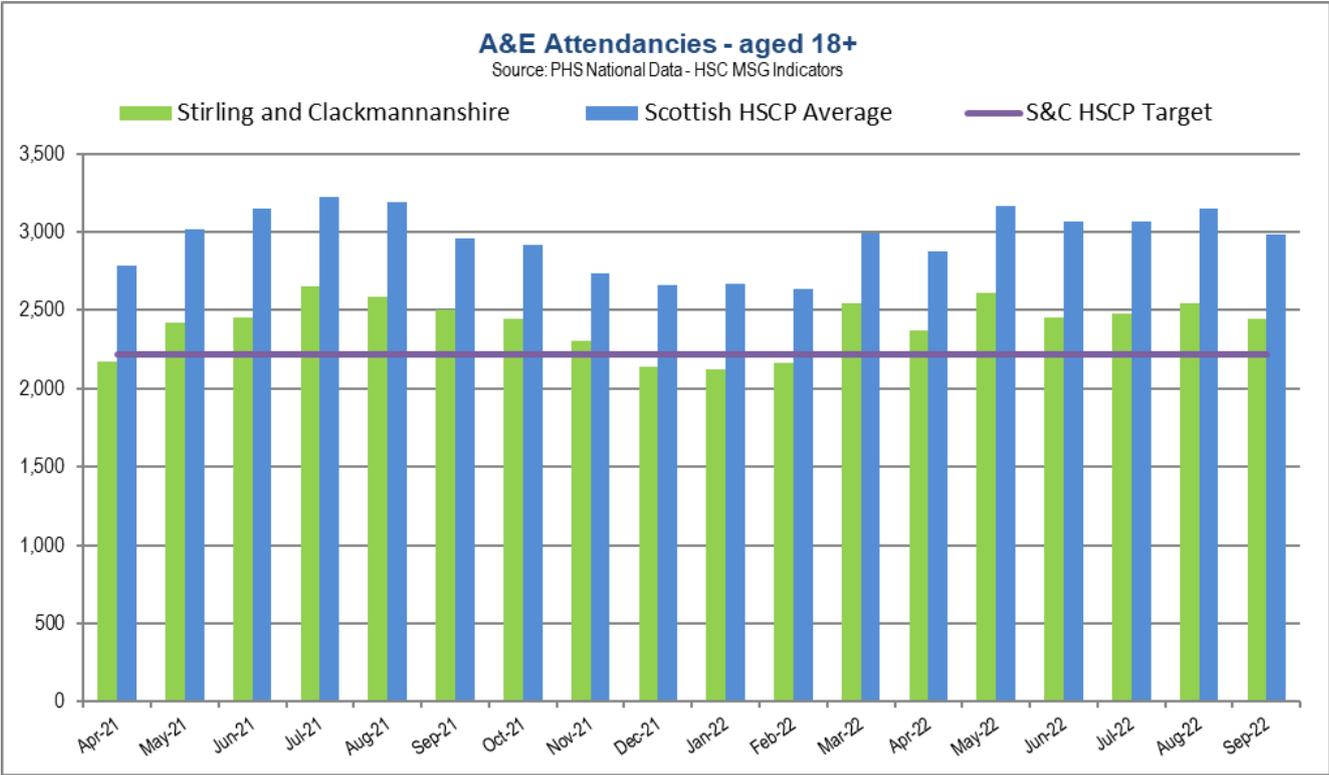
Baseline year	Baseline total	% change	19/20 Target
15/16	24,851	maintain baseline	24,851
16/17		1% decrease	24,599
17/18		3.8% increase	25,799
18/19		7.8% increase	26,800
19/20		9% decrease	22,628
20/21	Completedness issues		21,386
21/22			19,871

Source: PHS National Data - HSC MSG Indicators



3. A&E attendances – aged 18+

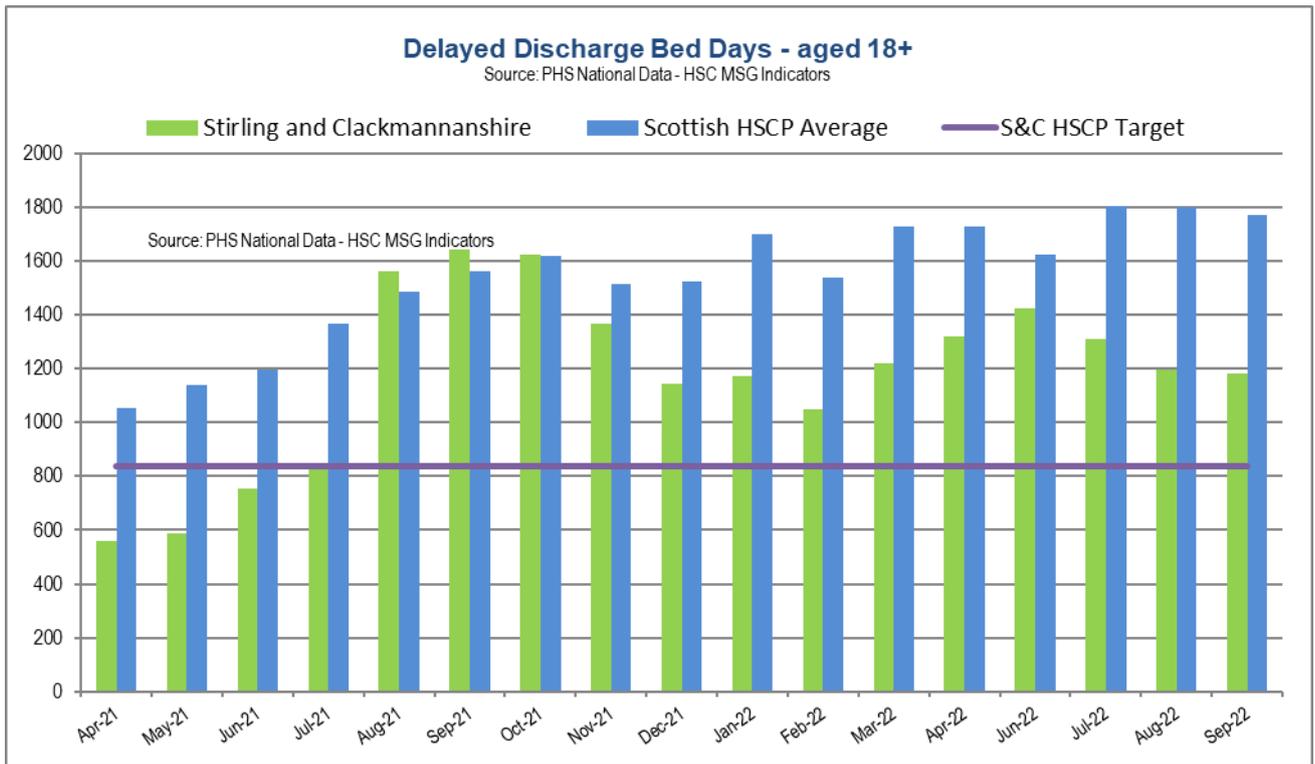
Baseline year	Baseline total	% change	19/20 Target
15/16	26,585	maintain baseline	26,585
16/17		0.58% decrease on baseline	26,430
17/18		6.31% increase on baseline	28,264
18/19		13.91% increase on baseline	30,284
19/20		20.51% increase on baseline	32,040
20/21	Covid	13.1% decrease on baseline	23,091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



Source: PHS National Data - HSC MSG Indicators

4. Delayed discharge bed days – all Reasons - aged 18+

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	Covid	7% decrease on baseline	9,355
21/22		26% increase on baseline	13,518



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: PHS National Data - HSC MSG Indicators

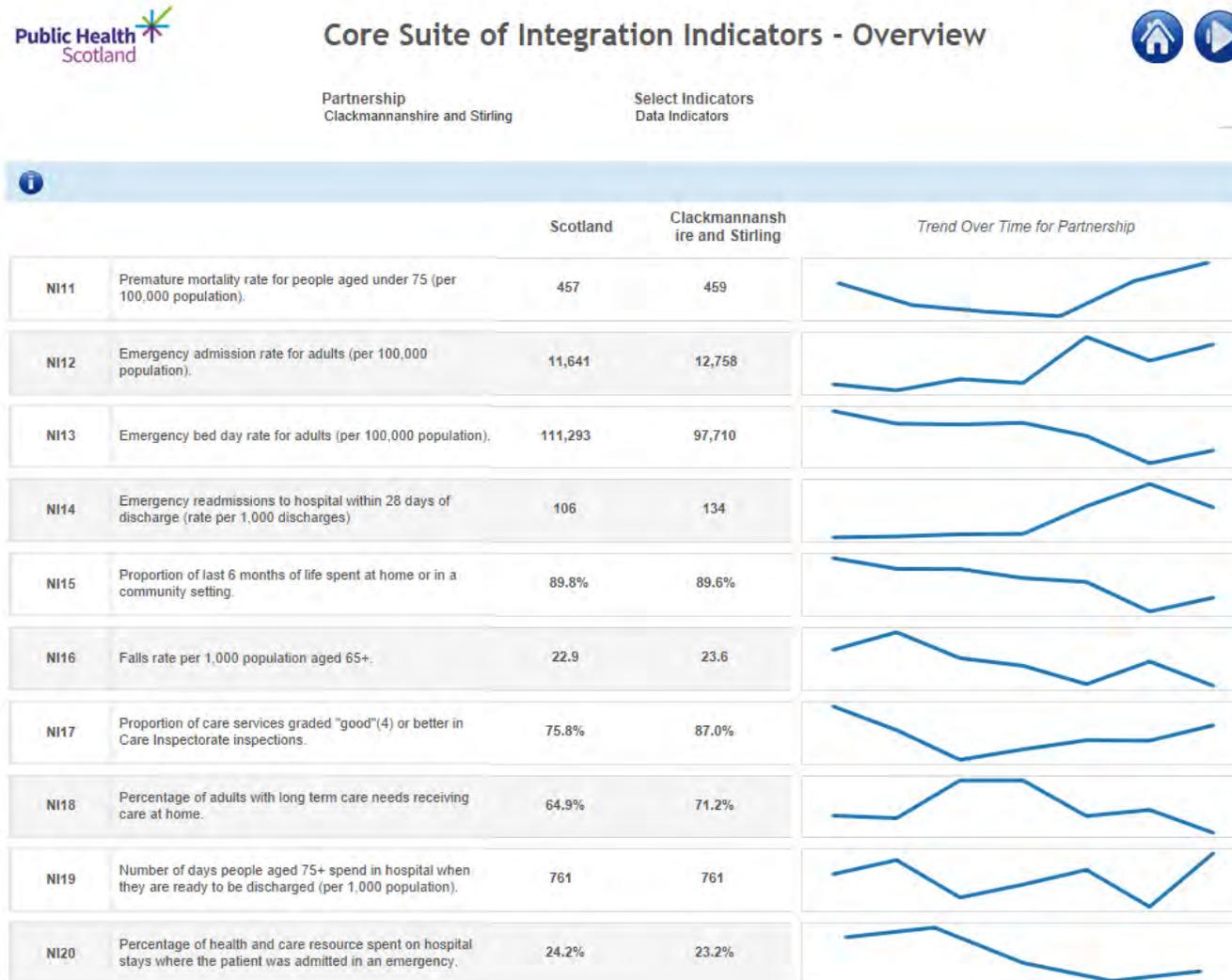
6. Proportion of 65+ population living at home (supported and unsupported)

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: PHS National Data - HSC MSG Indicators

Agenda Item 9.1 - Appendix 5

In 2016 the Scottish Government legislated to bring together health and social care in to a single, integrated system. <https://www.gov.scot/policies/socialcare/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.



Data indicators	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	3,340	3,142		
	NI - 13	Emergency bed day rate (per 100,000 population)	116,465	113,592	110,147	113,022	106,429	93,593	97,710	25,466	21,318		
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	107	107	104	133	146	134	136	130		
	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%	89.9%	88.3%		
	NI - 16	Falls rate per 1,000 population aged 65+	14.2	16.3	18.5	20.7	22.3	20.9	23.6	6.3	4.9		
	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	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	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	218	198		
	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	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/>

Quarterly Partnership Information



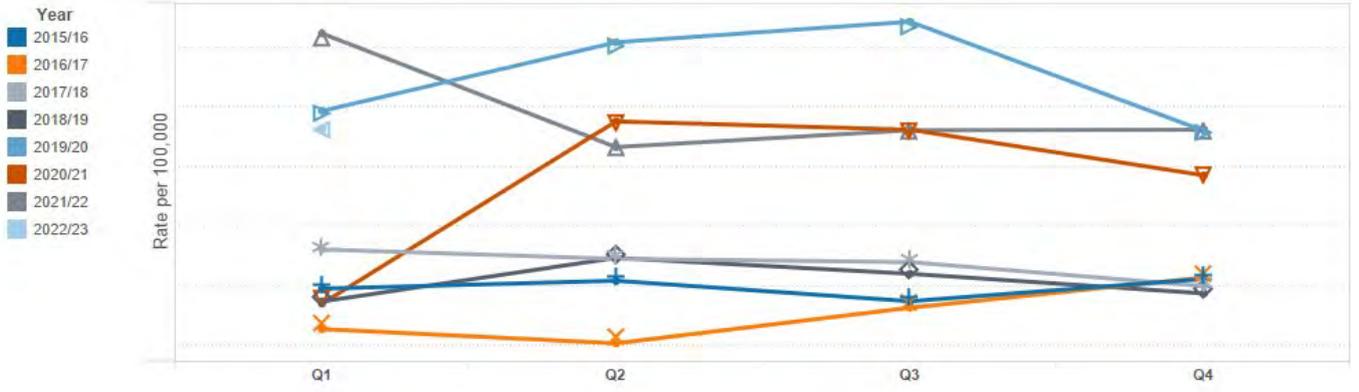
Partnership
Clackmannanshire and Stirling

Select Indicator
NI12

Select Table
Indicator Values

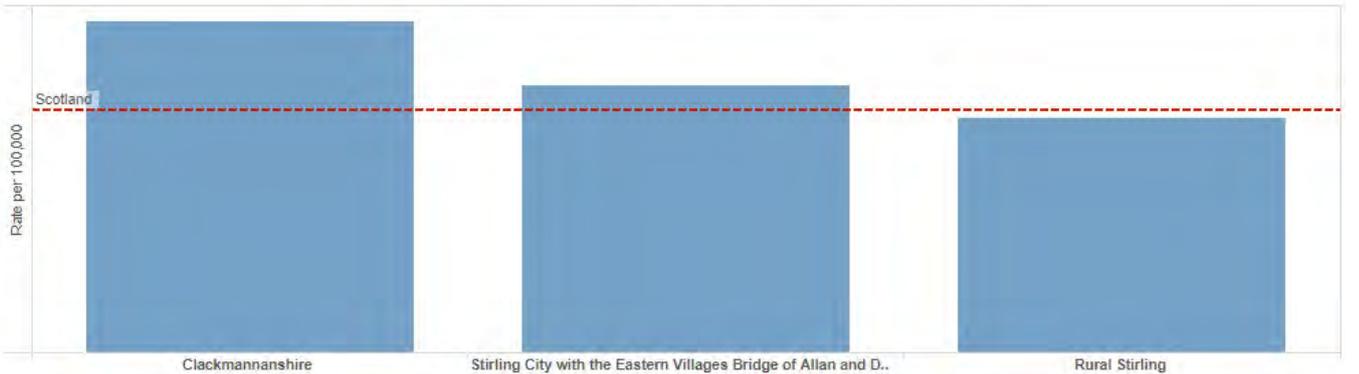


Emergency admission rate for adults (per 100,000 population).



	Q1	Q2	Q3	Q4
2015/16	2,589	2,616	2,547	2,622
2016/17	2,453	2,406	2,525	2,627
2017/18	2,721	2,690	2,679	2,598
2018/19	2,546	2,693	2,639	2,573
2019/20	3,187	3,418	3,487	3,120
2020/21	2,539	3,152	3,124	2,970
2021/22	3,447	3,065	3,122	3,124
2022/23	3,126			

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



Quarterly Locality Breakdown

Select Locality:

	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



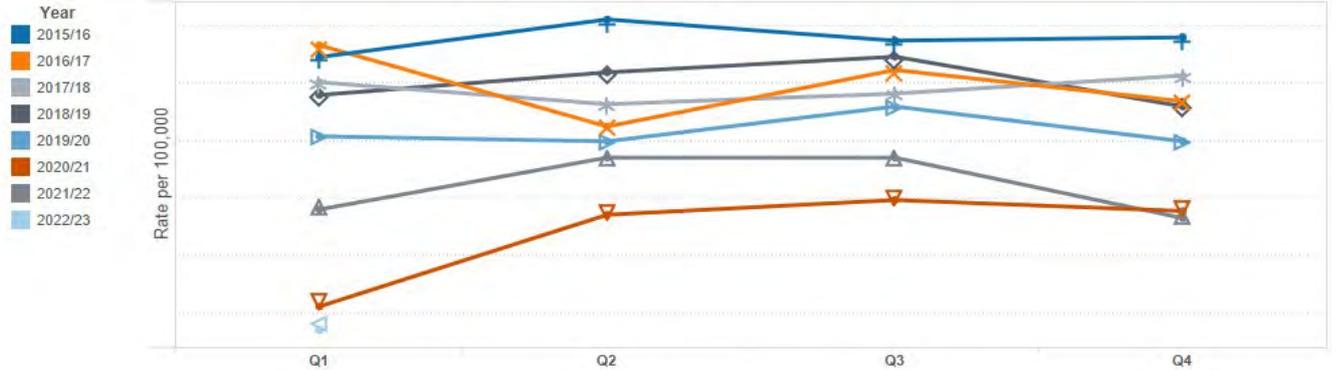
Partnership
Clackmannanshire and Stirling

Select Indicator
NI13

Select Table
Indicator Values

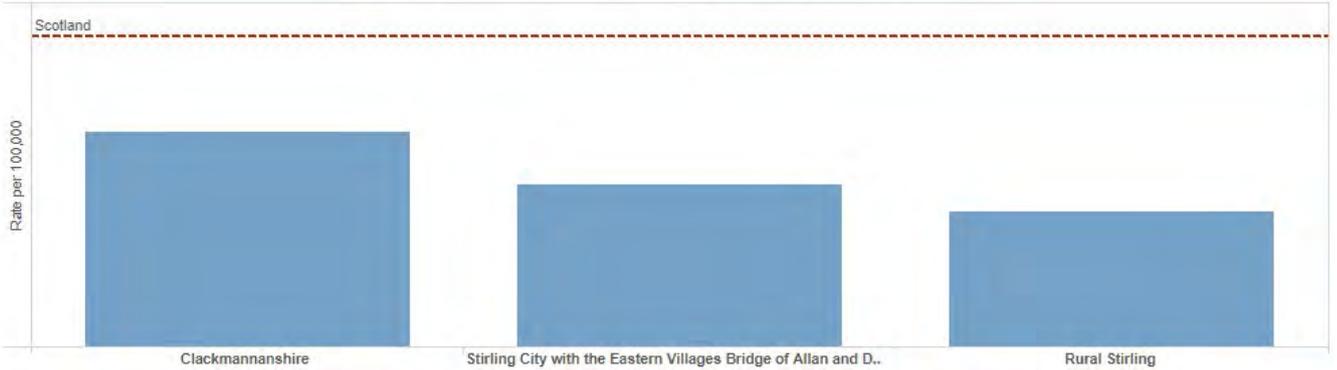


Emergency bed day rate for adults (per 100,000 population).



	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	27,561	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
NI13	Q1	Q1	Q1
Beddays	23,328	17,851	15,789
Population	9,630	10,034	3,249
	41,280	56,211	20,577

Quarterly Partnership Information



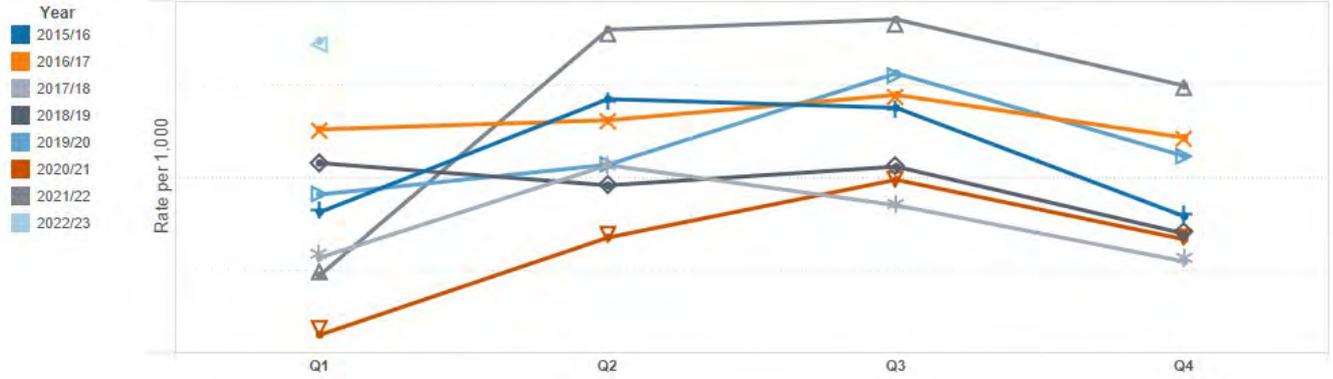
Partnership
Clackmannanshire and Stirling

Select Indicator
NI19

Select Table
Indicator Values



Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population).



*Changes were made to the recording of delayed discharges in July 2016. Please refer to the notes dashboard for details.

	Q1	Q2	Q3	Q4
2015/16	131	192	188	129
2016/17*	176	181	194	171
2017/18	107	157	135	105
2018/19	158	146	156	120
2019/20	141	157	206	161
2020/21	65	118	149	117
2021/22	97	230	235	199
2022/23	224			

Quarterly Partnership Information



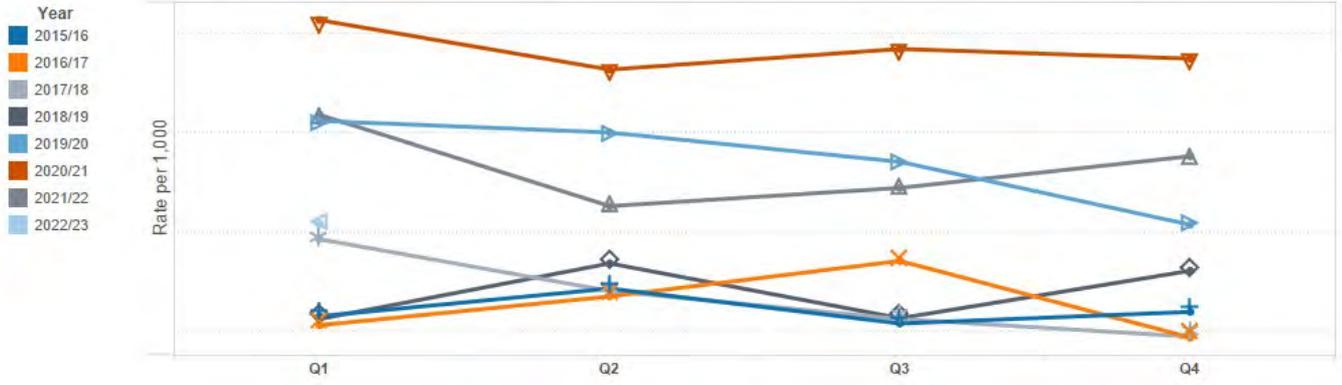
Partnership
Clackmannanshire and Stirling

Select Indicator
NI14

Select Table
Indicator Values



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



	Q1	Q2	Q3	Q4
2015/16	103	109	102	104
2016/17	101	107	114	99
2017/18	119	108	102	99
2018/19	102	114	103	112
2019/20	142	140	134	121
2020/21	163	153	157	155
2021/22	144	125	129	135
2022/23	122			

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

Quarterly Locality Breakdown

Select Locality:

(All)

	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..	2,017	2,201	906

Quarterly Partnership Information



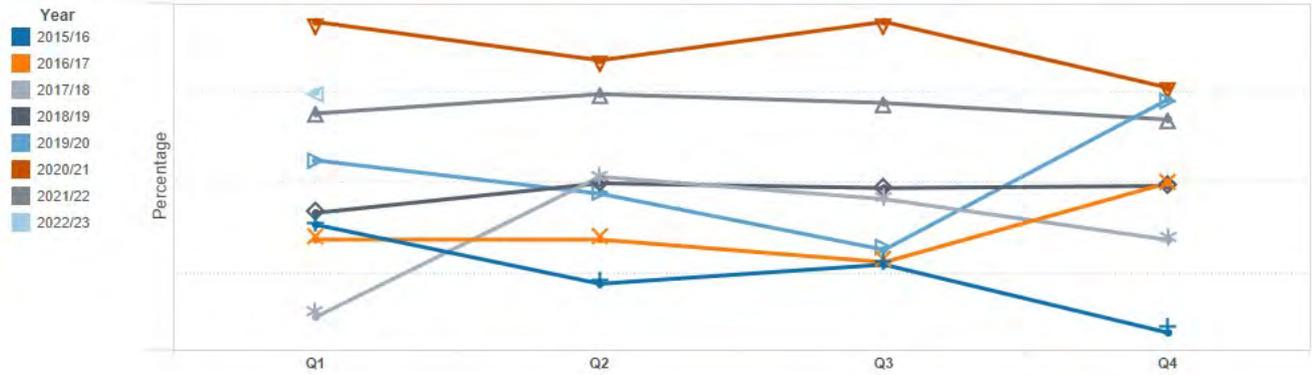
Partnership
Clackmannanshire and Stirling

Select Indicator
NI15

Select Table
Indicator Values

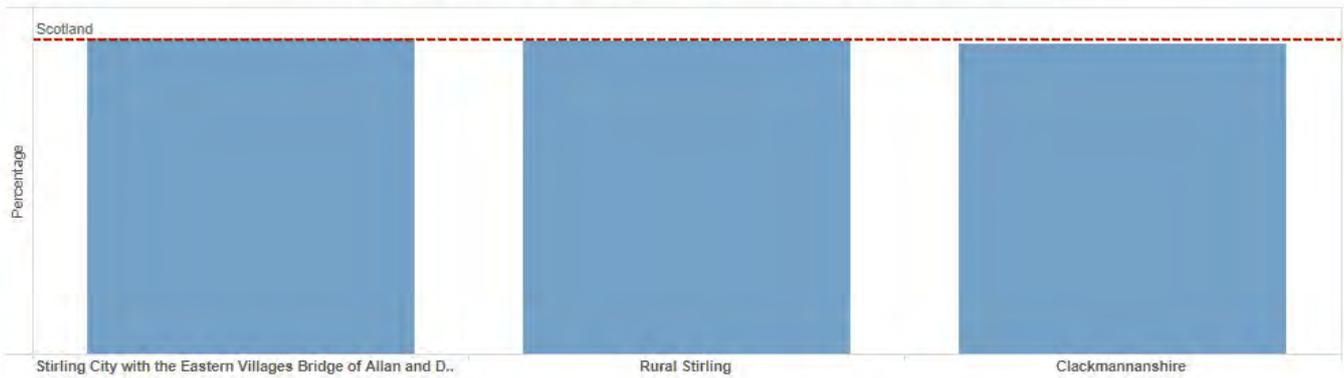


Proportion of last 6 months of life spent at home or in a community setting.



	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:

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

Quarterly Partnership Information



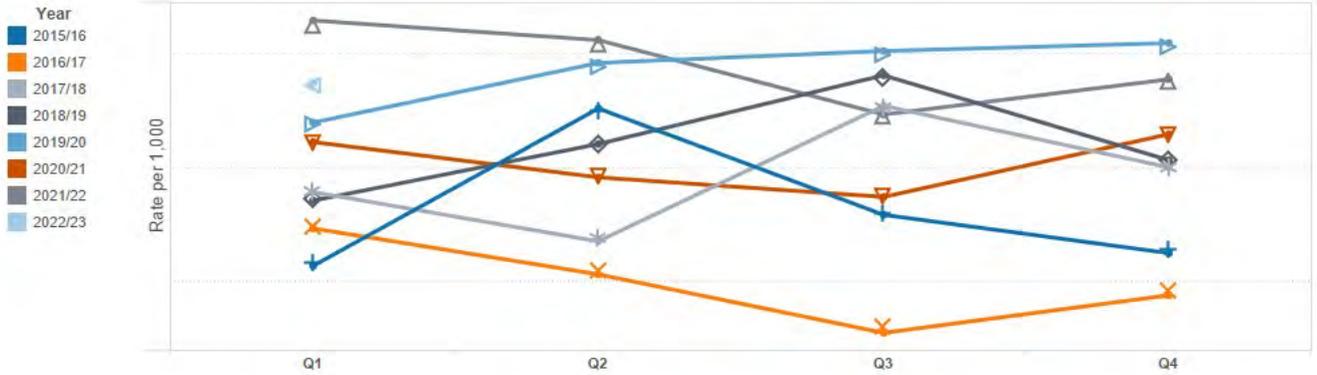
Partnership
Clackmannanshire and Stirling

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

01 February 2023

Agenda Item 10.1

Strategic Commissioning Plan 2023 – 2033

For Agreement

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Michelle Duncan, Planning & Policy Development Manager
Exempt Report	No

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

Purpose of Report:	To provide an update on the development of the draft Strategic Commissioning Plan 2023-2033 for comment.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) To provide assurance to the Board of the development of the draft Plan. 2) Agree for officers to continue to seek feedback from stakeholders and partners on the draft Plan before final presentation in March 2023. 3) Seek for officers to provide final version to the Board in February prior to publication in March 2023.
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Key issues and risks:	The risk is not meeting requirements of the Public Bodies, Joint Working Act (2014) to have a Strategic Commissioning Plan.
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1. Background

- 1.1. The Strategic Commissioning Plan is a key requirement of the Integration Joint Board, as the overarching commissioning body for all delegated functions, as laid out in the Public Bodies, Joint Working Act (2014) Scottish Government Guidance.
- 1.2. Strategic Commissioning is the process by which health and care services are planned, purchased and monitored. The development of the Plan relies on preparation around a robust strategic needs analysis, effective and joined up service planning as well as the design, procurement, performance and quality monitoring across all delegated services.
- 1.3. The Strategic Commissioning Plan sets out the arrangements for carrying out integration functions in Clackmannanshire and Stirling over the ten year period of the plan. The Health and Social Care Partnership area is divided into three locality planning areas, Clackmannanshire, Stirling Rural and Stirling Urban.
- 1.4. The Strategic Commissioning Plan also sets out the way in which the arrangements for carrying out the delegated functions are intended to achieve or contribute towards achieving the national Health and Wellbeing Outcomes.

The Health and Wellbeing Outcomes are based around the principles of human rights, equality and independent living.

2. Development of the new Strategic Commissioning Plan

- 2.1. The current Strategic Commissioning Plan 2019-2022 comes to an end by March 2023. It was agreed, by this Board and with Scottish Government, that the current Plan could be carried forward for an additional year due to the impact of the pandemic.
- 2.2. Work to develop the new Strategic Commissioning Plan started in March 2022, focused on the development of a new Strategic Needs Assessment, analysis on the Scottish Burden of Disease data and internal & external engagement activity. The Strategic Needs assessment and analysis of the burden of disease provided data and intelligence on the demographic profile and identifies needs of the population.
- 2.3. Engagement activity was a key strand of work and included online surveys and a number of community events held throughout the villages and towns, online events for each of the Localities, meetings with local groups and regular Locality Planning Network groups for each of the three Localities. This work links the Locality Planning Networks, Strategic Commissioning Plan, Integrated Workforce Plan and Health and Wellbeing Outcomes, providing the 'Golden Thread' from the grassroots up. The preparation of the Locality Action Plans is laid out in an aligned paper presented to this Board today.
- 2.4. Workforce planning was a Scottish Government requirement as well as being the key to the well-being of staff and the delivery of services, and in October, the three year Integrated Workforce Plan was published. The development of the Plan involved focused work to engage with staff and partners, develop key priorities and ensure that the Integrated Workforce Plan reflected the vision of all stakeholders. There was engagement with the community health and care workforce including third and independent sector providers, partners, staff, HR, Organisational Development, trade unions and staff side representatives.
- 2.5. Delivery of the ethical commissioning approach, as previously agreed by this Board, was to deliver all commissioning activity within a Commissioning Consortium model. This programme is well underway across a range of care groups.
- 2.6. There was a need to measuring the success of the previous Plan and future planning against key performance indicators, national Health and Wellbeing Outcomes and local agreed targets as well as detailed analysis of current performance and future targets. There is an officer led group reviewing current requirements and future development of performance measures.
- 2.7. Throughout the development of the Strategic Commissioning Plan, managers have been working and meeting with Internal Audit through an audit process of agreed self-evaluation. In October, the Audit report provided an evaluation of the position in September with recommendations. In response, an action plan

was devised and implemented to the completion of writing the Strategic Commissioning Plan.

- 2.8. In order to refresh our approach, partners agreed to develop fundamental principles for the new Strategic Commissioning Plan. This work sought to develop and embed human rights based approach, equalities and ecology across all of our care and support, policy and strategic documents and our strategic partnerships across the system and our communities.
- 2.9. All our service and locality planning has been based on the principles and approaches as set out in the Strategic Commissioning Plan has started in order to test the approach. Service Plans are being developed for each care group and priority, including workforce, performance and transformation. The planning approach uses data and performance to profile need and activity and engagement with the people who access and provide care and support to shape and co-design services. Each plans will reflect each of the elements set out within the Strategic Commissioning Plan, Data & Performance, Engagement, Commissioning, Transformation, Finance, Workforce Planning and the Principles of Human Rights, Equalities and Ecology.

3. Involvement and timescales

- 3.1. Engagement is key to the development of the Strategic Commissioning Plan and the implementation of this. Key groups have been pivotal to supporting this programme of work. The list below outlines some of the fora where partners, supported people, communities and stakeholders have discussed the priorities of the Strategic Commissioning Plan and Locality Action Plans:
 - HSCP Strategic Planning Group
 - HSCP Locality Planning Network groups
 - HSCP Carers Planning Group and Carer's Forums
 - Alcohol & Drug Partnership and sup-groups
 - HSCP Self-Directed Support Steering Group
 - Dementia Friendly Communities
 - HSCP Commissioning Providers Forums
 - HSCP Commissioning Consortiums
 - HSCP Joint Staff Forum
 - Community Justice Partnerships
 - Forth Valley Health Improvement Programme Board
 - Forth Valley Quality event on Whole Systems Planning
 - Strategic Housing Forums
 - Tenant and residents' association.
- 3.2. This list is not exhaustive but is a recognition of the scope of partners and the engagement required to reflect the totality of interested parties. It is also worth noting that this involvement and participation does not end with the publication of the Strategic Commissioning Plan, as the Plan sets out continuous engagement and co-production of services throughout the ten year period.

- 3.3 The full draft Plan will be presented and shared with stakeholders for final consultation throughout January and February before presentation to the Board in March 2023.
- 3.4 The finalised and published Strategic Commissioning Plan will be reviewed on a three year cycle by the Strategic Planning Group. The Annual Performance Report will provide a public facing annual report on progress against the agreed activities and actions of the Plan.

4. Conclusions

- 4.1. If the Board approves this draft version, a finalised version will be presented to the Board with final amendments, following agreement the Board will have met its duty to develop and publish a ten year Strategic Commissioning Plan developed in partnership with all interested stakeholders and statutory partners.

5. Appendices

- 5.1 Draft Strategic Commissioning Plan 2023-2033
- 5.2 Draft EQIA

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:	There is a need to ensure that the Plan is deliverable within the current financial envelope – needs led and resource bound.
Other Resources:	None.
Legal:	The Public Bodies Act (2014) sets out the legal requirements to produce, consult, approve, publish and review a Strategic Commissioning Plan.
Risk & mitigation:	There are no risks arising from the content of this report.

Equality and Human Rights:	The content of this report <u>does</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>

Strategic Commissioning Plan 2023-2033

Strategic Commissioning Plan on a Page

Our vision & ethos

Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities

Human Rights

Equality

Ecology

We want to ensure our services are person-centred, based on dignity, fairness, equality, respect and independence.

Our Aims

Prevention, Early Intervention & Harm Reduction

Promoting positive health and wellbeing. Right level of support at the right time, maintaining independence and improving access to services.

Independent Living through choice and control

Helping people identify what is important to them to live full and positive lives, and make decisions that are right for them. Coproduction and design of services with people with lived experience.

Achieving Balance of Care

Supporting people in the community and promoting greater independence. Improving access and delivering quality services.

Supporting empowered people and communities

Working with care groups to support and empower people to live healthy, meaningful and satisfying lives. Community support with Third Sector and housing organisations.

Reducing Loneliness and Isolation

Helping people feel connected to friends, family and their communities to reduce the associated risk to mental and physical health.

Our Plans

Mental Health

Substance Use

Health Improvement

Self-Directed Support

Learning Disabilities

Physical Disabilities

Dementia

Transforming Care

Carers

Locality Plans

Enabling Plans

Medium Term Financial Strategy

Workforce Plan

Commissioning

Transformation

Data & Performance

Contents

Part 1	Context	Introducing the Strategic Commissioning Plan Purpose, strategic context, nationally and locally Statistics, challenges and opportunities
Part 2	Our Priorities	Prevention, early intervention and harm reduction Independent Living through choice and control Care Closer to Home Supporting independent people and communities Loneliness and Isolation
Part 3	Our Principles	Human rights, equality, ecology, Independent living, choice & control, Lived and living experience
Part 4	Engaging our People & Communities	Engagement and participation Locality planning Commissioning Consortia
Part 5	Our Enabling activities	Finance, workforce, service planning, data and performance, transformation, commissioning?
Part 6	Our Data	Demographics, Strategic Needs Assessment, Scottish Burden of Disease Health and social care need.
Part 7	Measuring Success	Governance – how we will monitor/report Performance and action plans How will we know we have been successful?

*Our Vision is to ensure care and support is person-centred,
based on dignity, fairness, equality, respect and independence.*

Acknowledgement

The IJB would like to thank everyone who has worked with us to develop this Strategic Commissioning Plan and shape the future of health and social care in Clackmannanshire and Stirling. We greatly appreciate you giving your time, sharing your knowledge and your experiences to create this with us. We will continue to work with you over the course of this Plan.



Context

Although the Strategic Commissioning Plan is a requirement set by the Public Bodies (Joint Working) (Scotland) Act 2014, the focus of this Plan is integrated working, partnership opportunities and co-production with those with lived and living experience to deliver a quality system of care and support. This aligns to the principles of legislation which sets out the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the increasing numbers of people in Scotland who need joined-up support and care, particularly people with multiple, complex, long-term conditions.

The Strategic Commissioning Plan lays out the national and local context required and outlines the legislation and national and local frameworks as well as links to the National Health & Wellbeing Outcomes.

What is the Strategic Commissioning Plan?✓

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to delegate some of the functions of health and adult social care services. The Integration Joint Board (IJB) is responsible for the strategic planning of these functions delegated to it and for ensuring the delivery of those functions.

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on IJB to develop a “strategic plan” for integrated functions and budgets. It sets out the arrangements for delivering of local services in locality areas and must set out the arrangements to contribute towards achieving the national health and wellbeing outcomes.

Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) brings together integrated health and social care services; it is the delivery vehicle for the delegated functions from across Clackmannanshire Council, Stirling Council and NHS Forth Valley. It is a unique partnership in Scotland as it is the only Health and Social Care Partnership that brings together two councils and a health board.

What the plan will do

In this Strategic Commissioning Plan, we set out our key themes and priorities based on what people have told us; where they wish for us to focus our activity and resources based on local demographics, population and need. The participation and engagement work carried out with communities, partners and stakeholders and how this feedback alongside current data informs our priorities. We have also linked our priorities to the national and local environment and how our Enabling activities support our delivery.

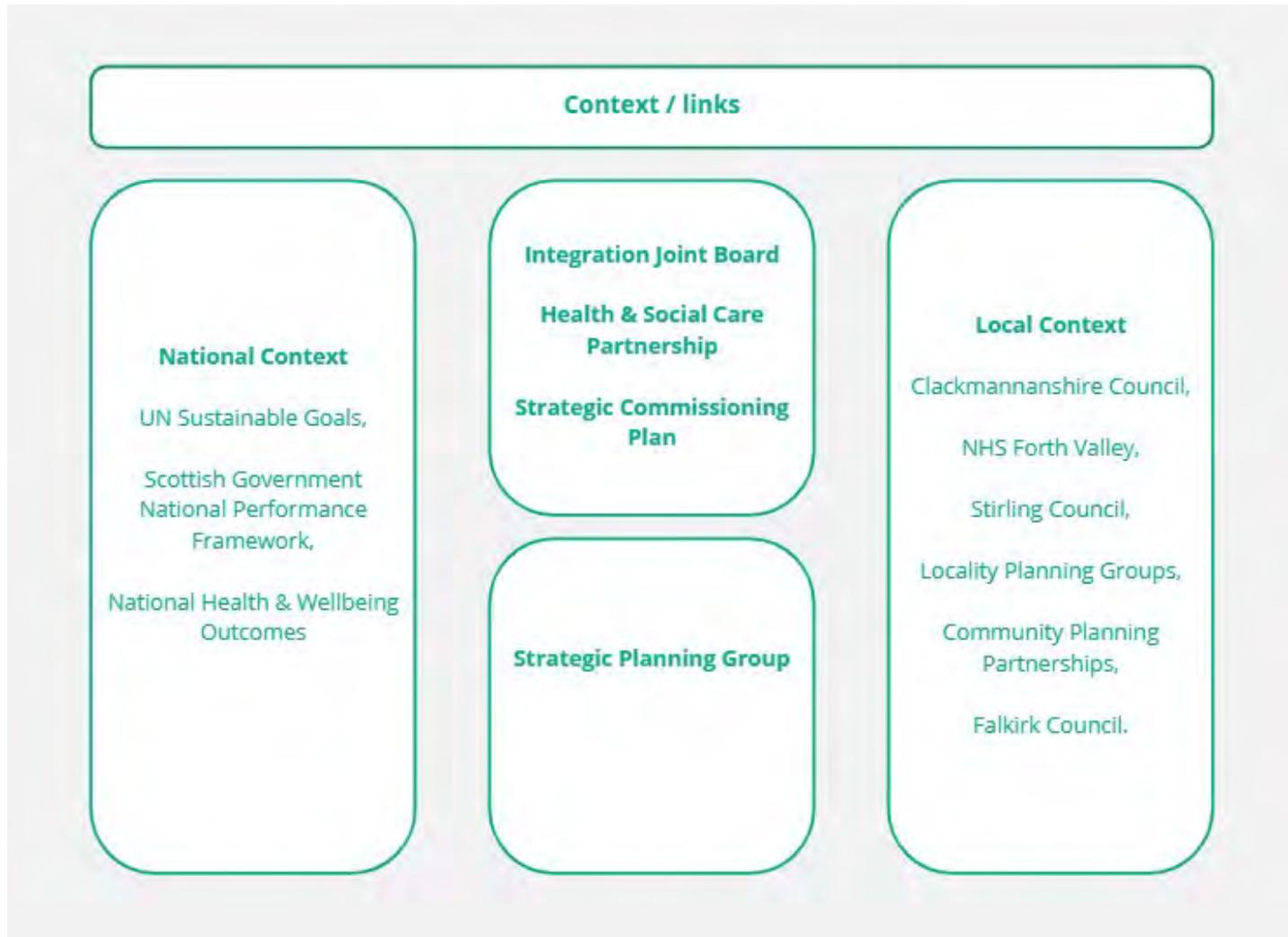
This Plan is divided into sections and these follow the process of locality and service planning. The first section sets out the context of the Strategic Commissioning Plan and environment within which the HSCP operates; describing the national and local context which contributes to and introduces our priorities.

We set out our **themes and priorities** and the driving **Principles for delivery**, behind the Strategic Commissioning Plan that focus on human rights, equalities, ecology, and independent living through choice and control.

We then look at **Engaging our People and Communities**. This defines the collaborative approach to service delivery though involving the people who access health and social care services, the people who provide health and social care services. At the heart of this is the Commissioning Consortium and Locality Planning Networks.

Enabling activities describes the technical details that help us deliver services, finance, workforce planning, transformation, data and performance and service planning. We then look at **Our Data**, the information we need to gather and analyse to understand people and their need.

Context



The Strategic Commissioning Plan links and contributes towards the wider outcomes and priorities, including the [United Nations Sustainable Development Goals](#); Scottish Governments [National Performance Framework](#) and [National Health and Wellbeing Outcomes](#) as well as locally taking consideration of the contribution partnership local authorities, health board and other local partnerships.

Our Strategic Themes

Our priority is to provide health and social care services that support people to meet their outcomes, services that are high quality, fulfil the needs of people and help individuals to live independent and fulfilling lives.

- **Prevention, early intervention and harm reduction**

Working with partners to improve overall health and wellbeing and preventing ill health. Promote positive health and wellbeing, prevention, early interventions and harm reduction. Promoting physical activity, reduce exposure to adverse behaviours. Right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.

- **Independent Living through choice and control**

Supporting people and carers to actively participate in making informed decisions about how they will live their lives and meet their agreed outcomes. Helping people identify what is important to them to live full and positive lives, and make decisions that are right for them. Co-production and design of services with people with lived experience who have the insight to shape services of the future.

- **Care Closer to Home**

Shifting delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. Investing in and working in partnership with people and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the customer journey, ensure people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home.

- **Supporting empowered people and communities.**

Working with communities to support and empower people to continue to live healthy, meaningful and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports.

- **Reducing loneliness and isolation**

Our society is changing, accelerated by the pandemic and there is increasing risk of social isolation and loneliness, both of which can impact a person's physical and mental wellbeing. We will work with communities to support local communities to build connections.

Operating Environment for the next 10 years

“The delivery of this plan will be influenced by the following challenges we face within our operating environment and how we will work to resolve them”.

- Continued recovery and learning from COVID-19
- Budget responsibility
- Flexibility of care and support
- Service modernisation and transforming care
- Demographic changes & burden of disease
- Place based activity and environmental impacts
- Resilience of communities and workforce
- Engagement, participation and empowerment
- Supporting partners and stakeholders to manage change

As we proceed over the next ten years we will continually review our operating environment and how any changes may impact on how we will work. The detail in the following sections outlines what we will achieve over the lifetime of this Plan.

Risk

The Integration Joint Board (IJB) monitors and seeks to mitigate significant risk through its Risk Management Framework and corporate Strategic Risk Register.

The Audit & Risk Committee provides a scrutiny role for the Integration Joint Board by reviewing, scrutinising and approving the Strategic Risk Register. Risks are routinely reported to the IJB through quarterly and annual Performance Reports.

Of specific note is the risk in relation to workforce, which is multi-factorial, and poses significant risk to achievement of the IJBs goals and strategic priorities. Focused work to understand and identify mitigating strategies and actions is considered with the Strategic Workforce Plan (LINK) The IJBs risk management framework is reviewed regularly, considering 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.

Best Value

Best Value is a duty that applies to all public bodies in Scotland, including IJBs. It is a statutory duty (a law that must be followed) for local authorities and a formal duty for other public bodies such as the NHS.

In order to achieve Best Value, we must demonstrate good governance and effective management of resources to deliver the best possible outcomes for the public. This means we must identify and define our outcomes and priorities, plan how we will achieve these and monitor and report progress.

It is based on the values of openness and transparency, allowing the public to understand decisions made, how resources are being utilised and how we are working to deliver services and improve outcomes. This means having balanced conversations and reporting on decisions and progress and collecting and publishing relevant and accurate performance information, to demonstrate Best Value. This allows for effective scrutiny and accountability.

Engagement with the public and communities is a significant part of Best Value in that we must involve people and communities in the work we do, the decisions we make and the services we design. This can only work if we provide information, analysis and report in an open and transparent way and give the public opportunities to be involved.

This Plan has been developed with the principles of Best Value and engagement woven throughout the priorities as well as within the accompanying Performance Management Framework.

Integrated Performance Management Framework

To ensure that performance is open and accountable, the 2014 Act obliges HSCPs 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.

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 HSCPs and their communities.

The HSCP has an integrated performance framework which is based on the key priorities outlined within this Plan as well as Winter Plans, Integrated Workforce Plan, Unscheduled Care Planning, Intermediate Care planning and Locality Planning Networks. This framework supports a robust reporting schedule, reporting on key performance indicators, national and local targets as well as the opportunity to benchmark.





Our Priorities

Our priorities have been identified through data and conversations with communities and individuals. We have aligned these with five overarching themes that describe our intentions. These are linked to the National health and wellbeing outcomes.

For each of the themes, we outline the related priorities, what we intend to achieve and what success will look like. We have also included some stories from the people with lived experience of the services and the outcomes achieved working together. We have also provided links to relevant strategies and work that is underway.

National Health & Wellbeing Outcomes

Prevention, early
intervention & harm
reduction
1, 2, 5

Independent living
through choice and
control
1, 4, 5, 6

Care Closer to Home
1, 2, 4

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.

Supporting empowered
people and
communities
1, 2, 4, 6

Reducing loneliness
& isolation
1, 2, 4, 5

Enabling
Activities
8, 9

All themes and priorities are linked to the Health and Wellbeing Outcomes, but some are more directly than others. Each theme will also demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

Theme

National Health and Wellbeing Outcomes

Prevention, early intervention & harm reduction	<ol style="list-style-type: none">1. People are able to look after and improve their own health and wellbeing and live in good health for longer.2. 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.5. Health and social care services contribute to reducing health inequalities
Independent living through choice and control	<ol style="list-style-type: none">3. People who use health and social care services have positive experiences of those services, and have their dignity respected.4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.5. Health and social care services contribute to reducing health inequalities
Care Closer to Home	<ol style="list-style-type: none">1. People are able to look after and improve their own health and wellbeing and live in good health for longer.2. 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.4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Supporting empowered people and communities	<ol style="list-style-type: none">1. People are able to look after and improve their own health and wellbeing and live in good health for longer.2. 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.4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.
Loneliness & isolation	<ol style="list-style-type: none">1. People are able to look after and improve their own health and wellbeing and live in good health for longer.2. 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.4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.5. Health and social care services contribute to reducing health inequalities.

Prevention, early intervention & harm reduction

Promoting positive health and wellbeing, the right level of support at the right time, maintaining independence and improving access to services

Priorities

Priority 1 Mental Health & Wellbeing (including the impact of COVID-19)

Priority 2 Drug and alcohol care and support capacity across communities

[PHOTO/LINK TO VIDEO](#)

We will:

- Work with partners to improve overall health and wellbeing and prevent ill health.
- Promote physical activity reduce exposure to adverse behaviours. Right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.
- Reducing the burden of substance related harm, rehabilitation, access to treatment, together, across the partnership.
- Redesign of mental health services, suicide prevention, and redesign of psychological therapies - but also could include wellbeing, improving access to services and support for mental health. Bereavement, social prescribing, third sector support. Early signposting to services.

Success Measures:

Links to Strategies and Plans

Alcohol & Drugs
Mental Health
Suicide Prevention
Health Improvement
ADP Suicide Prevention

Delivery Plan 2020-2023
Rights, Respect & recovery
Alcohol Framework
Improving support for Mental Health

Independent living through choice and control

Promoting positive health and wellbeing. The right level of support at the right time, maintaining independence and improving access to services

Priorities

Priority 3 Self-Directed Support information and advice promoted across all communities

Priority 4 Support those affected by dementia at all stages of their journey

We will:

- Supporting people and carers to actively participate in making informed decisions about how they will live their lives and what outcomes they want to achieve.
- Helping people identify what is important to them to live full and positive lives, and make decisions that are right for them.
- Coproduction and design of services with people with lived experience who have the insight to shape services of the future.

Success Measures

Links to Strategies and Plans

Self-Directed Support
 Care Closer to Home
 Supporting People living with Dementia
 Learning Disabilities
 Frailty
 Falls

Achieving balance of care

Promoting positive health and wellbeing, The right level of support at the right time, maintaining independence and improving access to services

Priorities

Priority 5 Good public information across all care and support working

Priority 6 Workforce capacity and recruitment

PHOTO/LINK TO VIDEO

We will:

- Supporting people and carers to actively participate in making informed Work with partners to improve overall health and wellbeing and prevent ill health.
- Promote physical activity reduce exposure to adverse behaviours. Right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.
- Reducing the burden of substance related harm, rehabilitation, access to treatment, together, across the partnership.
- Redesign of mental health services, suicide prevention, and redesign of psychological therapies - but also could include wellbeing, improving access to services and support for mental health. Bereavement, social prescribing, third sector support.
- Early signposting to services.

Success Measures:

Links to Strategies and Plans

Primary Care Improvement Plan
 Primary Care and Mental Health Plan
 Integrated Workforce Plan

Supporting empowered people and communities

Promoting positive health and wellbeing. The right level of support at the right time, maintaining independence and improving access to services

Priorities		
Priority 7 Support for carers		
Priority 8 Early intervention linking people with third sector and community supports		
Priority 9 Develop locally based multiagency working across communities		
Priority 10 Ethical Commissioning		
We will:		Success Measures:
<ul style="list-style-type: none"> • Work with care groups to support and empower people to continue to live healthy, meaningful and satisfying lives as active members of their community. • Being innovative and creative in how services are provided. • Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. • Planning community supports with third sector and housing organisations. Neighbourhood care, unpaid carers, third sector supports. 		
Links to Strategies and Plans		
Third Sector in Communities		
Carer's Strategy		
Carers' Eligibility Criteria		
Palliative Care & End of life		

Loneliness & isolation

Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

Priorities

Priority 11 Reducing levels of loneliness and isolation

We will:

-

Success Measures:

Links to Strategies and Plans

Link to Third Sector Interface
 Locality Plans in Communities
 Carer's Strategy
 Palliative Care & End of life



Principles for Delivery

We acknowledge our role as a social institution in protecting the people we serve and improving their lives. We are committed to delivering care and support within a human rights, equality and ecology value-based framework.

This framework will support the delivery our key responsibilities to plan, commission, deliver and review all care and support. Over the next few years, we will be working to embed these principles and engagement in the planning, commissioning and delivery of care and support.

Human Rights, Equalities & Ecology

Caring is natural to humans, it connects us with others and can define us. When we care for people, or are cared for, we are uniquely connected to others. Care is both an activity and a quality: everyone can care for others, and everyone can benefit from care.

The HSCP's core purpose is to ensure people have available care and support based on meeting their outcomes, where and when it is required. We deliver this through joint planning, commissioning and co-production and by reviewing care and support for people across our communities to create the conditions for each individual to flourish.

We want to ensure our services are person-centred, based on dignity, fairness, equality, respect and independence.

Human Rights

As part of our strategic planning process we have explored how the HSCP can embed human rights-based approaches in its practice, as a means of countering the effects of inequality and addressing ecological concerns. Our aim is to realign systems of care to respond to needs identified by people and their communities. Doing this requires us to actively restructure our decision-making around people's living and lived experience.

This starts by supporting the development of rights-based practice across our partnership. Some services already have significant experience here, and we can learn from them as we encourage other services to evolve their practice in line with respect for every individual and their human rights. We will do this in line with the Scottish Human Rights Consortium's 'PANEL' approach. The PANEL approach helps services to demonstrate their Participative nature, they have Accountability, are Non-Discriminatory, focused on Empowerment of people and operate within a clear framework of Legality.

As an HSCP we are mindful of our responsibilities as a duty-bearer in relation to people's rights. A rights-based approach ensures protection for those being cared for, recourse where discrimination or non-equality arises and accountability on the part of systems and those working within them.

We will support human rights by;

1. Endorsing PANEL and FAIR practice, in line with Scottish Human Rights Consortium guidance, consistently across our strategic commissioning and planning.
2. Embedding Rights-based approaches across the HSCP's work, and reflected within the development of plans and policies.
3. Create the conditions for a culture of rights-based practice in the early years of the 10 year Strategic Commissioning Plan.

Equality

Evidence through the Strategic Needs Assessment and Burden of Disease work across Clackmannanshire and Stirling, suggests significant areas of inequality for some communities, including inequalities linked to health outcomes.

We will act to support individuals who need support amidst the cost of living crisis, which disproportionately affect those already impacted disproportionately.

We will focus on the effects of inequality on people's capacity to care and their need for care and support. We recognise that inequality is not just relative to economic status, but people's capacity to contribute and be rewarded for their contribution.

We will support equality by:

- Developing asset-based community development (ABCD) as already being developed by Clackmannanshire's Resilience Learning Partnership. Supporting the emergence and development of new economic models which encourage fair participation and equitable access to meaningful use of time through the commissioning consortium and wider commissioning responsibilities.
- Consistent assessment during strategic planning processes of the effects of inequality, with the HSCP striving to work to address these where possible.
- Work with partners to align HSCP resources where possible to the development of 'public option' community-owned assets where markets enforce inequalities (examples may include food availability, transportation, and childcare).

Ecology

Through the Locality Planning Networks, and feedback from individuals and partners across Clackmannanshire and Stirling, it has been clearly recognised that the importance of the natural world affects communities and individual's health and well-being.

Outdoors is more than just restorative, it is an object of care for communities particularly based in rural areas and the natural environment that surrounds us.

We also recognise the built environment has a place of importance in shaping people's health and wellbeing, it has close relationships to people's capacity to care and their own care needs. Individuals have voiced concerns for ecology within community and engagement meetings with the HSCP. But, like rights and equality, it is a question of ensuring that we adapt our framing and integrating ecological concerns into our practice and within our reach.

Access to the natural environment and green space improves health, reduces physical health and inequalities, improves mental health and resilience and social capital. The interconnectedness of ecology, the web of life, also provides us with an understanding of the health and social care system we would like to continue to develop.

We believe that the health of our people, workforce and communities is linked to the health of our environment. Ecology can also be useful to help frame the HSCP's focus on prevention in a new context, seeking to ensure a rounded response by including place and the living environment as part of our response.

How we will support ecology?

- Supporting ecological awareness in strategic planning across the whole system.
- Actively inviting ecological discussion as part of community engagement, to better understand how communities and individuals perceive the role of ecology and living environment in their own self care, health and wellbeing.

Independent living through choice and control

Our vision of enabling people to live full and positive lives means people are independent, have dignity and can live full and meaningful lives with the support they need.

- We will help people identify what is important to them to live full and positive lives, and make decisions that are right for them to meet their outcomes.
- We will invite people to co-produce and design services as we value the insight people with living and lived experience can provide to shape the delivery of care and support.

The Social Care (Self-Directed Support) (Scotland) Act 2013 came into effect on the 1 April 2014. Four fundamental principles of SDS are built into the legislation; involvement, participation and dignity, informed choice and collaboration. This links with the themes of independence, human rights and equality. Self-Directed Support (or SDS) is Scotland's framework for the delivery of social care support.



The HSCP will continue to work to ensure that all supported people, their families and carers across Clackmannanshire and Stirling are fully informed of the four options available to them under SDS.

Targeted activity:

Supported people and carers have more choice and control over their care and support
HSCP staff and partners are knowledgeable and confident about Self-Directed Support
Flexible, easy to understand and accessible systems
Proactive and flexible commissioning arrangements

Delivery and partnership working

The local delivery of SDS is based on engagement, collaboration and partnership working.

For the HSCP, supported people and their families/carers this means continuing to ensure the implementation of SDS is driven and influenced by people across Clackmannanshire and Stirling.



Engaging our People and Communities

The Strategic Commissioning Plan sets how HSCP will continue to prioritise and deliver health and social care services to the people of Clackmannanshire and Stirling. It is therefore important that the people who use our services or are affected by how services are delivered are involved in the design of these services.

In preparation of this Strategic Commissioning Plan, and over the next ten years, we will continue to engage with local people and communities to shape the delivery of care and support.

Engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of Strategic Commissioning Plans. Stakeholders include the public, service users, supported people, unpaid carers, staff, providers, third sector and independent sector. This Plan reflects the output from the engagement as described by community voices; the Locality Planning Networks create the opportunity for continuous engagement and conversation around health and social care in Clackmannanshire and Stirling, focused on co-production, co-design and co-delivery of health and social care in the area.

This Plan is not limited to a short period of engagement with people about priorities and how services should be provided, this Strategic Commissioning Plan sets out how we will continue to engage with stakeholders through Locality Planning Networks, Commissioning Consortia, Providers Fora and lived experience networks create ongoing engagement by maintaining close links with organisations and groups throughout Clackmannanshire and Stirling.

Communities are being impacted by an ever changing landscape and as such we need to continue to base decisions on ongoing engagement throughout the lifetime of this Plan.

Setting our Priorities

Throughout 2022, engagement activity was facilitated with supported people, carers and our communities to inform the priorities of the Strategic Commissioning Plan; we asked patients, service users and carers, staff, staff side, trade unions and representatives of the HSCP as well as local groups and forums to tell us what was important to them.

Key findings of engagement how did we decide what our priorities were

- Most participants access or have an interest in primary care, health improvement, mental health, carers and dementia.
- Friends & family, exercise and interests and the environment were stated as the top three support to health and wellbeing.
- Accessing services, time and knowing where to go and where to get information were listed as the main barriers to looking after health and wellbeing.
- In future people want to see “flexible, accessible, speedy provision, less bureaucracy and more communication”.
- There was a desire for human rights, person centred approach to services, and focus on wellbeing and prevention and mental health.
- Communication between the HSCP, wider services and with individuals is a priority, and we must use multiple methods to reach as many people as possible.

Have your say, get involved

To be part of this continuous process, you can find out more here: [Get involved](#)

Commissioning

Much of the care and support services delivered across the HSCP are provided by the Third Sector (charities, social enterprises, community anchor organisations, housing associations and further education) and the Independent Sector (Care Homes, Social Care Providers). As an HSCP, we commission the care and support services which are required from local businesses and organisations throughout Clackmannanshire and Stirling. The HSCP in partnership with the Third Sector Interfaces has changed how we buy services by developing a Commissioning Consortium approach; based on collaborative analysis, ethical commissioning and commissioning for the public good, rather than competition. This approach is based on the Commissioning Cycle – analyse, plan, review and deliver – ensuring that there is constant process of quality improvement and market analysis.

Commissioning Consortium

We are developing a commissioning process focused on co-operation and joint ownership of risk across and among all stakeholders. Rather than being treated as the passive recipients of services designed elsewhere, **supported people will be the active shapers of their own future, trusted to co-design services, to direct commissioning decisions, and to play their part in making the service work.**

The Commissioning Consortium model is based on the principles of a comprehensive partnership approach with Third Sector Interfaces, focused across all sectors providing health and social care services; there is a commitment to provide enhanced delivery of services to individuals and communities and a desire to create diversity within the market place based on population needs.

The purpose of the Commissioning Consortium is to:-

- Create, develop, maintain and grow high quality service delivery in and around Clackmannanshire & Stirling in order to service the needs of local people and communities; especially those who are most disadvantaged;
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand;
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

The HSCP works with strategic Third Sector partners, independent sector, partner authorities and citizens, particularly those with lived experience of care, supported people to gather insight, develop integrated strategies for delivering common outcomes; co-design and commission appropriate services, make decisions about who provides what and how; and review and evaluate how well they are doing.

Market intelligence and data analytics provide local insight to support the development of commissioning strategies and plans, this approach will deliver improved outcomes for supported people as well as deliver a financially sustainable HSCP.

Services will continue to be provided by a mixed economy of service providers, utilising a mix of internal and external service delivery, who are “contracted” on a performance and quality basis to deliver outcomes for people and commissioning outcomes for the HSCP.

Localities

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to identify Localities for the planning and delivery of services at a local level. Working in Localities supports collaborative working across primary and secondary health care, social care and with third and independence sector provision.

Communities are empowered to co-design service provision within their local areas within the Locality Planning Networks and their Locality Action Plans. There are three localities with the HSCP area **Clackmannanshire, Rural Stirling and Urban Stirling**.



Population

	Clackmannanshire	Rural Stirling	Urban Stirling
Population	51,540	25,534	67,936
Aged 65+	10,718	5,979	12,812

There are three Locality Planning Action Plans establishing community priorities for each Locality area, these have been aligned with the Strategic Commissioning Plan.

Each of the Locality areas are distinct in their characteristics, geography and history, they therefore have identified different priorities and activities. The Locality Planning Networks work collaboratively to co-design and co-deliver services, oversee delivery of the priorities and activities within these communities to meet the outcomes of individuals.

Localities were an integral part of the engagement around developing this Plan, contributing to the response to system pressures and desired outcomes of communities. This will continue throughout the lifetime of this Plan.

More information on Localities and how to participate can be found here ([LINK TO WEBSITE PAGES](#)).



Enabling Activities – How we do this.

Enabling activities describes the practical and organisational conditions that create the conditions that help the delivery of services. There is a need to understand the resources (budget, staff, equipment and systems), who are our partners and stakeholders (service users, their families and carers, third sector and independent providers, communities), how we are performing and if we need to change the way we deliver services. These are defined as **Finance, Workforce Planning, Commissioning, Transformation, Data and Service Planning**. Each of these are part of the technical process we carry out to plan our services alongside engagement with people and communities.

Finance & the services we provide

% HSCP budget 2022/2023 (month 6 snapshot)
Total Budget £245,130,330



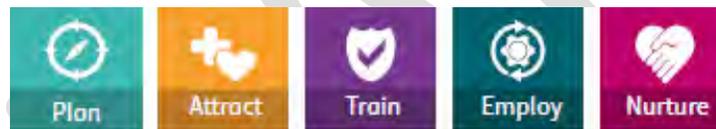
- Primary Care (Including Prescribing) £85,098,519
- Set Aside £29,712,907
- Adult Social Care Services £66,948,283
- Health Services £27,986,720
- Mental Health & Learning Disability £26,835,082
- Management & Support £5,327,801
- Transformation Fund £3,221,015

Integrated Workforce Planning

The Integrated Workforce Plan 2022-2025 sets out a process that is a continuous improvement cycle based on Plan, Do, Study & Act), to ensure that we are a dynamic and flexible organisation, capable of responding to system changes. In line with the principles of effective local planning, the Integrated Workforce Plan is focused on a healthy and confident workforce, good engagement with partners including staff side and trade unions, delivery of 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, communities and partners.

The Integrated Workforce Plan outlines the key steps to 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. The Plan was developed using the Skills for Care model of self-assessment and guidance produced by the Improvement Service. The Integrated Workforce Plan was designed using the five elements called pillars: Plan, Attract, Train, Employ and Nurture as described within the National Workforce Strategy for Health and Social Care published by the Scottish Government in April 2022.



The Integrated Workforce Plan was developed in partnership with staff, staff side and trade unions through a series of co-production workshops, focused on each of the elements of the five pillars. Staff and partners with a role in providing health and social care services were encouraged to participate; this model of engagement will continue throughout the life of the Integrated Workforce Plan alongside the delivery of the improvement actions identified. This work compliments and aligns to our Locality Planning Networks where we are co-designing our services with people with lived and living experience.

Workforce Challenges

There continue to be a number of workforce challenges across the whole sector; recruitment of specialist health and social care / social work staff continues to be problematic. Where there are vacancies, existing staff can experience stress and additional pressure as such the well-being of all staff is a key priority. Succession planning, learning and development and working with partners, third sector, independent sector, school, colleges and universities are ways we are exploring and developing to mitigate system pressures.

Further details of our Integrated Workforce Plan can be found here: ([link to website](#))

Transformation

The need for change

The HSCP is committed to the delivery of safe, high quality services, however there continues to be significant and ongoing system and delivery pressures with a context of a challenging financial envelope. This is compounded by an increasingly ageing population many of whom have significant ill health and issues of co-morbidity. Public expectations continue to grow for flexible and person centred services.

As such, there is a need to review how support and care is delivered across communities and a desire to transform services to meet individual outcomes and public expectations within a context of financial responsibility. As described earlier in this Plan, the delivery of all services must be done in the context of Best Value; ensuring there is good governance and effective management of resources, to deliver the best possible outcomes for the public.

Delivery of care and support is needs led but also resource bound therefore we cannot afford to continue to do what has always been done, there is a need to innovate and transform.

Transformation within the context of the HSCP Strategic Plan

Delivering this Plan requires change to be made; there are two main categories of change, Transformation and Continuous Improvement.

- Transformations are distinct changes to the way an organisation conducts business and usually requires temporary additional staff and financial resource to deliver. Transformation often demonstrates a step change in the way a service is structured or delivered and are justified by the benefits they create. Benefits can range from improved service user experience, to numbers of people receiving preventative/early interventions, or costs avoided.
- Continuous Improvement refers to gradual processes of evolution is usually delivered by existing staff within current budgets.

An ambitious programme of Transforming Care and health and social care modernisation is underway across the delegated services within the HSCP; focused on building community capacity; development of strategic partnerships; creating the conditions for integrated & multi-disciplinary working; delivering on ongoing legislative requirements and modelling person centred & outcomes based care and support delivery.

Integrated Service Level Planning

In preparation for our new Strategic Commissioning Plan, we have refreshed current operational service plans to reflect the programme of transformation and redesign, service demand, staffing modelling, financial modelling, performance and opportunities for change.

By embedding a consistent person centred and human rights based approach into the development of our Service Plans, we are able to seek opportunities to align and deliver a commissioning, financial planning, performance and integrated working model. A toolkit has been developed which forms the enabling activity for the service plans including team successes and working; key data and drivers; staffing profiles, knowledge and skills; risks; and actions.

Service Planning:



Gap analysis

Gap analysis will be a key area of ongoing development with partners, which will continue to be undertaken within a context of significant and ongoing pressures; continuing to deliver in the context of changing 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.



Our Data and Intelligence

There is a requirement within a robust model of strategic commissioning to have a range of intelligence sources including nationally published data, live local information and access to community intelligence. Sources can range from national and Scottish government published data, local social work and health recording systems as well as community based statistics of prevalence. Each of these build a picture to better understand then need of people living in Clackmannanshire and Stirling.

The following information provides an overview of some of the in-depth work carried out in the Strategic Needs Assessment and the Scottish Burden of Disease work. These can be found here: [\(LINK to website\)](#).

Data and Performance

In the current climate, the way we live our lives is changing at an unprecedented rate. There is a need to operate as a whole system strategic partnership and to fundamentally change the model of delivery of strategic commissioning and local care and support. There is a need to understand the needs of people within our communities, the future demand on services and achieving good value for money. Information and intelligence is a vital asset in supporting the delivery of services in this way. How we use our data impacts how we provide the best possible services for local people.

Population figures and projections help us identify the levels of need, prevalence of common medical conditions and the recording of poverty, deprivation and life expectancy data helps understand the future requirements, and subsequently leads to better planning and commissioning of care and support services.

Data/Business Intelligence

- For people: helps us understand the people who live here, putting them at the heart of our plans to deliver health and social care.
- For services: having the right information and processes to make decisions in the way that we deliver services and budgets for today and the future
- For transformation: getting the most out of our data, basing our choices on the strongest analysis and using data to transform our services.

Strategic Needs Assessment and Burden of Disease Population

Current population and projections

145,010 people live in the Clackmannanshire & Stirling area.

Clackmannanshire population 51,540 people

Stirling population of 93,470 ¹

16.4% (23,825) are children and young people aged 0-15

63.2% (91,676) are working age people aged 16-64

20.4% (29,509) are aged 65+.

The overall population is expected to continue increasing over the course of this Plan.

Clackmannanshire total population expected to decrease slightly

Stirling expected to increase by about 4,000.

Percentage population increase from 2018-2038

	All Ages	0-15	16-64	65+	75+
Scotland	2.5	-10.2	-10.2	21.8	54.6
Clackmannanshire	-2.0	-9.3	-9.3	21.1	67.8
Stirling	8.9	0.0	0.0	24.8	53.8

Source: Population Projections 2018, NRS

This table shows the population aged 0-64 decreasing for Scotland and Clackmannanshire and no change in Stirling.

However, when we look at ages **65 and over, the population increases by 20-25%**. This increase is even more significant when we look at those **aged 75+, with an increase of 53.8% by 2038 in Stirling and 67.8% in Clackmannanshire**

Life expectancy

Life expectancy helps identify health inequalities, and there is variation across the HSCP. **Female life expectancy in Stirling is 81.9 years** and in **Clackmannanshire is 80.6 years**. This compares to 81.0 in Scotland. **For males, Stirling has the highest life expectancy at 77.6 years**, above the Scottish life expectancy of 76.8 years and **Clackmannanshire males have a life expectancy of 76.2 years**, slightly below Scotland. Details of this can be found in our Strategic Needs Assessment (LINK).

Healthy life expectancy is about 60, 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.

Poverty & Deprivation

The SIMD is a tool for identifying areas of multiple deprivation in Scotland². Deprived does not mean just low income, but also that people have fewer health and education outcomes, opportunities and access to services.

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

In Clackmannanshire & Stirling, 25,884 people (17.8% of the population) live in SIMD Quintile 1 areas.

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

¹ 2021 National Records of Scotland

² Quintile 1 is considered the most deprived and Quintile 5 the least deprived.

Health and social care needs

- 73% of people living in Clackmannanshire and 72% of people living in Stirling consider their health to be good or very good.
- In Clackmannanshire 32% of people are living with a limiting long term illness or condition, In Stirling, 40% of people are living with a limiting long term illness or condition. This compares to 34% in Scotland.
- In 2019, 668 adults with learning disabilities (272 in Clackmannanshire and 396 in Stirling) were known to the local authorities.
- In 2019, 668 adults on the Autistic Spectrum were known to councils (272 in Clackmannanshire & 396 in Stirling).
- 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.
- In Clackmannanshire 20.93% and in Stirling 16.75% of the population were prescribed medication for anxiety, depression and psychosis. This compares to 19.29% in Scotland.
- The Scottish Health Survey found that 20% in Clackmannanshire and 17% of people in Stirling are current smokers, compared to 16% in Scotland.



Scottish Burden of Disease

The Scottish Burden of Disease study is a national and local population health study that monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health.

Leading group causes of ill health and early death Clackmannanshire

The three leading groups of causes of ill-health and early death in Clackmannanshire are cancers, cardiovascular diseases (coronary heart disease, stroke, peripheral arterial disease and aortic disease) and neurological disorders (brain and spinal cord tumour, cerebral palsy, dementia, epilepsy and seizure, etc.). These groups of causes account for 48% of the total burden of disease.

Ill Health	% difference from Scotland	Early Death	% difference from Scotland
1 Depressions	6.9%	1 Ischemic heart disease	69.3%
2 Low back and neck pain	0.9%	2 Lung cancer	7.8%
3 Headache disorders	-1.2%	3 Drug use disorders	44.7%
4 Anxiety disorders	6.7%	4 Alzheimer's disease and other dementias	-4.2%
5 Diabetes mellitus	3.9%	5 Other cancers	6.9%
6 Osteoarthritis	0.5%	6 Cerebrovascular disease	-2.6%
7 Alcohol use disorders	13.2%	7 Chronic obstructive pulmonary disease	-13.1%
8 Drug use disorders	16.5%	8 Lower respiratory disease	47.3%
9 Cerebrovascular disease	5.1%	9 Colorectal cancer	30.2%
10 Other musculoskeletal disorders	-2.6%	10 Cirrhosis and other chronic liver diseases	24.8%

The table above shows the leading individual causes of ill health and early death in Clackmannanshire and comparison with Scotland. The conditions highlighted in red are where Clackmannanshire has a higher rate than Scotland. Those shaded in green are where Clackmannanshire have lower rates of the condition than Scotland

The leading cause of ill health in Clackmannanshire is depression, the rate in Clackmannanshire is 6.9% higher than in Scotland. Depression and anxiety disorders are two of the major causes of ill health in Clackmannanshire higher than the Scottish average at 6.9% and 6.7%.

The leading cause of early death in Clackmannanshire is ischemic heart disease, and the rate in Clackmannanshire is 69.36% higher than in Scotland. Leading risk factors for Ischemic heart disease include poverty, smoking, lack of exercise, diabetes, obesity and high blood pressure.

Leading group causes of ill health and early death in Stirling

The three leading groups of causes of ill-health and early death in Stirling are cancers, cardiovascular diseases (coronary heart disease, stroke, peripheral arterial disease and aortic disease) and neurological disorders (brain and spinal cord tumour, cerebral palsy, dementia, epilepsy and seizure, etc.). These groups of causes account for 48% of the total burden of disease.

Ill Health	% difference from Scotland	Early Death	% difference from Scotland
1 Low back and neck pain	-4.1%	1 Ischemic heart disease	-16.5%
2 Depression	-10.0%	2 Alzheimer's disease and other dementias	-5.7%
3 Headache disorders	-0.8%	3 Lung cancer	-14.6%
4 Anxiety disorders	-9.4%	4 Other cancers	10.5%
5 Osteoarthritis	-2.9%	5 Drug use disorders	-9.7%
6 Diabetes mellitus	-6.0%	6 Cerebrovascular disease	-15.9%
7 Other musculoskeletal disorders	1.0%	7 Chronic obstructive pulmonary disease	-29.5%
8 Age related and other hearing loss	3.3%	8 Lower respiratory disease	24.5%
9 Cerebrovascular disease	-8.4%	9 Cirrhosis and other chronic liver diseases	33.3%
10 Skin and subcutaneous diseases	2.3%	10 Colorectal cancer	0.2%

The table above shows the leading individual causes of ill health and early death in Stirling and comparison with Scotland. The conditions highlighted in red are where Stirling has a higher rate than Scotland. Those shaded in green are where Stirling has lower rates of the condition than Scotland

The leading cause of ill health in Stirling is low back and neck pain, the rate in Stirling is 4.1% lower than in Scotland. Depression and anxiety disorders are two of the major causes of ill health in Stirling however, they are lower than the Scottish average by 10% and 9.4%.

The leading cause of early death in Stirling is ischemic heart disease, and the rate in Stirling is 16.5% lower than in Scotland. Leading risk factors for ischemic heart disease include poverty, smoking, lack of exercise, diabetes, obesity and high blood pressure.

Integrated Performance Management Framework – still to be added

A Performance Management Framework supports effective monitoring of progress against this Plans and the agreed priorities. Performance reporting against this integrated performance framework will monitor, maintain and improve performance in line with an agreed set of objectives.

The progress in delivering this Strategic Commissioning Plan will be monitored and reported regularly through already established performance reports. Action Plans will describe key performance indicators and reporting for each of the key priorities and activities. The Integrated Performance Management Framework sets out the legal reporting requirements, the governance arrangements and the performance indicators used to demonstrate progress against priorities local and national.

Containing Clackmannanshire and Stirling level information relating to the functions of the IJB such as issuing Directions, decisions about commissioning, assurance that the HSCP is delivering the key actions as identified for each priority area. Thus ensuring we are able to measure and report on the health and social care outcomes for the people of Clackmannanshire & Stirling.

The purpose of the Integrated Performance Framework is to demonstrate continuous improvement, promote accountability and transparency, deliver governance and provide assurance to the people who use our services and the people who provide our services.

National Indicators

MSG indicators

Outline of Performance Management Framework.

Standard Impact Assessment Document (SIA)

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of EQIA being completed i.e. name of policy, function etc.

Clackmannanshire & Stirling Health and Social Care Partnership draft Strategic Commissioning Plan 2023/24 to 2033/34 & Strategic Needs Assessment

Q1 a; Function **Guidance** **Policy** **Project** **Protocol** **Service** **Other, please detail**

Q2: What is the scope of this SIA

Service Specific Discipline Specific Other (Please Detail)

Clackmannanshire & Stirling
Health and Social Care
Partnership
Adult & older adult services.

Q3: Is this a new development? (see Q1)

Yes

No

Q4: If no to Q3 what is it replacing?

Strategic Plan 2019 / 2022

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Lesley Fulford, Senior Planning Manager, Clackmannanshire & Stirling HSCP
SLT members
Access Panels / Liz Rowlett

Q6: Main person completing EQIA's contact details

Name:

Lesley Fulford

Telephone Number:

07929374335

Department:

Strategic Planning

Email:

Lesley.fulford@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

The scope of the health and social care partnership is adults and older adults. The Strategic Commissioning Plan has evolved into a ten year plan.

The main aim of the draft Strategic Commissioning Plan is to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities.

The Strategic Commissioning Plan sets out the way in which the arrangements for carrying out the delegated functions are intended to achieve or contribute towards achieving the national Health and Wellbeing Outcomes. The Health and Wellbeing Outcomes are based around the principles of human rights, equality and independent living.

The Strategic Needs Assessment and analysis of the burden of disease provided data and intelligence on the demographic profile and identifies needs of the population. This was led by HSCP Senior Planning Manager and short life working group.

Engagement activity with key stakeholders, e.g. Service users, carers, recovery community, travelling community, homeless and refugee / new scots, older adults, providers, workforce, Forth Valley Sensory Centre etc. Was led by the HSCP Service Improvement manager and planning and policy manager, included an online survey and a number of community events held throughout the villages and towns, online events for each of the localities, meeting local groups and regular Locality Planning Groups in each of the three localities. This work links the Locality Planning, Strategic Commissioning Plan and Health and Wellbeing Outcomes, providing the 'Golden Thread' from the grassroots up. Areas discussed were geographical not just thematic.

Drop in's took place in the following communities at a range of times:

Rural Stirling	Urban Stirling	Clackmannanshire
Killin	City Centre	Alva
Callander	Dunblane	Alloa
Kippen	Raploch	Clackmannan
Killlearn	Cornton	Dollar
Aberfoyle	Bannockburn	
	Cowie	

An Online Survey on Citizen Space which ran from 30th September – 14th November 2022

[Introduction - Clackmannanshire & Stirling HSCP - Citizen Space](#)

A sample of questions asked was

- What HSCP services do you have an interest in / use?
- What supports your health and well-being in your community?
- What barriers do you face when trying to look after your Health and Well-being?
- What would you like the future of health and social care services to look like in your community?
- How best can CSHSCP communicate with you?
- And equality questions

Workforce planning is key to the delivery of services, and in October, the Integrated Workforce Plan was published. This involved work to engage, develop and publish the Integrated Workforce Plan has been completed, with engagement from community health and care workforce including third and independent sector providers, partners, staff, trade unions and staff side representatives. This work was led by the HSCP Organisational Development Lead.

Throughout the development of the Strategic Commissioning Plan, managers have been working and meeting with Internal Audit through an audit process of agreed self-evaluation. In October, the Audit report provided an evaluation of the position in September with recommendations. In response, an action plan was devised and implemented to the completion of writing the Strategic Commissioning Plan. This has been led by Head of Strategic Planning and Health Improvement and Chief Finance Officer.

HSCP ADP Lead has led the development of fundamental principles of the Strategic Commissioning Plan. This work seeks to develop and embed human rights based approach, equalities and ecology across all of our care and support, policy and strategic documents and our strategic partnerships across the system and our communities.

Delivery of the ethical commissioning approach, as previously agreed by the Board, to deliver all commissioning activity within a Commissioning Consortium model. The approach is reflected across the delivery of the priorities of the Strategic Commissioning Plan, led by HSCP Commissioning Manager.

Measuring the success of the previous Plan and future plans against key performance indicators, national Health and Wellbeing Outcomes and local agreed targets as well as detailed analysis of current performance and future targets is led by HSCP Principal Analysts.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff Service Users Other Please identify ___ Providers, third sector, independent sector

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

All prescribed stakeholder representatives (as set out in the Public Bodies (Joint Working)(Scotland) Act (2014)) have been involved in the development of the draft Strategic Needs Assessment and draft Strategic Commissioning Plan. They have also engaged and commented on the Strategic Commissioning Plan through membership of the following groups: HSCP Strategic Planning Group, HSCP Locality Planning Groups, HSCP Carers Planning Group and Carer's Forum, Alcohol & Drug Partnership and sub-groups, HSCP Self-Directed Support Steering Group, Dementia Friendly Communities, HSCP Commissioning Providers Forums, HSCP Joint Staff Forum, Community Justice Partnerships, Strategic Housing Forums, Tenant and residents association and Integration Joint Board.

Consultation and engagement have been ongoing over the last year to inform the development of the Strategic Commissioning Plan. This will continue over the ten years of the plan.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

Please see the Strategic Needs Assessment for details of the population, including: age, gender, ethnic origin, religion, sexual orientation, population projections, physical disability, learning disability, mental health and wellbeing.

Please also see the Public Bodies (Joint Working)(Scotland) Act (2014) and supporting orders which sets out the legislative requirements for the partnership in relation to the Strategic Commissioning Plan.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
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<p>Age</p>	<p>x</p>		<p>The Strategic Needs Assessment highlights the aging population across Clackmannanshire and Stirling with the proportion of over 75's being expected to almost double by 2037 and the increasing numbers who will experience multiple co morbidities.</p> <p>It is anticipated that the Strategic Commissioning Plan will have a positive impact on ageing and older people as parts of the plan have been specifically designed, in consultation with local people, with the specific needs of this group in mind.</p> <p>Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>Providing more single points of entry will help ensure services are wrapped around people.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>
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Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			<p>The Strategic Commissioning Plan & Strategic Needs Assessment highlights the number of people with care support needs and health conditions in the community:</p> <p>With a focus on early intervention, prevention and better choice and control the integrated care plan is expected to have a positive impact on disabled people.</p> <p>The plan takes a more holistic approach to the needs of disabled people and is moving to an approach more in line with the social model of disability that promotes independence and autonomy and places the service user at the centre of their care / support.</p> <p>The recognition of the role of carers, many of which may become unwell themselves, should result in more support for both service user and unpaid carers and a better environment for both groups.</p> <p>Easy read and video versions of the Strategic Commissioning Plan and Locality Plans will be produced.</p>
Gender Reassignment			x	We are anticipating a neutral impact.
Marriage and Civil partnership			x	We are anticipating a neutral impact.
Pregnancy and Maternity			x	We are anticipating a neutral impact.

Race/Ethnicity	x		<p>The detail of the population can be found in the Strategic Needs Assessment.</p> <p>Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>Providing more single points of entry will help ensure services are wrapped around people.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>
Religion/Faith			x We are anticipating a neutral impact.
Sex/Gender (male/female)	x		<p>The Strategic Needs Assessment highlights 70476 males and 74894 females. It further highlights the inequality in life expectancy between males and females. We anticipate the strategic Commissioning plan will have a positive impact.</p> <p>Further development of anticipatory and planned care services will ensure people are enabled to live full and positive lives in supportive communities.</p> <p>Providing more single points of entry will help ensure services are wrapped around people.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>

Sexual orientation			x	<p>The Strategic Commissioning Plan & Strategic Needs Assessment could not accurately report sexual orientation at national or local level and believe it is likely numbers are underrepresented.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>
Staff (This could include details of staff training completed or required in relation to service delivery)	x			<p>The Strategic Commissioning Plan & Strategic Needs Assessment highlights there are approximately 1163 staff who will be affected by the health and social care partnership strategic Commissioning plan with the three employing bodies.</p> <p>The partnership has developed training and organisational development plans to support staff.</p> <p>Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services in order to respond to these changing demographics.</p>

Cross cutting issues: Included are some areas for consideration. Please **delete or **add** fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers	x			<p>Unpaid carers are represented on the Older Adults Carers Group, Carers Planning Group, Strategic Planning Group and Integration Joint Board as well as other fora. They have been part of the development of the strategic needs assessment and strategic Commissioning plan.</p>
Homeless	x			<p>There is a Strategic Housing Forum in place.</p>

Language/ Social Origins			x	Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.
Literacy			x	Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services. Easy read and video versions of the Strategic Commissioning Plan and Locality Plans will be produced.
Low income/poverty	x			Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.
Mental Health Problems	x			See disability section above
Rural Areas	x			Throughout the consultation process the different experience of care was evident. A rural strategy will require to be developed to ensure services respond to rural needs in a way that wraps services around people and enables people to live full and positive lives in supportive communities. The internal Rural care at home team, to support other providers, is an example of this type of service provision.
Armed Services Veterans, Reservists and former Members of the Reserve Forces			x	Councils and Health Board have established policies in place.
Third Sector	x			Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.
Independent Sector	x			Locality plans will take account of communities within localities and the more detailed Locality Plans will provide further detail as to how the partnership will design services.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Q11: Is a detailed EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

The Strategic Needs Assessment at a Local Authority level will help inform the more detailed iteration of plans which will set out more detail of how we will achieve the vision and ambitious outcomes for the partnership.

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	09/01/2023		
Date of next EQIA Review	09/01/2033		
Signature		Print Name	Lesley Fulford
Department or Service	Strategic Planning		

Please keep a completed copy of this template for your own records and attach to any appropriate papers / proposals etc as a record of SIA or EQIA completed.

Send copy to fv.clackmannanshirestirling.hscp@nhs.scot for publication once approved.

B: Standard/Detailed Impact Assessment Action Plan

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

Clackmannanshire & Stirling Integration Joint Board

1 February 2023

Agenda Item 10.2

Locality Planning

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Lesley Shaw, Service Improvement 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:	The purpose of this report is to present the Integration Joint Board with the draft Locality Plans (2023-2026) for Clackmannanshire, Stirling (Urban) and Stirling (Rural).
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Recommendations:	<p>The Integration Joint Board (IJB) is asked to:</p> <ol style="list-style-type: none"> 1) Consider and approve the three draft Locality Plans - which align to the priorities of the Strategic Commissioning Plan (2023-2033). 2) Approve that Officers provide an update to the Integrated Joint Board (IJB) annually, in line with annual review of the Strategic Commissioning Plan, additional quarterly updates will be provided to the Transforming Care Board and Strategic Planning Group.
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Key issues and risks:	Requirement to meet the key requirements of the Public Bodies Joint Working Act (2014) to establish Localities and Locality Plans.
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1. Background

- 1.1 The Scottish Government's Public Bodies Joint Working Act (2014) requires local authorities and NHS health boards to integrate the governance, planning and resourcing of adult social care and key delegated health services that are governed and overseen by this Board. The Board is required to define and agree the area of each of its Localities in consultation with local professionals and communities.
- 1.2 Clackmannanshire and Stirling Health and Social Partnership has identified and agreed three Locality areas;
- Clackmannanshire
 - Stirling (Urban)
 - Stirling (Rural)
- 1.3 The purpose of the Locality Planning Networks is to:
- Support the principles that underpin collaborative and integrated working and to ensure that a strong vision for service delivery is achieved.

- Develop robust communication and engagement methods between services and the public that be required to assure the effectiveness of locality arrangements.
- Support GPs to play a central role in providing and co-ordinating care to local communities and, by working more closely with a range of others - including the wider primary care team, secondary care, social care and third sector providers - to help improve outcomes for local people.
- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

2. Locality Planning

- 2.1 In May 2022, three Locality Planning Network groups were established – one to represent each of Clackmannanshire and Stirling’s HSCP localities.
- 2.2 Following consultation and engagement with Network members, each Locality developed and adopted their own Terms of Reference and appointed an independent chair representing their particular Locality.
- 2.3 All Locality Planning Networks groups are open to the public and local stakeholders as well as organisations working in each Locality e.g. support groups, commissioned services and grassroots organisations.
- 2.2 The purpose of the Locality Planning Network groups is to network across shared areas of interest; identify local issues; and create action plans to meet the identified areas of need / priorities. The agreed local priorities focus on improving the health and well-being of local communities and individuals. The Locality Planning Network groups are responsible for the review of progress against the priorities as well as the monitoring and evaluation of the agreed plans throughout their duration.
- 2.3 In addition to the Locality Planning Network groups, a Locality Working Steering Group was established in July 2022. This an operationally focused group with the task of developing multi-disciplinary working across the three Localities. Membership consists of Head of Strategic Planning & Health Improvement (Chair); Head of Community Health and Care; GP Clinical Leads; Director of Psychology and Head of Clinical Services for Mental Health and Learning Disabilities; HSCP Locality Managers, Professional Leads, Service Improvement Manager and Planning and Policy Manager.
- 2.4 The purpose of the Locality Working Steering Group is to establish the support of GP Clinical Leads to progress co-ordinated health and social care across local communities; bringing in the wider primary care team; social care; independent sector and third sector providers - to help improve outcomes for local people.
- 2.5 The Locality Working Steering Group is focused on mapping current provision across each community area including: social work services, district nursing, allied health professionals and the newly formed Reablement teams (Rapid

and Rural). This will develop to oversee the delivery of service re-design in each locality area, to improve the co-ordination of services for service users and their families. The Steering Group will be the delivery vehicle for the redesign of local co-ordinated and integrated care and support. The work will also align to the priorities of the Locality Plans.

2.6 Going forward into 2023, the Locality Working Steering Group will expand to include third sector and independent leaders who are providing care and support within the Localities to support integrated and multi-disciplinary working.

2.6 The draft Locality Action Plans align to the Scottish Government's - National Health & Wellbeing Outcomes:

National Health & Wellbeing Outcomes		HSCP Locality Plans
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	<p>Locality Action Plans have been developed and will be implemented in line with National Health and Wellbeing outcomes.</p> <p>Tackling inequalities in communities experiencing the greatest inequality will be a primary focus.</p>
2	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.	<p>Locality Action Plans have been developed and will be implemented to support delivery of Clackmannanshire & Stirling HSCP Strategic Commissioning Plan (2023-2033) priorities.</p>
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	<p>Clackmannanshire & Stirling HSCP will continue to seek feedback from people who access / use services, wider local communities and staff to inform planning processes.</p> <p>During 2023, there will be a review of Clackmannanshire & Stirling's HSCP Participation and Engagement strategy alongside those with lived/living experience in our communities.</p>
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	<p>Locality Action Plans have been developed to support positive outcomes and the experiences for those accessing care and support.</p> <p>Locality Working will drive forward the redesign to create locally co-ordinated and integrated care and support.</p>

National Health & Wellbeing Outcomes		HSCP Locality Plans
5	Health and social care services contribute to reducing health inequalities.	Tackling inequalities in the areas experiencing the greatest inequality is a primary focus for the three Locality Planning Network groups.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Carers' support continues to be priority for Clackmannanshire and Stirling HSCP, the appointment of the Carers' Lead and Short Breaks Co-ordinator posts ensures that working to support carers within localities will ensure carers are supported with their health & wellbeing to continue in their caring role.
7	People using health and social care services are safe from harm.	Locality Working will ensure GP Clinical Leads, wider primary care teams, social work, social care, the independent and third sector providers deliver care and support in a shared and co-ordinated community health and care context in line with public protection requirements.
8	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.	Staff will be supported to ensure continuous service improvement are embedded into their day to day life via Workforce Development Plan (2022-2025).
9	Resources are used effectively in the provision of health and social care services.	Locality Planning Network groups will ensure localised planning is undertaken in a way that ensures all resources are used efficiently and effectively.

3. Engagement & Consultation

- 3.1 As previously stated, the development of the new Strategic Commissioning Plan (2023-2033) and Locality Plans (2023-2026) began in March 2022. To enable the work of these plans, a series of short-life working groups were created to focus on each of the key elements of work including: Strategic Needs Assessment & Burden of Disease analysis, performance data, commissioning, rights & equalities, workforce planning, engagement and consultation.
- 3.2 In addition, the working groups took account of the legislative framework as well as local strategy and guidance:

- CSHSCP Engagement & Participation Strategy 2020-2023
[Clackmannanshire & Stirling \(clacksandstirlinghscp.org\)](https://clacksandstirlinghscp.org)
- Scotland's National Standards for Community Engagement
[Participation Scotland's National Standards for Community Engagement - Participation \(blogs.gov.scot\)](https://blogs.gov.scot)

3.3 In order to refresh the approach to engagement and to create opportunities for wider engagement across communities, Clackmannanshire and Stirling HSCP created a Facebook page, enabling wider reach to community groups. A 'Get Involved' page was launched on the CSHSCP website; [Clackmannanshire and Stirling HSCP – Get Involved \(clacksandstirlinghscp.org\)](https://clacksandstirlinghscp.org) In addition to this, a secure platform via Citizenspace was created to host surveys for the development of the Locality Action Plans, as well as for the development of the priorities for the Strategic Commissioning Plan. This approach also creates the opportunity for ongoing engagement and participation on specific topics e.g. carers and self-directed support.

3.4 Fifteen engagement 'drop in' sessions took place across the HSCP's three locality areas from June – October 2022

'Drop in's' took place in the following communities at a range of times:

Rural Stirling	Urban Stirling	Clackmannanshire
Killin	City Centre	Alva
Callander	Dunblane	Alloa
Kippen	Raploch	Clackmannan
Killlearn	Cornton	Dollar
Aberfoyle	Bannockburn	
	Cowie	

3.5 In addition to the in-person 'drop in' meetings, the HSCP held virtual meetings on MS Teams for each Locality area, these were held in the evening to provide opportunity for those who were unable to attend the in person engagement sessions. Meetings were also facilitated with the following groups; Forth Valley Recovery Community, the Travellers' Community, Refugee communities, Forth Valley Sensory Centre, Clackmannanshire Older Adults Forum and Balfron Lunch Club.

3.6 An Online Survey ran on Citizenspace from 30th September – 14th November 2022 [Introduction - Clackmannanshire & Stirling HSCP - Citizen Space](#)

Sample of questions asked were;

- What HSCP services you have interest in / use?
- What supports your health and wellbeing in your community?
- What barriers do you face when trying to look after your Health and Wellbeing?

- What would you like the future of health and social care services to look like in your community?
 - How best can CSHSCP communicate with you?
 - And equality questions
- 3.7 Clackmannanshire & Stirling HSCP sought to promote opportunities to get involved across all the localities; via the Locality Planning Networks groups, mailing lists - which include Elected Members, community members, interested groups, third and independent sector representatives, HSCP staff as well as wider NHS and Council staff. This is approximately 100 people for each Locality. The engagement events and surveys were promoted by Stirling Council Community Development Team, Stirling Council & Clackmannanshire Council Communication Teams as well as to HSCP workforce.
- 3.8 Clackmannanshire & Stirling HSCP social media continues to grow - the Twitter page has 800 followers and Facebook page with 300 followers. The HSCP e-newsletter has 402 subscriptions. In partnership with third sector, 2,000 printed posters / postcards have been distributed by Stirling Voluntary Enterprise and Clackmannanshire Third Sector Interface. This partnership continues to grow and develop to ensure engagement across our localities.
- 3.9 There was 254 responses to the online survey and 82 people at the drop in sessions - as well as collated responses from the meetings with community groups and the Strategic Planning Group. The feedback provided was collated and shared with the Locality Planning Network groups at their November 2022 meetings and also at the Strategic Planning Group meeting on 12th December 2022.
- 3.10 The key priorities identified by the data and engagement processes have been reflected within the Locality Plans attached as well as within the Strategic Commissioning Plan (2023 – 2033) presented to this Board meeting.

4. Conclusion

- 4.1. Each Locality Planning Network Group has drafted individual Locality Plans based on the data and feedback from all stakeholders which lay out the priorities for each Locality area for consideration and agreement by the Board.

5. Appendices

Appendix 1 – Locality Plan (*including Locality Profile*): Clackmannanshire
Appendix 2 – Locality Plan (*including Locality Profile*): Stirling (Urban)
Appendix 3 – Locality Plan (*including Locality Profile*): Stirling (Rural)
Appendix 4 – Engagement Feedback Report

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:	Locality budgets will be in alignment with IJB budget 2023-2024 and the new Strategic Commissioning Plan 2023-2033.
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>



Clackmannanshire & Stirling

Health & Social Care
Partnership



LOCALITY PLAN:

Clackmannanshire

2023 - 2026

CONTENTS

LOCALITY PLAN: CLACKMANNANSHIRE 2023 - 2026

1. FOREWORD
2. CONTEXT FOR THIS PLAN
3. PRIORITIES: CLACKMANNANSHIRE 2023-2026
4. ACTION PLAN 2023-2026
5. PARTNERS

APPENDICES

APPENDIX 1: LOCALITY PROFILE

APPENDIX 2: ENGAGEMENT FEEDBACK

1. FOREWARD:

CLACKMANNANSHIRE 2023 - 2026

(Awaiting)

Insert from ?? Lesley Shaw Interim Chair

2. CONTEXT FOR THIS PLAN:

CLACKMANNANSHIRE 2023 - 2026

What is Locality Planning?

The Scottish Government's Public Bodies (Joint Working Scotland) Act (2014) put in place the legislative framework to integrate health and social care services in Scotland.

The Act has two clear aims:

1. Better Outcomes and Experiences for Individuals and Communities
2. Better Use of Resources across Health, Care and Support Systems at National

Each Integration Joint Board (IJB) is required to define and agree the area of each of its localities in consultation with local professionals and communities.

Locality areas should relate to natural communities and take account of clusters of GP practices, which may in turn need to be realigned to fit with other services

Clackmannanshire and Stirling Health and Social Partnership has three Locality areas;

- Clackmannanshire
- Stirling (Urban)
- Stirling (Rural)

What Will The Locality Plans Do?

Each Locality Plan will support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.

Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others - including the wider primary care team, secondary care and social care colleagues, and third sector providers - to help improve outcomes for local people.

Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care”.

How Will The Locality Plans Be Delivered?

The Locality Plans will be overseen by the Locality Planning Network Group - for each particular locality.

Each Locality Network Planning Group has a Term of Reference, an independent Chair - who has been elected by the group and lives in their respective locality and has an open membership with various stakeholders including:

- Social Work
- District Nursing
- GPs
- Mental Health
- Learning Disabilities
- Alcohol & Drug Partnership
- Health Improvement
- Housing
- Third Sector
- Carers' Centre/Rep

Remit

To develop and deliver a locality plan for each locality, which focusses on several specific areas of local need. These areas will link into how Clackmannanshire and Stirling's Health and Social Care Partnership will integrate Health and Social Care in the locality and will provide the locality focus part of the Strategic Commissioning Plan (2023-2033).

Governance

The Locality Planning Network Groups will meet bi-monthly throughout the year and will provide quarterly updates on the locality's action plans progress.

The group(s) will report to the Integration Joint Board's - Strategic Planning Group.

Finance

This locality plan will contribute to the development and transformation of services, to better meet the needs of the people of Clackmannanshire & Stirling, with people being able to access the right support at the right time.

In addition to creating better outcomes for people, a more effective service will result in greater financial efficiency of the Health and Social Care Partnership, and progress towards financial sustainability.

3. PRIORITIES:

CLACKMANNANSHIRE 2023 - 2026

Our understanding of Clackmannanshire is taken from:

- Analysis of both national and local data and statistics (e.g. Locality Profile)
- Research Study: Burden of Disease by NHS Forth Valley Health Improvement Team
- Feedback from engagement process across the locality
- Knowledge and experience of our locality planning group members
- Knowledge and experience of staff working across the locality

The following priorities for Clackmannanshire have been identified and will contribute to Clackmannanshire & Stirling HSCP Strategic Commission Plan (2023 – 2033).

PRIORITIES FOR CLACKMANNANSHIRE		WHAT MAKES THIS A PRIORITY FOR RURAL
1	Communication & Signposting	<ul style="list-style-type: none"> - "Communication is a priority, CSHSCP must use multiple methods to reach as many people as possible" - "Need to better communicate the role of CSHSCP, the services they deliver and who the partners are" - "Less online and more person to person contact" - "Better communication needed between health and social care services" - "Knowing what the pathways are to access care and support" - "More information on National Care Service and Self Directed Support"
2	Early Intervention & Prevention	<ul style="list-style-type: none"> • Leading cause of ill health is depression and early death cause is heart disease (69% higher than Scotland) and Drug Use (44.7% higher than Scotland) • 'Fund activities to help reduce loneliness' • 51.6% of the population live in top 2 most deprived areas (SIMD) • Clackmannanshire has a considerably higher rate of early mortality than both the whole HSCP area and Scotland
3	Care Closer to Home	<ul style="list-style-type: none"> • 51% of respondents to the online survey said they had caring responsibilities. • The age group 65yrs + is expected to grow by 14.1% by 2033 and those aged 75+ will increase by 51.5% by 2033 • Increased reliance on residential and Care at Home • Increased unscheduled admission to Forth Valley Royal Hospital (FVRH) • Must retain workforce to support capacity across in this locality.
4	Supporting Carers' (& Cared for Person(s))	<ul style="list-style-type: none"> • High proportion of unpaid Carers' across the locality • Without unpaid Carers there would be more pressure on NHS, Social Work and Third Sector organisations • Carers' (Scotland) Act 2016 legislates for support for unpaid Carers'
5	Mental Health & Wellbeing	<ul style="list-style-type: none"> • 1/5 of the population are on prescription medication for depression/anxiety/psychosis • "Concerns in community of mental health support in relation to number of suicides in young adults males in recent years. • "More mental health services - perhaps community drop-ins, working with volunteers to create support groups that are attended by a GP or specialist nurse"
6	Alcohol & Drugs	

4. Action Plan:

STIRLING (RURAL) 2023 - 2026

PRIORITY 1: COMMUNICATION & SIGNPOSTING

Outcome 1: Communities and workforce are informed of CSHSCP's work and related services.

Outcome 2: Develop planned, robust and inclusive communication and engagement processes.

Outcome 3: Develop mapping of resources/services available.

Outcome 4: Develop and improve methods of sharing information across the locality network.

Outcome 5: Co-produced pathways that inform people of health and social care options in their locality.

Outcome 6: Communities are included and have the opportunity to participate in service design.

OBJECTIVE	IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* SUPPORT**	TIMEFRAME START* COMPLETION**
1.1 Create/develop Improvement plan for communication across locality	<ul style="list-style-type: none"> ○ Develop CSHSCP Communication and Engagement Strategy 2023-2026** ○ Expand communication opportunities e.g. locality network channels* ○ Audit/review and consolidate forums/meetings where possible to avoid/reduce duplication** ○ Develop and produce material to inform people of who and what the partnership is and how it supports you** 	1, 2, 4, 5 & 6	CSHSCP* NHS FV (Comms)** Clackmannanshire Council (Comms)** Engagement Working group**	March 2023* Tbc**
1.2 Host community engagement drop-in sessions and/or attend events across locality	<ul style="list-style-type: none"> ○ Arrange a calendar of drop-ins** ○ Support/promotional materials* 	1,2,6	CSHSCP TSI Community groups	March 2023* on-going**
1.3 Audit/review structure and content of CSHSCP website with event/what's on calendar, pathways etc.	<ul style="list-style-type: none"> ○ Mandatory updates and adding meeting/event calendar* ○ Establish small short life project group ** ○ Admin support to update** ○ Stirling Council & NHS Forth Valley to signpost to CSHSCP site** 	1, 2, 4, 5	CSHSCP* NHS FV (COMMS)* Working group**	April 2023* Tbc**

1.4 Audit and Develop NHS Inform Self Service Directory (SSD)	<ul style="list-style-type: none"> ○ Establish small working group with Health Improvement Team** ○ Admin support for monitoring and updating on SSD wellbeing Support** ○ Work with partners with similar signposting e.g. ALISS* 	1, 3, 4	CSHSCP / Health Improvement Team* TSI**	May 2023* Ongoing**
1.5 Develop and promote community learning opportunities to access digital (online) services	<ul style="list-style-type: none"> ○ Audit of what is current in place** ○ Engage and consult with people in locality as how best to do this** ○ Staff/partners training on NHS Inform, ALISS etc** 	1,2,3 & 4	CSHSCP* TSIs* Community* Learning Team Library Service* Forth Valley College* All**	March 2023* Ongoing**
1.6 Work with GPs/Pharmacies to explore and maximise signposting options	<ul style="list-style-type: none"> ○ Add supplementary information with prescriptions packs** ○ Explore potential to develop/expand automated telephone menu to include more signposting to other services** ○ Develop single point of access for family/support services to raise concerns of vulnerable persons** 	1 & 4	CSHSCP* GP Leads* TSI/ GP Link Workers** Pharmacies**	May 2023* Tbc**
1.7 Create opportunities for developing Case Studies, Feedback and Celebration/Recognition	<ul style="list-style-type: none"> ○ Documenting case studies* ○ Recognition within Partnership workforce* ○ Celebration of achievements/milestones* 	1,2 & 6	CSHSCP* TSI** Locality Network* Service Users* Staff*	March 2023* Ongoing**
1.8 Provide Information on National Care Service developments	<ul style="list-style-type: none"> ○ Information sessions** ○ Dedicated information page on CSHSCP website** ○ Social media* ○ Community newsletters updates* 	1,2,4 & 6	CSHSCP* Stirling Council & NHS Forth Valley Comms Dept* TSI** Locality Network Group**	March 2023* Ongoing**
1.9 Support the demand on services through increased signposting - particularly third sector	<ul style="list-style-type: none"> ○ Funding** ○ Commissioning** ○ Other methods of Capacity Building** 	3 & 4	CSHSCP* Comissioned services* TSI**	March* Tbc**

PRIORITY 2: EARLY INTERVENTION AND PREVENTION

Outcome 1: People living better quality of life across locality via healthy lifestyle.

Outcome 2: Reducing pressures on primary and secondary health care services.

Outcome 3: Improved access to health and care resources to support health improvement (via social prescribing).

Outcome 4: Community organisations working with CSHSCP to build/develop health and care capacity within their community.

Outcome 5: Co-produced pathways to inform people of health and care options in their locality.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* SUPPORT**	TIMEFRAME START* COMPLETION**
2.1 Expand GP Link Worker programme	<ul style="list-style-type: none"> ○ Monitor and review current pilot* ○ Secure funding from Scottish Government* ○ Identify areas in need of support* 	1,2,3,4	TSIs* NHS – Primary Care* CSHSCP**	March 2023* Tbc**
2.2 Integration of Health Improvement Team to HSCP following delegation (Dec 2022)	<ul style="list-style-type: none"> ○ Implement Physical Activity Referral Programme** ○ Re-introduce smoking cessation classes/drop-in** ○ Improving diet and nutrition through access to fresh fruit and veg and seasonal food, learning about cooking it – classes** 	2, 4, 5	CSHSCP* Public Health* TSI** Community groups**	March 2023* Tbc**
2.3 Develop recognised Wellbeing Information Hubs	<ul style="list-style-type: none"> ○ Mapping** ○ Branding as Wellbeing Hub** ○ Staff training** ○ Promotional information* 	2 & 3	CSHSCP* Library Service* TSI*	September 2023* Tbc*
2.4 Review of Health Connectors Volunteer programme	<ul style="list-style-type: none"> ○ Monitor and evaluate current programme* ○ Identify Library staff / shop owners members in community for training to become Community Health Connector** 	1, 2 & 3	TSI** CSHSCP* Libraries* Community groups*	September 2023*
2.5 Work with community organisations to develop health and social care opportunities in the locality	<ul style="list-style-type: none"> ○ Form/develop relationship with CC & CDT to encourage developing Caring and Connected models in communities across locality* ○ Strengthen community through Learning exchange visits with other localities & HSCP's** 	1,2,4 & 5	TSI* Community groups** CSHSCP* Elected Members** All**	October 2023* Tbc**
2.6 Outreach work to support adults with sensory impairments to be support and stay connected within their locality	<ul style="list-style-type: none"> ○ Outreach work to support older adults with sight and or hearing loss and peer support engagement** ○ Pilot sessions across locality** ○ Review impact & feedback** 	1,2 & 4	CSHSCP* Forth Valley Sensory Centre* Community Groups** GP's** Pharmacies** Opticians**	June 2023* Tbc**
2.7 Explore options to revive pilot Frailty Clinic	<ul style="list-style-type: none"> ○ Meet with GP and other workers involved.** ○ Identify pilot area** ○ Assemble MDT** ○ Conduct assessment and evaluation of project and steps to re-establish** 	1,2,3,4 & 5	CSHSCP * GPs Leads* Forth Valley Sensory Centre** TSI** Older Adults Forum**	September 2023*

<p>2.8</p> <p>Maximise and promote funding opportunities across the locality to support prevention and intervention</p>	<p>III Fund*</p> <p>Increase opportunities around Participatory Budgeting**</p> <p>Increase awareness and participation of Commissioning consortium**</p>	<p>1,2,3 & 4</p>	<p>TSI*</p> <p>Clackmannanshire Council*</p> <p>CSHSCP*</p> <p>All**</p>	<p>March 2023*</p>
<p>2.9</p> <p>Create opportunities to co-produce service design and pathway models</p>	<p>Develop short life working groups with service leads*</p> <p>Promote and raise awareness to participate people with lived/living experience**</p>	<p>1, 2,3 & 4</p>	<p>CSHSCP*</p> <p>TSI**</p> <p>Community groups**</p>	<p>March 2023*</p> <p>Tbc**</p>

PRIORITY 3: CARE CLOSER TO HOME

Outcome 1: Develop Multi-Disciplinary Team (MDT) working across locality.

Outcome 2: Helping people get the support and care when they need it (right care – right place).

Outcome 3: Develop Caring and Connected Communities – building capacity within communities.

Outcome 4: Engaging with people/stakeholder around co-design and co-production services.

Outcome 5: Work closely with partners to influence housing/estate options/planning decisions across locality.

Outcome 6: Supporting service provision via recruitment and staff retention.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS**	TIMEFRAME / START* COMPLETION**
3.1 Develop/Expand Multi-Disciplinary Team working opportunities across the locality	<ul style="list-style-type: none"> ○ Develop Locality Working Group* ○ Support the further development of enablement services provided by our Third sector partners e.g. hospital discharge** 	1, 2, 3, & 6	CSHSCP* Locality Working Group* TSI**	*March 2023 Tbc**
3.2 Reduce delay (and cost) between ward transitions/discharge	<ul style="list-style-type: none"> ○ Work with GPs leads** 	1 & 2	Locality Working Group* CSHSCP*	August 2023* Tbc**
3.3 Re-design 'front door' services	<ul style="list-style-type: none"> ○ Staff training* ○ Assessment tools* ○ Outcome focused* ○ Budget generating 	1,2,3,4,6	Locality Working Group* CSHSCP*	May 2023* Tbc**
3.3 Support recruitment campaigns in locality to promote recruitment opportunities	<ul style="list-style-type: none"> ○ Work with schools, colleges, job centers and other training/employability groups.** ○ Host/attend recruitment fairs in localities* 	1, 2 & 5	Community Equipment Service	March 2023* Ongoing**
3.4 Support the work of Primary Care Improvement Programme	<ul style="list-style-type: none"> ○ Share information** ○ Promote Engagement and consultation** opportunities ○ Community reps at meetings** 	3,4 & 5	NHS Forth Valley* CSHSCP** TSI** ALL**	March 2023* Tbc**
3.5 Supporting people at the point of assessment identify what supports can be provided to meet the needs of people whilst on waiting for treatment e.g. pain management class	<ul style="list-style-type: none"> ○ External review of services currently provided in progress** ○ Implement Best Practice service models** ○ Provide improved patient pathways of care by maximizing resources available to address care closer to home support* 	1,2,3 & 4	CSHSCP* GPs NHS FV TSI	March 2023* Tbc**
3.6 Develop a sustainable, Holistic locality response to homelessness through collaborative working and co-design	<ul style="list-style-type: none"> ○ Engage with community to co-design simplified pathways* ○ Engage with Rapid Rehousing Transition Programme** ○ Work closely with agency's such as CAB Women's Aid etc. in that co-design process** ○ Identify space in wellbeing hub health visitors / dentist / 	1,2,3,4 & 5	Housing Dept* CSHSCP* TSI* Housing Associations* Public Health	August 2023* Tbc**

	smile4life team** ○ Staff in information hubs trained in signposting **			
3.7 Work with partners to support/promote/consult on housing opportunities and planned developments	○ Engagement* ○ Co-design** ○ HSCP Housing lead and engagement officer**	1,2 & 3	Associate Director for Community and Primary Services	March 2023* Tbc**

PRIORITY 4: SUPPORTING CARERS

Outcome 1: Develop and promote better understanding of definition of 'Carer'.

Outcome 2: Promote Carers' rights in accordance with Carers' Act (Scotland) 2016.

Outcome 3: Improve signposting and access to services for Carers' (including respite and bereavement support).

Outcome 4: Increase awareness of Self-Directed Support and eligibility.

Outcome 5: Involved those with lived/living experience in the co-production of planning and delivery of Carers services.

Outcome 6: Work with partners; Carers UK, Carers Trust, and young Carers'.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS*	TIMEFRAME START* COMPLETION**
4.1 Promote various respite choices/options	<ul style="list-style-type: none"> ○ Support the further development of respite services provided through Short Break Co-ordinator* ○ Identifying gaps in service** ○ Raise awareness of SDS options in communities e.g. outreach events** 	2, 3 & 4	CSHSCP* Carers' Centre TSI**	March 2023* On-going**
4.2 Signposting for support – including Adult Carer Plans and finance support in wake of cost of living crisis	<ul style="list-style-type: none"> ○ Mapping* ○ Streamline pathway through co-design** ○ Create Carers' page on CSHSCP website** 	2, 3 & 4	CSHSCP Hospital discharge team Carers' Centre CAB	March 2023* On-going**
4.3 Promotion of Self Direct Support (SDS)	<ul style="list-style-type: none"> ○ What it is, who is eligible etc. ○ Role / Recruitment options available ○ Community Awareness sessions** ○ Leaflets & videos promoting** ○ Dedicated page of CSHSCP website** ○ Staff & volunteer training* 	2, 3 & 4	CSHSCP* SDS FV* Carers' Centre** TSI**	May 2023* Ongoing**
4.4 More outreach services to identify and support unknown Carers	<ul style="list-style-type: none"> ○ Promotion of who may identify as a Carer & what support they are entitled to** ○ Town Break expanding Carers' support for Dementia into Clackmannanshire from 2023* ○ Increase referrals to Dementia Friendly Dunblane** ○ Increase Adult Care Plans as per Carers' Charter** 	1, 2, 3, 4, 5 & 6	TSI* CSHSCP* Carers' Centre	March 2023* Ongoing
4.5 Working with community organisations to develop opportunities to support Carer's	<ul style="list-style-type: none"> ○ Community learning/training to increase awareness* ○ Develop Caring & Connected communities models including befriending to allow people to attend appointments etc.** ○ Explore potential volunteer driver schemes to offer car journeys to appointments, Carers' to attend support/social events * 	1,2,4 & 5	TSIs* Carers' Centres* CSHSCP*	March 2023* Ongoing**
4.6 Promote & involve those with lived/living experience in the development of new Carers' Strategy	<ul style="list-style-type: none"> ○ Create engagement, co-design opportunities re: Carers' improvement plan* ○ Opportunities to participate in Carers' Planning Group * ○ New Carers' Lead to conduct engagement work** 	1, 2, 3, 4, 5 & 6	CSHSCP* Carers Planning Group* Carers Centres** Coalition for Careres** TSI**	March 2023* Tbc**

<p>4.7 Carers' reps on Carers' Commissioning Consortium</p>	<ul style="list-style-type: none"> ○ Promote awareness** ○ Inclusive of people with lived and living experience* 	<p>1, 2 & 5</p>	<p>CSHSCP*</p>	<p>March 2023* Ongoing**</p>
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PRIORITY 5: MENTAL HEALTH AND WELLBEING

Outcome 1: Helping people get the support and care when they need it (right care – right place).

Outcome 2: Reduce loneliness and isolation.

Outcome 3: Improving mental health support young adults (16-25).

Outcome 4: Reduce pressures on primary and secondary services.

Outcome 5: Reduce stigma and increase trauma informed.

Outcome 6: Supporting a healthy workforce across the locality.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS**	TIMEFRAME START* COMPLETION**
5.1 Pilot of Distress Brief Intervention (DBI) support	<ul style="list-style-type: none"> Support Community Mental Health team explore pilot communities to begin 12 month project* Identify and work with communities to deliver pilot* 	1, 2, 3 & 4	CSHSCP SAMH NHS Forth Valley	June 2023* Tbc**
5.2 Explore potential for wellbeing cafes with NHS Mental Health Nurses	<ul style="list-style-type: none"> Seek to develop pilot project in 2x communities across locality for 12 -18mths (pathway following DBI support)** Develop befriending and volunteering opportunities* 	1,2,3,4, 5 & 6	CSHSCP* NHS FV* TSI** Community orgs**	June 2023* Tbc**
5.3 Tackling stigma in Communities by being more trauma informed	<ul style="list-style-type: none"> Support/provide training opportunities for Staff/volunteer/community* Working with community partners to tackle stigma campaign and trauma of loss, bereavement, Addiction, asylum / refugees etc.** 	2, 5 & 6	CSHSCP* All**	September 2023* Tbc**
5.4 Holistic approach to Improving mental health and wellbeing through working in collaboration with housing partners	<ul style="list-style-type: none"> Work with tenants and residents federations, housing associations to promote rights within housing* Promote and raise awareness of housing rights across locality** 	1, 2, 3 & 5	CSHSCP* Housing Dept** CTRF** Housing Ass**	March 2023* Tbc**
5.5 Increase awareness of hoarding as mental health condition	<ul style="list-style-type: none"> Develop closer working between community mental health time and Housing partners including training** Recognise National Hoarding Awareness Week* 	1, 2, 3, 4 & 5	CSHSCP* TSI's CTRF Housing	March 2024* Tbc**
5.6 Work with Health Improvement team across locality to take maximise local environment	<ul style="list-style-type: none"> Maximize opportunities to access green and blue space in locality* Climate challenge 	1,3 & 4	CSHSCP* Paths for All** Shaping Places for Wellbeing*	March 2023* Tbc**
5.7 Work closely with partners on new development of Wellbeing Hub in Alloa	<ul style="list-style-type: none"> Community engagement** CSHSCP rep on steering group* Co-design of building** 	2, 4 & 6	CSHSCP* Clackmannanshire Council Shaping Places for Wellbeing**	September 2023* Tbc**
5.8 Promote staff/volunteer's mental health & wellbeing awareness and support	<ul style="list-style-type: none"> Work with Healthy Working Lives to put in place policy and procedures to support staff and volunteers move to wellbeing 	4, 5 & 6	CSHSCP* TSI* All**	March 2023* Tbc**

opportunities to do so	<ul style="list-style-type: none"> ○ Workforce Wellbeing Events* ○ Training opportunities across partnership and wider area* 			
5.9 Work with local businesses to raise awareness of social isolation and loneliness and signposting	<ul style="list-style-type: none"> ○ Engagement** ○ Training (Community Health Connectors)** ○ Support & Signposting tool ○ Recognition** 	2 & 6	CSHSCP TSI BIDS Economic Dev Community orgs	September 2024* Tbc**
5.10 Support transition from Children services to adult mental health provision	<ul style="list-style-type: none"> ○ External review of services currently provided in progress* ○ Implement Best Practice service models** 	1, 3 & 5	CSHSCP Education Services	June 2023* Tbc**
5.11 To reduce trauma of re-telling/sharing seek to explore concept of 'all about me' booklets/passport for people with mental health issues etc.	<ul style="list-style-type: none"> ○ Create small working group* ○ Research & mapping ○ Engage & consult with lived experience** ○ Draft proposal ** 	1 & 5	CSHSCP TSI* GP's Working group	January 2024* Tbc**
5.12 Promote empowerment and self-help tools	<ul style="list-style-type: none"> ○ Expand health improvement provision and training programme in locality e.g. Step on Stress, Mental Health First Aid, Suicide Prevention etc** ○ Map and develop support groups** ○ How to create Mental Health First Aid Kit/Box for at home** 	1,2,4,5 & 6	CSHSCP	March 2023* Tbc**

PRIORITY 6: ALCOHOL AND DRUGS

Outcome 1: Increase awareness of alcohol and drug and support available across locality.

Outcome 2: Reduce stigma across locality in relation to alcohol and drug addiction / in recovery / families affected by alcohol and drugs across the locality.

Outcome 3: Supporting the involvement of people with live/living experience in planning and investment of service delivery.

Outcome 4: Improve community led support for harm reduction.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS* *	TIMEFRAME START* COMPLETION**
6.1 Working closely with the ADP on supporting structure and delivery of support and outreach community services	<ul style="list-style-type: none"> ○ Engagement ○ Update on developments relating to locality ○ Increased emphasis on assertive outreach and early harm reduction interventions. 	1,2,3,4	CSHSCP* ADP* Forth Valley Recovery Community*	March 2023* Ongoing**
6.2 Support awareness/ education campaigns on impact and harm of drug and alcohol use	<ul style="list-style-type: none"> ○ Using our comms channels ○ Information sharing within locality ○ Outreach work in communities – attending events / school talks etc. 	1, 2, 3 & 4	ADP* CSHSCP* TSI** Community orgs** Stirling Council - Community Development team	March 2023* Ongoing**
6.3 Increase education and awareness harm reduction opportunities e.g. Naloxone campaign	<ul style="list-style-type: none"> ○ Information/educate around harm reduction and challenging stigma* ○ Community events/ information sessions* 	2, 3 & 4	ADP* CSHSCP* GPs TSI* Community orgs	March 2023* Ongoing**
6.4 Support for parents / guardians	<ul style="list-style-type: none"> ○ Working with partners - INCLUDEM & Families Affected by Drugs and Alcohol* ○ Work with community development, education ADP with information and tools to support young people who are using drugs ○ Peer support (lived experience)** 	1, 2 & 3	ADP* CSHSCP* TSI* Community orgs	March 2023* Ongoing**
6.5 Developing local support groups & network	<ul style="list-style-type: none"> ○ Support ADP with audit/mapping and evaluate recovery services in locality ○ Developing peer support groups** ○ Facilitating a space for discussion / community led activity** 	1, 2 & 3	ADP* CSHSCP* TSI** Community orgs**	March 2023* Tbc**
6.6 Improve access to testing at clinics, and introduce some test-only walk-in clinics	<ul style="list-style-type: none"> ○ Assist with service mapping ○ Increase awareness and access to testing sites** ○ Support self-testing** ○ Ensure HIV testing is being targeted appropriately at groups who are most at risk** 	1,2,3 & 4	ADP* CSHSCP* Commissioned service providers*	March 2023* Tbc**
6.7 Increase those with lived and living experience to be involved with ADP Consortium	<ul style="list-style-type: none"> ○ Increase awareness and participation** ○ Shape investment in services* ○ Shape service provision* 	2,3 & 4	ADP* CSHSCP*	March 2023* Tbc**

5. LOCALITY NETWORK PARTNERS: CLACKMANNANSHIRE

Thanks to our partners of the Clackmannanshire Locality Network Group for helping to co-produce this plan over May 2022-January 2023:

- Artlink Central
- Clackmannanshire Third Sector Interface
- Clackmannanshire Council (various dept. e.g. libraries, community development, housing etc.)
- Clackmannanshire Citizens' Advice Bureau
- Clackmannanshire Criminal Justice Partnership
- Clackmannanshire Tenants and Residents Federation
- Clackmannanshire & Falkirk Carers Centre
- Carers Coalition
- C-Change/Dates 'n' Mates
- Dollar Community Development Trust
- Dial-a-Journey
- Enable Scotland
- Forth Valley Alcohol & Drug Partnership
- Forth Valley College
- Forth Valley Recovery/Recovery Scotland
- Forth Valley Sensory Centre
- Forth Valley Welcome
- Forth Environment Link
- Hawkhill Community Centre
- Health Improvement Scotland
- MND Scotland
- Neil's Hugs Foundation
- Ochilview Housing Association
- PEC (Pre-employability Clackmannanshire)
- Police Scotland (Forth Valley)
- Scottish Autism
- Scottish Ambulance Service
- Scottish Armed Forces Association
- Shaping Places for Wellbeing
- Stroke Association
- Together All
- Town Break
- Wellbeing Scotland
- Volunteering Matters
- Elected Members for Clackmannanshire
- Community residents from across Clackmannanshire



Clackmannanshire & Stirling

Health & Social Care
Partnership



LOCALITY PLAN:
STIRLING (URBAN)
2023 - 2026

CONTENTS

LOCALITY PLAN: STIRLING (URBAN) 2023 - 2026

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APPENDICES

APPENDIX 1: LOCALITY PROFILE

APPENDIX 2: ENGAGEMENT FEEDBACK

1. FOREWARD:

STIRLING (URBAN) 2023 - 2026

(Awaiting)

Insert from Alan Clevett, Stirling Urban Locality Chair

2. CONTEXT FOR THIS PLAN:

STIRLING (URBAN) 2023 - 2026

What is Locality Planning?

The Scottish Government's Public Bodies (Joint Working Scotland) Act (2014) put in place the legislative framework to integrate health and social care services in Scotland.

The Act has two clear aims:

1. Better Outcomes and Experiences for Individuals and Communities
2. Better Use of Resources across Health, Care and Support Systems at National

Each Integration Joint Board (IJB) is required to define and agree the area of each of its localities in consultation with local professionals and communities.

Locality areas should relate to natural communities and take account of clusters of GP practices, which may in turn need to be realigned to fit with other services

Clackmannanshire and Stirling Health and Social Partnership has three Locality areas;

- Clackmannanshire
- Stirling (Urban)
- Stirling (Rural)

What Will The Locality Plans Do?

Each Locality Plan will support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.

Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others - including the wider primary care team, secondary care and social care colleagues, and third sector providers - to help improve outcomes for local people.

Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care”.

How Will The Locality Plans Be Delivered?

The Locality Plans will be overseen by the Locality Planning Network Group - for each particular locality.

Each Locality Network Planning Group has a Term of Reference, an independent Chair - who has been elected by the group and lives in their respective locality and has an open membership with various stakeholders including:

- Social Work
- District Nursing
- GPs
- Mental Health
- Learning Disabilities
- Alcohol & Drug Partnership
- Health Improvement
- Housing
- Third Sector
- Carers' Centre/Rep

Remit

To develop and deliver a locality plan for each locality, which focusses on several specific areas of local need. These areas will link into how Clackmannanshire and Stirling's Health and Social Care Partnership will integrate Health and Social Care in the locality and will provide the locality focus part of the Strategic Commissioning Plan (2023-2033).

Governance

The Locality Planning Network Groups will meet bi-monthly throughout the year and will provide quarterly updates on the locality's action plans progress.

The group(s) will report to the Integration Joint Board's - Strategic Planning Group.

Finance

This locality plan will contribute to the development and transformation of services, to better meet the needs of the people of Clackmannanshire & Stirling, with people being able to access the right support at the right time.

In addition to creating better outcomes for people, a more effective service will result in greater financial efficiency of the Health and Social Care Partnership, and progress towards financial sustainability.

3. PRIORITIES:

STIRLING (URBAN) 2023 - 2026

Our understanding of Stirling (Urban) is taken from:

- Analysis of both national and local data and statistics (e.g. Locality Profile)
- Research Study: Burden of Disease by NHS Forth Valley Health Improvement Team
- Feedback from engagement process across the locality
- Knowledge and experience of our locality planning group members
- Knowledge and experience of staff working across the locality

The following priorities for Stirling (Urban) have been identified and will contribute to Clackmannanshire & Stirling HSCP Strategic Commission Plan (2023 – 2033).

PRIORITIES FOR RURAL		WHAT MAKES THIS A PRIORITY FOR RURAL
1	Communication & Signposting	<ul style="list-style-type: none"> - <i>“Communication is a priority, CSHSCP must use multiple methods to reach as many people as possible”</i> - <i>“Need to better communicate the role of CSHSCP, the services they deliver and who the partners are”</i> - <i>“Less online and more person to person contact”</i> - <i>“Better communication needed between health and social care services”</i> - <i>“Knowing what the pathways are to access care and support”</i> - <i>“More information on National Care Service and Self Directed Support”</i>
2	Early Intervention & Prevention	<ul style="list-style-type: none"> - Urban Stirling has higher rate of early mortality compared to HSCP area as a whole and compared to Scotland - Heart disease is leading cause of early death in Urban Stirling while the leading cause of ill health is neck and lower back pain. - <i>“Focus on well-being rather than ill health, creating the culture and community to support happy healthy fulfilled lives for all”.</i>
3	Care Closer to Home	<ul style="list-style-type: none"> • 51% of respondents to the online survey said they had caring responsibilities. • Life expectancy for 65+yrs set to increase by 14.8% and 75+yrs by 36.2% by 2033. • Increased reliance on residential and nursing home placements • Increased unscheduled admission to Forth Valley Royal Hospital (FVRH) • Difficulty recruiting and sustaining capacity across providers • <i>“Care homes provide care but little provide activities to stimulate brains and promote wellbeing.”</i>
4	Supporting Carers’	<ul style="list-style-type: none"> • High proportion of unpaid Carers’ across the locality • Without unpaid Carers’ there would be more pressure on NHS, Social Work and Third Sector organisations • Carers’ (Scotland) Act 2016 legislates for support for unpaid Carers’
5	Mental Health & Wellbeing	<ul style="list-style-type: none"> • <i>“Depression and anxiety are the 2nd and 4th most common causes of ill health in Urban Stirling Council</i> • <i>“Improved mental health resource for all ages and lower waiting times”</i> • <i>“More mental health services - perhaps community drop-ins, working with volunteers to create support groups that are attended by a GP or specialist nurse”</i> • <i>“Easy and readily available access to mental health support services waiting times are far too long”</i>
6	Alcohol & Drugs	<ul style="list-style-type: none"> • Increase number of adverse deaths in Urban Stirling • The rate of drug related hospital admissions has increased considerably in Urban Stirling from 121.57 in 2008 to 221.26 in 2018.

4. Action Plan:

STIRLING (URBAN) 2023 - 2026

PRIORITY 1: COMMUNICATION & SIGNPOSTING

Outcome 1: Communities and workforce are informed of CSHSCP's work and related services.

Outcome 2: Planned, robust and inclusive communication and engagement processes.

Outcome 3: Mapping, resourcing and updating of services available.

Outcome 4: Develop and improve methods of sharing information across the locality network.

Outcome 5: Co-produced pathways that inform people of health and social care options in their locality.

Outcome 6: Communities are included and have the opportunity to participate in service design.

OBJECTIVE	IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* SUPPORT**	TIMEFRAME START* COMPLETION**
1.1 Create/develop Improvement plan for communication across locality	<ul style="list-style-type: none"> ○ Expand communication opportunities e.g. locality network channels* ○ Develop CSHSCP Communication and Engagement Strategy 2023-2026** ○ Audit/review and consolidate forums/meetings where possible to avoid/reduce duplication** ○ Develop and produce material to inform people of who and what the partnership is and how it supports you** 	1, 2, 4, 5 & 6	CSHSCP* NHS FV (Comms)** Stirling Council (Comms)** Engagement Working group**	March 2023* Tbc**
1.2 Host community engagement drop-in sessions and/or attend events across locality	<ul style="list-style-type: none"> ○ Arrange a calendar of drop-ins ○ Supporting promotional materials* 	1,2,6	CSHSCP TSI Community groups	March 2023* on-going**
1.3 Audit/review structure and content of CSHSCP website with event/what's on calendar, pathways etc.	<ul style="list-style-type: none"> ○ Mandatory updates and adding meeting/event calendar* ○ Establish small short life project group ** ○ Admin support to update** ○ Stirling Council & NHS Forth Valley to signpost to CSHSCP site** 	1, 2, 4, 5	CSHSCP* NHS FV (COMMS)* Working group**	April 2023* Tbc**

1.4 Audit and Develop NHS Inform Self Service Directory (SSD)	<ul style="list-style-type: none"> ○ Establish small working group with Health Improvement Team** ○ Admin support for monitoring and updating on SSD wellbeing Support** ○ Work with partners with similar signposting e.g. ALISS* 	1, 3, 4	CSHSCP / Health Improvement Team* TSI**	May 2023* Ongoing**
1.5 Develop and promote community learning opportunities to access digital (online) services	<ul style="list-style-type: none"> ○ Audit of what is current in place ○ Engage and consult with people in locality as how best to do this ○ Working closely with library services ○ Staff/partners training on NHS Inform, ALISS etc 	1,2,3 & 4	CSHSCP* TSIs* Community* Learning Team Library Service* Forth Valley College* All**	March 2023* Ongoing**
1.6 Work with GPs/Pharmacies to explore and maximise signposting options	<ul style="list-style-type: none"> ○ Add supplementary information with prescriptions packs ○ Explore potential to develop/expand automated telephone menu to include more signposting to other services ○ Develop single point of access for family/support services to raise concerns of vulnerable persons 	1 & 4	CSHSCP* GP Leads* TSI/ GP Link Workers** Pharmacies**	May 2023* Tbc**
1.7 Create opportunities for developing Case Studies, Feedback and Celebration/Recognition	<ul style="list-style-type: none"> ○ Documenting case studies ○ Recognition within Partnership workforce ○ Celebration of achievements/milestones 	1,2 & 6	CSHSCP* TSI** Locality Network* Service Users* Staff*	March 2023* Ongoing**
1.8 Provide Information on National Care Service developments	<ul style="list-style-type: none"> ○ Information sessions ○ Dedicated information page on CSHSCP website ○ Social media ○ Community newsletters updates 	1,2,4 & 6	CSHSCP* Stirling Council & NHS Forth Valley Comms Dept* TSI** Locality Network Group**	March 2023* Ongoing**
1.9 Support the demand on services through increased signposting - particularly third sector	<ul style="list-style-type: none"> ○ Funding ○ Commissioning ○ Capacity Building 	3 & 4	CSHSCP* Comissioned services TSI**	March* Tbc**

PRIORITY 2: EARLY INTERVENTION AND PREVENTION

Outcome 1: People living better quality of life across locality via healthy lifestyle.

Outcome 2: Reducing pressures on primary and secondary health care services.

Outcome 3: Improved access to health care resources to support health improvement (via social prescribing).

Outcome 4: Build/develop opportunities between community organisation and CSHSCP to increase health and care capacity with their community.

Outcome 5: Co-produced pathways to inform people of health and care options in their locality.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* SUPPORT**	TIMEFRAME START* COMPLETION**
2.1 Expand GP Link Worker programme	<ul style="list-style-type: none"> ○ Monitor and review current pilot* ○ Secure funding from Scottish Government ○ Identify areas in need of support 	1,2,3,4	TSIs* NHS – Primary Care* CSHSCP**	March 2023* Tbc**
2.2 Integration of Health Improvement Team to HSCP following delegation (Dec 2022)	<ul style="list-style-type: none"> ○ Implement Physical Activity Referral Programme** ○ Re-introduce smoking cessation classes/drop-in** ○ Improving diet and nutrition through access to fresh fruit and veg and seasonal food, learning about cooking it – classes. 	2, 4, 5	CSHSCP* Public Health* TSI** Community groups**	March 2023* Tbc**
2.3 Develop recognised Wellbeing Information Hubs	<ul style="list-style-type: none"> ○ Mapping ○ Branding as Wellbeing Hub ○ Staff training ○ Promotional information 	2 & 3	CSHSCP* Library Service* TSI*	September 2023* Tbc**
2.4 Review of Health Connectors Volunteer programme	<ul style="list-style-type: none"> ○ Monitor and evaluate current programme ○ Identify Library staff / shop owners members in community for training to become Community Health Connector 	1, 2 & 3	TSI** CSHSCP* Libraries* Community groups*	September 2023* Tbc**
2.5 Work with community organisations to develop health and social care opportunities	<ul style="list-style-type: none"> ○ Forming relationship with CC & CDT to encourage developing Caring and Connected models in communities across locality ○ Strengthen community through Learning exchange visits with other localities & HSCP's 	1,2,4 & 5	TSI* Community groups** CSHSCP* Elected Members** All**	October 2023* Tbc**
2.6 Outreach work to support adults with sensory impairments to be supported and stay connected within their locality	<ul style="list-style-type: none"> ○ Outreach work to support older adults with sight and or hearing loss and peer support Engagement ○ Pilot sessions across locality ○ Review impact & feedback 	1,2 & 4	CSHSCP* Forth Valley Sensory Centre* Community Groups** GP's** Pharmacies** Opticians**	June 2023* Tbc**
2.7 Explore options to develop pilot Frailty Clinic	<ul style="list-style-type: none"> ○ Meet with GP and other workers involved.** ○ Identify pilot area** ○ Assemble MDT** ○ Conduct assessment and evaluation of project and steps to re-establish** 	1,2,3,4 & 5	CSHSCP * GPs Leads* Forth Valley Sensory Centre** TSI** Older Adults Forum**	September 2023* Tbc**

<p>2.8 Maximise and promote funding opportunities across the locality to support prevention and intervention</p>	<ul style="list-style-type: none"> ○ III Fund* ○ Increase opportunities around Participatory Budgeting** ○ Increase awareness and participation of Commissioning consortium** 	<p>1,2,3 & 4</p>	<p>TSI* Stirling Council* CSHSCP* All**</p>	<p>March 2023* Tbc**</p>
<p>2.9 Create opportunities to co-produce service design and pathway models</p>	<ul style="list-style-type: none"> ○ Develop short life working groups with service leads ○ Promote and raise awareness to participate people with lived/living experience 	<p>1, 2,3 & 4</p>	<p>CSHSCP* TSI** Community groups**</p>	<p>March 2023* Tbc**</p>

PRIORITY 3: CARE CLOSER TO HOME

Outcome 1: Develop Multi-Disciplinary Team (MDT) working across locality.

Outcome 2: Helping people get the support and care when they need it (right care – right place).

Outcome 3: Develop Caring and Connected Communities – building capacity within communities.

Outcome 4: Engaging with people/stakeholder around co-design and co-production services.

Outcome 5: Work closely with partners to influence housing/estate options/planning decisions across locality.

Outcome 6: Supporting service provision via recruitment and staff retention.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS**	TIMEFRAME / START* COMPLETION**
3.1 Develop/Expand Multi-Disciplinary Team working opportunities across the locality	<ul style="list-style-type: none"> Develop Locality Working Group* Support the further development of enablement services provided by our Third sector partners e.g. hospital discharge 	1, 2, 3, & 6	CSHSCP* Locality Working Group* TSI**	*March 2023 Tbc**
3.2 Reduce delay (and cost) between ward transitions/discharge	<ul style="list-style-type: none"> Work with GPs leads 	1 & 2	Locality Working Group* CSHSCP*	August 2023* Tbc**
3.3 Re-design 'front door' services	<ul style="list-style-type: none"> Staff training Assessment tools Outcome focused Budget generating 	1,2,3,4,6	Locality Working Group* CSHSCP*	May 2023* Tbc**
3.3 Support recruitment campaigns in locality to promote recruitment opportunities	<ul style="list-style-type: none"> Work with schools, colleges, job centers and other training/employability groups. Host/attend recruitment fairs in localities 	1, 2 & 5	Community Equipment Service	March 2023* Ongoing**
3.4 Support the work of Primary Care Improvement Programme	<ul style="list-style-type: none"> Share information Promote Engagement and consultation opportunities Community reps at meetings 	3,4 & 5	NHS Forth Valley* CSHSCP** TSI** ALL**	March 2023* Tbc**
3.5 Supporting people at the point of assessment identify what supports can be provided to meet the needs of people whilst on waiting for treatment e.g. pain management class	<ul style="list-style-type: none"> External review of services currently provided in progress* Implement Best Practice service models** Provide improved patient pathways of care by maximizing resources available to address care closer to home support 	1,2,3 & 4	CSHSCP* GPs NHS FV TSI	March 2023* Tbc**
3.6 Develop a sustainable, Holistic locality response to homelessness through collaborative working and co-design	<ul style="list-style-type: none"> Engage with community to co-design simplified pathways Engage with Rapid Rehousing Transition Programme Work closely with agency's such as CAB Women's Aid etc. in that co-design process. Identify space in wellbeing hub health visitors / dentist / smile4life team Staff in information hubs trained in signposting 	1,2,3,4 & 5	Housing Dept* CSHSCP* TSI* Housing Associations* Public Health	August 2023* Tbc**

<p>3.7 Work with partners to support/promote/consult on housing opportunities and planned developments</p>	<ul style="list-style-type: none"> ○ Engagement ○ Co-design ○ HSCP Housing lead and engagement officer 	<p>1,2 & 3</p>	<p>Associate Director for Community and Primary Services</p>	<p>March 2023* Tbc**</p>
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PRIORITY 4: SUPPORTING CARERS & CARED FOR PERSON(S)

Outcome 1: Develop and promote better understanding of definition of ‘Carer’

Outcome 2: Promote Carers’ rights in accordance with Carers’ Act (Scotland) 2016

Outcome 3: Improve signposting and access to services for Carers’ (including respite and bereavement support)

Outcome 4: Increase awareness of Self-Directed Support and eligibility

Outcome 5: Lived/living experience involved with co-production of locality planning and delivery of services

Outcome 6: Working closely with partners; Carers UK, Carers Trust, and young Carers’

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS*	TIMEFRAME START* COMPLETION**
4.1 Promote various respite choices/options	<ul style="list-style-type: none"> ○ Support the further development of respite services provided through Short Break Co-ordinator ○ Identifying gaps in service ○ Raise awareness of SDS options in communities e.g. outreach events 	2, 3 & 4	CSHSCP* Carers’ Centre TSI**	March 2023* On-going**
4.2 Signposting for support – including Adult Carer Plans and finance support in wake of cost of living crisis	<ul style="list-style-type: none"> ○ Mapping ○ Streamline pathway through co-design ○ Create Carers’ page on CSHSCP website 	2, 3 & 4	CSHSCP Hospital discharge team Carers’ Centre CAB	March 2023* On-going**
4.3 Promotion of Self Direct Support (SDS)	<ul style="list-style-type: none"> ○ What it is, who is eligible etc. ○ Role / Recruitment options available ○ Community Awareness sessions** ○ Leaflets & videos promoting** ○ Dedicated page of CSHSCP website** ○ Staff & volunteer training* 	2, 3 & 4	CSHSCP* SDS FV* Carers’ Centre** TSI**	May 2023* Ongoing**
4.4 More outreach services to identify and support unknown Carers’	<ul style="list-style-type: none"> ○ Promotion of who may identify as a Carer & what support they are entitled to** ○ Town Break expanding Carers’ support for Dementia into Clackmannanshire from 2023* ○ Increase referrals to Dementia Friendly Dunblane** ○ Increase Adult Care Plans as per Carers’ Charter** 	1, 2, 3, 4, 5 & 6	TSI* CSHSCP* Carers’ Centre	March 2023* Ongoing
4.5 Working with community organisations to develop opportunities to support Carers’	<ul style="list-style-type: none"> ○ Community learning/training to increase awareness ○ Develop Caring & Connected communities models including befriending to allow people to attend appointments etc. ○ Explore potential volunteer driver schemes to offer car journeys to appointments, Carers’ to attend support/social events 	1,2,4 & 5	TSIs* Carers’ Centres* CSHSCP*	March 2023* Ongoing**
4.6 Promote involvement of development of new Carers’ Strategy	<ul style="list-style-type: none"> ○ Create engagement , co-design opportunities re: Carers’ improvement plan ○ Opportunities to participate in Carers’ Planning Group ○ New Carers’ Lead to conduct engagement work 	1, 2, 3, 4, 5 & 6	CSHSCP* Carers Planning Group* Carers Centres** Coalition for Carers** TSI**	March 2023* Tbc**

<p>4.7 Carers' reps on Carers' Commissioning Consortium</p>	<ul style="list-style-type: none"> ○ Promote awareness ○ Inclusive of people with lived and living experience 	<p>1, 2 & 5</p>	<p>CSHSCP*</p>	<p>March 2023* Ongoing**</p>
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PRIORITY 5: MENTAL HEALTH AND WELLBEING

Outcome 1: Helping people get the support and care when they need it (right care – right place).

Outcome 2: Reduce loneliness and isolation.

Outcome 3: Improve mental health support services for young people/adults (16-25).

Outcome 4: Reduce pressures on acute, primary and secondary services.

Outcome 5: Reduce stigma and increase trauma informed.

Outcome 6: Supporting a healthy workforce across the locality.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS**	TIMEFRAME START* COMPLETION**
5.1 Distress Brief Intervention (DBI)	<ul style="list-style-type: none"> ○ Support Community Mental Health team explore pilot communities to begin 12 month project ○ Identify and work with communities to deliver pilot 	1, 2, 3 & 4	CSHSCP SAMH NHS Forth Valley	June 2025* following pilot in other locality Tbc**
5.2 Explore potential for wellbeing cafes with NHS Mental Health Nurses	<ul style="list-style-type: none"> ○ Seek to develop pilot project in 2x communities across locality for 12 -18mths (act as pathway following DBI support) ○ Develop befriending and volunteering opportunities 	1,2,3,4, 5 & 6	CSHSCP* NHS FV* TSI** Community orgs**	June 2023* Tbc**
5.3 Tackling stigma in Communities by being more trauma informed	<ul style="list-style-type: none"> ○ Support/provide training opportunities for Staff/volunteer/community ○ Working with community partners to tackle stigma campaign and trauma of loss, bereavement, Addiction, asylum / refugees etc. 	2, 5 & 6	CSHSCP* All**	September 2023* Tbc**
5.4 Holistic approach to Improving mental health and wellbeing through working in collaboration with housing partners	<ul style="list-style-type: none"> ○ Work with tenants and residents federations, housing associations to promote rights within housing and ○ Promote and raise awareness of housing rights across locality 	1, 2, 3 & 5	CSHSCP* Housing Dept** CTRF** Housing Ass**	March 2023* Tbc**
5.5 Increase awareness of hoarding as mental health condition	<ul style="list-style-type: none"> ○ Work with Housing and outcome: housing working with partners ○ Recognise National Hoarding Awareness Week 	1, 2, 3, 4 & 5	CSHSCP* TSI's CTRF Housing	March 2024* Tbc**
5.6 Work with Health Improvement team across locality to take maximise local environment	<ul style="list-style-type: none"> ○ Maximize opportunities to access green and blue space in locality ○ Paths for All ○ Climate challenge 	1,3 & 4	CSHSCP* The Peak** Paths for All**	March 2023* Tbc**
5.7 To explore the opportunities for Wellbeing Hub(s) within Urban Stirling	<ul style="list-style-type: none"> ○ Community engagement ○ Mapping ○ Options appraisals 	2, 4 & 6	CSHSCP* The Peak**	September 2023* Tbc**
5.8 Promote staff/volunteer's mental health & wellbeing awareness and support	<ul style="list-style-type: none"> ○ Work with Healthy Working Lives to put in place policy and procedures to support staff and volunteers move to wellbeing 	4, 5 & 6	CSHSCP* TSI* All**	March 2023* Tbc**

opportunities to do so	<ul style="list-style-type: none"> ○ Workforce Wellbeing Events ○ Training opportunities across partnership and wider area 			
5.9 Work with local businesses to raise awareness of social isolation and loneliness and signposting	<ul style="list-style-type: none"> ○ Engagement ○ Training (Community Health Connectors) ○ Support & Signposting tool ○ Recognition 	2 & 6	CSHSCP TSI BIDS Economic Dev Community orgs	September 2024*
5.10 Support transition from Children services to adult mental health provision	<ul style="list-style-type: none"> ○ External review of services currently provided in progress* ○ Implement Best Practice service models** 	1, 3 & 5	CSHSCP Education Services	June 2023*
5.11 To reduce trauma of re-telling/sharing seek to explore concept of 'all about me' booklets/passport for people with mental health issues etc.	<ul style="list-style-type: none"> ○ Set up small working group ○ Research & mapping ○ Engage & consult with lived experience ○ Explore barriers ○ Evaluate draft proposal 	1 & 5	CSHSCP TSI* GP's Working group	January 2024*
5.12 Promote empowerment and self-help tools	<ul style="list-style-type: none"> ○ Expand health improvement provision and training programme in locality e.g. Step on Stress, Mental Health First Aid, Suicide Prevention etc ○ Map and develop support groups ○ How to create Mental Health First Aid Kit/Box for at home 	1,2,4,5 & 6	CSHSCP	March 2023*

PRIORITY 6: ALCOHOL AND DRUGS

Outcome 1: Increase awareness of alcohol and drug and support available across locality

Outcome 2: Reduce stigma across localities in relation to alcohol and drug addiction / in recovery / families affected across the locality

Outcome 3: Supporting the involvement of people with live/living experience in planning and investment of service delivery

Outcome 4: Improve community led support for harm reduction

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS* *	TIMEFRAME START* COMPLETION**
6.1 Working closely with the ADP on supporting structure and delivery of support and outreach community services	<ul style="list-style-type: none"> ○ Engagement ○ Update on developments relating to locality ○ Increased emphasis on assertive outreach and early harm reduction interventions. 	1,2,3,4	CSHSCP* ADP* Forth Valley Recovery Community*	March 2023* Ongoing**
6.2 Support awareness/ education campaigns on impact and harm of drug and alcohol use	<ul style="list-style-type: none"> ○ Using our comms channels ○ Information sharing within locality ○ 	1, 2, 3 & 4	ADP* CSHSCP* TSI** Community orgs** Stirling Council - Community Development team	March 2023* Ongoing**
6.3 Increase education and awareness harm reduction opportunities e.g. Naloxone campaign	<ul style="list-style-type: none"> ○ Information/educate around harm reduction and challenging stigma ○ Community events/ information sessions 	2, 3 & 4	ADP* CSHSCP* GPs TSI* Community orgs	March 2023* Ongoing**
6.4 Support for parents / guardians	<ul style="list-style-type: none"> ○ Working with partners e.g. INCLUDEM & Families Affected by Drugs and Alcohol* ○ Work with community development, education ADP with information and tools to support young people who are using drugs ○ Peer support (lived experience) 	1, 2 & 3	ADP* CSHSCP* TSI* Community orgs	March 2023* Ongoing**
6.5 Developing local support groups & network	<ul style="list-style-type: none"> ○ Support ADP with audit/mapping and evaluate recovery services in locality ○ Developing peer support groups ○ Facilitating a space for discussion / community led activity 	1, 2 & 3	ADP* CSHSCP* TSI** Community orgs**	March 2023* Tbc**
6.6 Improve access to testing at clinics, and introduce some test-only walk-in clinics	<ul style="list-style-type: none"> ○ Assist with service mapping ○ Increase awareness and access to testing sites ○ Support self-testing ○ Ensure HIV testing is being targeted appropriately at groups who are most at risk 	1,2,3 & 4	ADP* CSHSCP* Commissioned service providers*	March 2023* Tbc**
6.7 Increase those with lived and living experience to be involved with ADP Consortium	<ul style="list-style-type: none"> ○ Increase awareness and participation ○ Shape investment in services ○ Shape service provision 	2,3 & 4	ADP* CSHSCP*	March 2023* Tbc**

5. LOCALITY NETWORK PARTNERS: STIRLING (URBAN)

Thanks to our partners of the Urban Stirling Locality Network Group for helping to co-produce this plan over May 2022-January 2023:

- Active Stirling
- Action in Mind
- Carers Coalition
- C-Change/Dates 'n' Mates
- Dial-a-journey
- Dunblane Development Trust / Dementia Friendly Dunblane
- Dunblane Health Centre
- Enable Scotland
- Food Train, Stirling
- Forth Valley Alcohol & Drug Partnership
- Forth Valley College
- Forth Valley Welcome
- Forth Valley Recovery/Recovery Scotland
- Forth Valley Sensory Centre
- Forth Environment Link
- Health Improvement Scotland
- Inspiring Communities (*formally: Raploch Community Partnership*)
- Marie Curie Cancer Care
- MND Scotland
- PLUS Stirling
- Stirling Council (various dept. e.g. libraries, community development, housing etc.)
- Scottish Autism
- Scottish Ambulance Service
- Scottish Armed Forces Association
- Stirling Carers Centre
- Stirling Citizens' Advice Bureau
- Stirling Criminal Justice Partnership
- Strathcarron Hospice
- Stroke Association
- Stirling Voluntary Enterprise
- Together All
- Town Break
- Wellbeing Scotland
- Elected Members for Urban Wards
- Community residents from across the Urban Locality



Clackmannanshire & Stirling

Health & Social Care
Partnership



LOCALITY PLAN:
STIRLING (RURAL)
2023 - 2026

CONTENTS

LOCALITY PLAN: STIRLING (RURAL) 2023 - 2026

1. FOREWORD
2. CONTEXT FOR THIS PLAN
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5. PARTNERS

APPENDICES

APPENDIX 1: LOCALITY PROFILE

APPENDIX 2: ENGAGEMENT FEEDBACK

1. FOREWARD:

STIRLING (RURAL) 2023 - 2026

(Awaiting)

Insert from Donald Fraser, Stirling Rural Locality Chair

2. CONTEXT FOR THIS PLAN:

STIRLING (RURAL) 2023 - 2026

What is Locality Planning?

The Scottish Government's Public Bodies (Joint Working Scotland) Act (2014) put in place the legislative framework to integrate health and social care services in Scotland.

The Act has two clear aims:

1. Better Outcomes and Experiences for Individuals and Communities
2. Better Use of Resources across Health, Care and Support Systems at National

Each Integration Joint Board (IJB) is required to define and agree the area of each of its localities in consultation with local professionals and communities.

Locality areas should relate to natural communities and take account of clusters of GP practices, which may in turn need to be realigned to fit with other services

Clackmannanshire and Stirling Health and Social Partnership has three Locality areas;

- Clackmannanshire
- Stirling (Urban)
- Stirling (Rural)

What Will The Locality Plans Do?

Each Locality Plan will support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.

Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others - including the wider primary care team, secondary care and social care colleagues, and third sector providers - to help improve outcomes for local people.

Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care”.

How Will The Locality Plans Be Delivered?

The Locality Plans will be overseen by the Locality Planning Network Group - for each particular locality.

Each Locality Network Planning Group has a Term of Reference, an independent Chair - who has been elected by the group and lives in their respective locality and has an open membership with various stakeholders including:

- Social Work
- District Nursing
- GPs
- Mental Health
- Learning Disabilities
- Alcohol & Drug Partnership
- Health Improvement
- Housing
- Third Sector
- Carers' Centre/Rep

Remit

To develop and deliver a locality plan for each locality, which focusses on several specific areas of local need. These areas will link into how Clackmannanshire and Stirling's Health and Social Care Partnership will integrate Health and Social Care in the locality and will provide the locality focus part of the Strategic Commissioning Plan (2023-2033).

Governance

The Locality Planning Network Groups will meet bi-monthly throughout the year and will provide quarterly updates on the locality's action plans progress.

The group(s) will report to the Integration Joint Board's - Strategic Planning Group.

Finance

This locality plan will contribute to the development and transformation of services, to better meet the needs of the people of Clackmannanshire & Stirling, with people being able to access the right support at the right time.

In addition to creating better outcomes for people, a more effective service will result in greater financial efficiency of the Health and Social Care Partnership, and progress towards financial sustainability.

3. PRIORITIES:

STIRLING (RURAL) 2023 - 2026

Our understanding of Stirling (Rural) is taken from:

- Analysis of both national and local data and statistics (e.g. Locality Profile)
- Research Study: Burden of Disease by NHS Forth Valley Health Improvement Team
- Feedback from engagement process across the locality
- Knowledge and experience of our locality planning group members
- Knowledge and experience of staff working across the locality

The following priorities for Stirling (Rural) have been identified and will contribute to Clackmannanshire & Stirling HSCP Strategic Commission Plan (2023 – 2033).

PRIORITIES FOR RURAL		WHAT MAKES THIS A PRIORITY FOR RURAL
1	Communication & Signposting	<ul style="list-style-type: none"> - <i>“Communication is a priority, CSHSCP must use multiple methods to reach as many people as possible”</i> - <i>“Need to better communicate the role of CSHSCP, the services they deliver and who the partners are”</i> - <i>“Less online and more person to person contact”</i> - <i>“Better communication needed between health and social care services”</i> - <i>“Knowing what the pathways are to access care and support”</i> - <i>“More information on National Care Service and Self Directed Support”</i>
2	Early Intervention & Prevention	<ul style="list-style-type: none"> • <i>“Focus on well-being rather than ill health, creating the culture and community to support happy healthy fulfilled lives for all”.</i> • <i>‘Fund activities to help reduce loneliness’</i> • <i>‘Care homes provide care but little provide activities to stimulate brains and promote wellbeing.’</i> • <i>“I would like more done to encourage people, and young people especially, to live healthier lifestyles. It seems left to individual households to try and address this issue instead of being also seen as a community and peer group issue.”</i>
3	Care Closer to Home	<ul style="list-style-type: none"> • 51% of respondents to the online survey said they had caring responsibilities. • 65yrs+ population expected to increase by 14% and 75yrs+ by 36% by 2033 • Increased reliance on residential and Care at Home • Increased unscheduled admission to Forth Valley Royal Hospital (FVRH) • Difficulty recruiting and sustaining capacity across providers in this locality.
4	Supporting Carers' (& Cared for Person(s))	<ul style="list-style-type: none"> • High proportion of unpaid Carers' across the locality • Without unpaid Carers there would be more pressure on NHS, Social Work and Third Sector organisations • Carers' (Scotland) Act 2016 legislates for support for unpaid Carers'
5	Mental Health & Wellbeing	<ul style="list-style-type: none"> • <i>“Improved mental health resource for all ages and lower waiting times”</i> • <i>Concerns in community of Callander of mental health support in relation to number of suicides in young adults in recent years.</i> • <i>“More mental health services - perhaps community drop-ins, working with volunteers to create support groups that are attended by a GP or specialist nurse”</i> • <i>“Easy and readily available access to mental health support services waiting times are far too long”</i>
6	Alcohol & Drugs	<ul style="list-style-type: none"> • Numbers of drug related hospital admission has increased by 32% between 2008-2018 • Concerns in community raised in Killin, Killearn and Balfron over drug use particularly cocaine. Young adults using cannabis oils added to vapes

4. Action Plan:

STIRLING (RURAL) 2023 - 2026

PRIORITY 1: COMMUNICATION & SIGNPOSTING

Outcome 1: Communities and workforce are informed of CSHSCP's work and related services.

Outcome 2: Develop planned, robust and inclusive communication and engagement processes.

Outcome 3: Develop mapping of resources/services available.

Outcome 4: Develop and improve methods of sharing information across the locality network.

Outcome 5: Co-produced pathways that inform people of health and social care options in their locality.

Outcome 6: Communities are included and have the opportunity to participate in service design.

OBJECTIVE	IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* SUPPORT**	TIMEFRAME START* COMPLETION**
1.1 Create/develop Improvement plan for communication across locality	<ul style="list-style-type: none"> ○ Develop CSHSCP Communication and Engagement Strategy 2023-2026** ○ Expand communication opportunities e.g. locality network channels* ○ Audit/review and consolidate forums/meetings where possible to avoid/reduce duplication** ○ Develop and produce material to inform people of who and what the partnership is and how it supports you** 	1, 2, 4, 5 & 6	CSHSCP* NHS FV (Comms)** Stirling Council (Comms)** Engagement Working group**	March 2023* Tbc**
1.2 Host community engagement drop-in sessions and/or attend events across locality	<ul style="list-style-type: none"> ○ Arrange a calendar of drop-ins ○ Supporting promotional materials* 	1,2,6	CSHSCP TSI Community groups	March 2023* on-going**
1.3 Audit/review structure and content of CSHSCP website with event/what's on calendar, pathways etc.	<ul style="list-style-type: none"> ○ Mandatory updates and adding meeting/event calendar* ○ Establish small short life project group ** ○ Admin support to update** ○ Stirling Council & NHS Forth Valley to signpost to CSHSCP site** 	1, 2, 4, 5	CSHSCP* NHS FV (COMMS)* Working group**	April 2023* Tbc**

1.4 Audit and Develop NHS Inform Self Service Directory (SSD)	<ul style="list-style-type: none"> ○ Establish small working group with Health Improvement Team** ○ Admin support for monitoring and updating on SSD wellbeing Support** ○ Work with partners with similar signposting e.g. ALISS* 	1, 3, 4	CSHSCP / Health Improvement Team* TSI**	May 2023* Ongoing**
1.5 Develop and promote community learning opportunities to access digital (online) services	<ul style="list-style-type: none"> ○ Audit of what is current in place ○ Engage and consult with people in locality as how best to do this ○ Working closely with library services ○ Staff/partners training on NHS Inform, ALISS etc 	1,2,3 & 4	CSHSCP* TSIs* Community* Learning Team Library Service* Forth Valley College* All**	March 2023* Ongoing**
1.6 Work with GPs/Pharmacies to explore and maximise signposting options	<ul style="list-style-type: none"> ○ Add supplementary information with prescriptions packs ○ Explore potential to develop/expand automated telephone menu to include more signposting to other services ○ Develop single point of access for family/support services to raise concerns of vulnerable persons 	1 & 4	CSHSCP* GP Leads* TSI/ GP Link Workers** Pharmacies**	May 2023* Tbc**
1.7 Create opportunities for developing Case Studies, Feedback and Celebration/Recognition	<ul style="list-style-type: none"> ○ Documenting case studies ○ Recognition within Partnership workforce ○ Celebration of achievements/milestones 	1,2 & 6	CSHSCP* TSI** Locality Network* Service Users* Staff*	March 2023* Ongoing**
1.8 Provide Information on National Care Service developments	<ul style="list-style-type: none"> ○ Information sessions ○ Dedicated information page on CSHSCP website ○ Social media ○ Community newsletters updates 	1,2,4 & 6	CSHSCP* Stirling Council & NHS Forth Valley Comms Dept* TSI** Locality Network Group**	March 2023* Ongoing**
1.9 Support the demand on services through increased signposting - particularly third sector	<ul style="list-style-type: none"> ○ Funding ○ Commissioning ○ Capacity Building 	3 & 4	CSHSCP* Comissioned services TSI**	March* Tbc**

PRIORITY 2: EARLY INTERVENTION AND PREVENTION

Outcome 1: People living better quality of life across locality via healthy lifestyle.

Outcome 2: Reducing pressures on primary and secondary health care services.

Outcome 3: Improved access to health and care resources to support health improvement (via social prescribing).

Outcome 4: Community organisations working with CSHSCP to build/develop health and care capacity within their community.

Outcome 5: Co-produced pathways to inform people of health and care options in their locality.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* SUPPORT**	TIMEFRAME START* COMPLETION**
2.1 Expand GP Link Worker programme	<ul style="list-style-type: none"> ○ Monitor and review current pilot* ○ Secure funding from Scottish Government ○ Identify areas in need of support 	1,2,3,4	TSIs* NHS – Primary Care* CSHSCP**	March 2023* Tbc**
2.2 Integration of Health Improvement Team to HSCP following delegation (Dec 2022)	<ul style="list-style-type: none"> ○ Implement Physical Activity Referral Programme** ○ Re-introduce smoking cessation classes/drop-in** ○ Improving diet and nutrition through access to fresh fruit and veg and seasonal food, learning about cooking it – classes. 	2, 4, 5	CSHSCP* Public Health* TSI** Community groups**	March 2023* Tbc**
2.3 Develop recognised Wellbeing Information Hubs	<ul style="list-style-type: none"> ○ Mapping ○ Branding as Wellbeing Hub ○ Staff training ○ Promotional information 	2 & 3	CSHSCP* Library Service* TSI*	September 2023* Tbc*
2.4 Review of Health Connectors Volunteer programme	<ul style="list-style-type: none"> ○ Monitor and evaluate current programme ○ Identify Library staff / shop owners members in community for training to become Community Health Connector 	1, 2 & 3	TSI** CSHSCP* Libraries* Community groups*	September 2023*
2.5 Work with community organisations to develop health and social care opportunities in the locality	<ul style="list-style-type: none"> ○ Forming relationship with CC & CDT to encourage developing Caring and Connected models in communities across locality ○ Strengthen community through Learning exchange visits with other localities & HSCP's 	1,2,4 & 5	TSI* Community groups** CSHSCP* Elected Members** All**	October 2023* Tbc**
2.6 Outreach work to support adults with sensory impairments to be supported and stay connected within their locality	<ul style="list-style-type: none"> ○ Outreach work to support older adults with sight and or hearing loss and peer support Engagement ○ Pilot sessions across locality ○ Review impact & feedback 	1,2 & 4	CSHSCP* Forth Valley Sensory Centre* Community Groups** GP's** Pharmacies** Opticians**	June 2023* Tbc**
2.7 Explore options to develop pilot Frailty Clinic	<ul style="list-style-type: none"> Meet with GP and other workers involved.** Identify pilot area** Assemble MDT** Conduct assessment and evaluation of project and steps to re-establish** 	1,2,3,4 & 5	CSHSCP * GPs Leads* Forth Valley Sensory Centre** TSI** Older Adults Forum**	September 2023*

<p>2.8</p> <p>Maximise and promote funding opportunities across the locality to support prevention and intervention</p>	<p>III Fund*</p> <p>Increase opportunities around Participatory Budgeting**</p> <p>Increase awareness and participation of Commissioning consortium**</p>	<p>1,2,3 & 4</p>	<p>TSI*</p> <p>Stirling Council*</p> <p>CSHSCP*</p> <p>All**</p>	<p>March 2023*</p>
<p>2.9</p> <p>Create opportunities to co-produce service design and pathway models</p>	<p>Develop short life working groups with service leads</p> <p>Promote and raise awareness to participate people with lived/living experience</p>	<p>1, 2,3 & 4</p>	<p>CSHSCP*</p> <p>TSI**</p> <p>Community groups**</p>	<p>March 2023*</p> <p>Tbc**</p>

PRIORITY 3: CARE CLOSER TO HOME

Outcome 1: Develop Multi-Disciplinary Team (MDT) working across locality.

Outcome 2: Helping people get the support and care when they need it (right care – right place).

Outcome 3: Develop Caring and Connected Communities – building capacity within communities.

Outcome 4: Engaging with people/stakeholder around co-design and co-production services.

Outcome 5: Work closely with partners to influence housing/estate options/planning decisions across locality.

Outcome 6: Supporting service provision via recruitment and staff retention.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS**	TIMEFRAME / START* COMPLETION**
3.1 Develop/Expand Multi-Disciplinary Team working opportunities across the locality	<ul style="list-style-type: none"> ○ Develop Locality Working Group* ○ Support the further development of enablement services provided by our Third sector partners e.g. hospital discharge 	1, 2, 3, & 6	CSHSCP* Locality Working Group* TSI**	*March 2023 Tbc**
3.2 Reduce delay (and cost) between ward transitions/discharge	<ul style="list-style-type: none"> ○ Work with GPs leads 	1 & 2	Locality Working Group* CSHSCP*	August 2023* Tbc**
3.3 Re-design 'front door' services	<ul style="list-style-type: none"> ○ Staff training ○ Assessment tools ○ Outcome focused ○ Budget generating 	1,2,3,4,6	Locality Working Group* CSHSCP*	May 2023* Tbc**
3.3 Support recruitment campaigns in locality to promote recruitment opportunities	<ul style="list-style-type: none"> ○ Work with schools, colleges, job centers and other training/employability groups. ○ Host/attend recruitment fairs in localities 	1, 2 & 5	Community Equipment Service	March 2023* Ongoing**
3.4 Support the work of Primary Care Improvement Programme	<ul style="list-style-type: none"> ○ Share information ○ Promote Engagement and consultation opportunities ○ Community reps at meetings 	3,4 & 5	NHS Forth Valley* CSHSCP** TSI** ALL**	March 2023* Tbc**
3.5 Supporting people at the point of assessment identify what supports can be provided to meet the needs of people whilst on waiting for treatment e.g. pain management class	<p>External review of services currently provided in progress*</p> <p>Implement Best Practice service models**</p> <p>Provide improved patient pathways of care by maximizing resources available to address care closer to home support</p>	1,2,3 & 4	CSHSCP* GPs NHS FV TSI	March 2023* Tbc**
3.6 Develop a sustainable, Holistic locality response to homelessness through collaborative working and co-design	<ul style="list-style-type: none"> ○ Engage with community to co-design simplified pathways ○ Engage with Rapid Rehousing Transition Programme ○ Work closely with agency's such as CAB Women's Aid etc. in that co-design process. ○ Identify space in wellbeing hub health visitors / dentist / smile4life team ○ Staff in information hubs 	1,2,3,4 & 5	Housing Dept* CSHSCP* TSI* Housing Associations* Public Health	August 2023* Tbc**

	trained in signposting			
3.7 Work with partners to support/promote/consult on housing opportunities and planned developments	<ul style="list-style-type: none"> ○ Engagement ○ Co-design ○ HSCP Housing lead and engagement officer 	1,2 & 3	Associate Director for Community and Primary Services	March 2023* Tbc**

PRIORITY 4: SUPPORTING CARERS

Outcome 1: Develop and promote better understanding of definition of 'Carer'.

Outcome 2: Promote Carers' rights in accordance with Carers' Act (Scotland) 2016.

Outcome 3: Improve signposting and access to services for Carers' (including respite and bereavement support).

Outcome 4: Increase awareness of Self-Directed Support and eligibility.

Outcome 5: Involved those with lived/living experience in the co-production of planning and delivery of Carers services.

Outcome 6: Work with partners; Carers UK, Carers Trust, and young Carers'.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS*	TIMEFRAME START* COMPLETION**
4.1 Promote various respite choices/options	<ul style="list-style-type: none"> ○ Support the further development of respite services provided through Short Break Co-ordinator ○ Identifying gaps in service ○ Raise awareness of SDS options in communities e.g. outreach events 	2, 3 & 4	CSHSCP* Carers' Centre TSI**	March 2023* On-going**
4.2 Signposting for support – including Adult Carer Plans and finance support in wake of cost of living crisis	<ul style="list-style-type: none"> ○ Mapping ○ Streamline pathway through co-design ○ Create Carers' page on CSHSCP website 	2, 3 & 4	CSHSCP Hospital discharge team Carers' Centre CAB	March 2023* On-going**
4.3 Promotion of Self Direct Support (SDS)	<ul style="list-style-type: none"> ○ What it is, who is eligible etc. ○ Role / Recruitment options available ○ Community Awareness sessions** ○ Leaflets & videos promoting** ○ Dedicated page of CSHSCP website** ○ Staff & volunteer training* 	2, 3 & 4	CSHSCP* SDS FV* Carers' Centre** TSI**	May 2023* Ongoing**
4.4 More outreach services to identify and support unknown Carers	<ul style="list-style-type: none"> ○ Promotion of who may identify as a Carer & what support they are entitled to** ○ Town Break expanding Carers' support for Dementia into Clackmannanshire from 2023* ○ Increase referrals to Dementia Friendly Dunblane** ○ Increase Adult Care Plans as per Carers' Charter** 	1, 2, 3, 4, 5 & 6	TSI* CSHSCP* Carers' Centre	March 2023* Ongoing
4.5 Working with community organisations to develop opportunities to support Carer's	<ul style="list-style-type: none"> ○ Community learning/training to increase awareness ○ Develop Caring & Connected communities models including befriending to allow people to attend appointments etc. ○ Explore potential volunteer driver schemes to offer car journeys to appointments, Carers' to attend support/social events 	1,2,4 & 5	TSIs* Carers' Centres* CSHSCP*	March 2023* Ongoing**
4.6 Promote & involve those with lived/living experience in the development of new Carers' Strategy	<ul style="list-style-type: none"> ○ Create engagement , co-design opportunities re: Carers' improvement plan ○ Opportunities to participate in Carers' Planning Group ○ New Carers' Lead to conduct engagement work 	1, 2, 3, 4, 5 & 6	CSHSCP* Carers Planning Group* Carers Centres** Coalition for Careres** TSI**	March 2023* Tbc**

4.7 Carers' reps on Carers' Commissioning Consortium	<ul style="list-style-type: none"> ○ Promote awareness ○ Inclusive of people with lived and living experience 	1, 2 & 5	CSHSCP*	March 2023* Ongoing**
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PRIORITY 5: MENTAL HEALTH AND WELLBEING

Outcome 1: Helping people get the support and care when they need it (right care – right place).

Outcome 2: Reduce loneliness and isolation.

Outcome 3: Improving mental health support young adults (16-25).

Outcome 4: Reduce pressures on primary and secondary services.

Outcome 5: Reduce stigma and increase trauma informed.

Outcome 6: Supporting a healthy workforce across the locality.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS**	TIMEFRAME START* COMPLETION**
5.1 Pilot of Distress Brief Intervention (DBI) support	<ul style="list-style-type: none"> ○ Support Community Mental Health team explore pilot communities to begin 12 month project* ○ Identify and work with communities to deliver pilot* 	1, 2, 3 & 4	CSHSCP SAMH NHS Forth Valley	June 2023* Tbc**
5.2 Explore potential for wellbeing cafes with NHS Mental Health Nurses	<ul style="list-style-type: none"> ○ Seek to develop pilot project in 2x communities across locality for 12 -18mths (pathway following DBI support)* ○ Develop befriending and volunteering opportunities* 	1,2,3,4, 5 & 6	CSHSCP* NHS FV* TSI** Community orgs**	June 2023* Tbc**
5.3 Tackling stigma in Communities by being more trauma informed	<ul style="list-style-type: none"> ○ Support/provide training opportunities for Staff/volunteer/community* Working with community partners to tackle stigma campaign and trauma of loss, bereavement, Addiction, asylum / refugees etc.** 	2, 5 & 6	CSHSCP* All**	September 2023* Tbc**
5.4 Holistic approach to Improving mental health and wellbeing through working in collaboration with housing partners	<ul style="list-style-type: none"> ○ Work with tenants and residents federations, housing associations to promote rights within housing* ○ Promote and raise awareness of housing rights across locality 	1, 2, 3 & 5	CSHSCP* Housing Dept** CTRF** Housing Ass**	March 2023* Tbc**
5.5 Increase awareness of hoarding as mental health condition	<ul style="list-style-type: none"> ○ Develop closer working between community mental health time and Housing partners including training ○ Recognise National Hoarding Awareness Week* 	1, 2, 3, 4 & 5	CSHSCP* TSI's CTRF Housing	March 2024* Tbc**
5.6 Work with Health Improvement team across locality to take maximise local environment	<ul style="list-style-type: none"> ○ Maximize opportunities to access green and blue space in locality ○ Paths for All ○ Climate challenge 	1,3 & 4	CSHSCP* The Peak** Paths for All**	March 2023* Tbc**
5.7 To explore the opportunities for Wellbeing Hub(s) within rural Stirling	<ul style="list-style-type: none"> ○ Community engagement ○ Mapping ○ Options appraisals 	2, 4 & 6	CSHSCP* The Peak**	September 2023* Tbc**
5.8 Promote staff/volunteer's mental health & wellbeing	<ul style="list-style-type: none"> ○ Work with Healthy Working Lives to put in place policy and procedures to support staff and 	4, 5 & 6	CSHSCP* TSI* All**	March 2023* Tbc**

awareness and support opportunities to do so	<ul style="list-style-type: none"> o volunteers move to wellbeing o Workforce Wellbeing Events o Training opportunities across partnership and wider area 			
5.9 Work with local businesses to raise awareness of social isolation and loneliness and signposting	<ul style="list-style-type: none"> o Engagement o Training (Community Health Connectors) o Support & Signposting tool o Recognition 	2 & 6	CSHSCP TSI BIDS Economic Dev Community orgs	September 2024* Tbc**
5.10 Support transition from Children services to adult mental health provision	<ul style="list-style-type: none"> o External review of services currently provided in progress* o Implement Best Practice service models** o with an aim to provide: 	1, 3 & 5	CSHSCP Education Services	June 2023* Tbc**
5.11 To reduce trauma of re-telling/sharing seek to explore concept of 'all about me' booklets/passport for people with mental health issues etc.	<ul style="list-style-type: none"> o Set up small working group o Research & mapping o Engage & consult with lived experience o Explore barriers o Evaluate o Draft proposal 	1 & 5	CSHSCP TSI* GP's Working group	January 2024* Tbc**
5.12 Promote empowerment and self-help tools	<ul style="list-style-type: none"> o Expand health improvement provision and training programme in locality e.g. Step on Stress, Mental Health First Aid, Suicide Prevention etc o Map and develop support groups o How to create Mental Health First Aid Kit/Box for at home 	1,2,4,5 & 6	CSHSCP	March 2023* Tbc**

PRIORITY 6: ALCOHOL AND DRUGS

Outcome 1: Increase awareness of alcohol and drug and support available across locality.

Outcome 2: Reduce stigma across locality in relation to alcohol and drug addiction / in recovery / families affected by alcohol and drugs across the locality.

Outcome 3: Supporting the involvement of people with live/living experience in planning and investment of service delivery.

Outcome 4: Improve community led support for harm reduction.

OBJECTIVE	ACTION IN PROGRESS* ACTION REQUIRED**	OUTCOME	OWNER* PARTNERS* *	TIMEFRAME START* COMPLETION**
6.1 Working closely with the ADP on supporting structure and delivery of support and outreach community services	<ul style="list-style-type: none"> ○ Engagement ○ Update on developments relating to locality ○ Increased emphasis on assertive outreach and early harm reduction interventions. 	1,2,3,4	CSHSCP* ADP* Forth Valley Recovery Community*	March 2023* Ongoing**
6.2 Support awareness/ education campaigns on impact and harm of drug and alcohol use	<ul style="list-style-type: none"> ○ Using our comms channels ○ Information sharing within locality ○ 	1, 2, 3 & 4	ADP* CSHSCP* TSI** Community orgs** Stirling Council - Community Development team	March 2023* Ongoing**
6.3 Increase education and awareness harm reduction opportunities e.g. Naloxone campaign	<ul style="list-style-type: none"> ○ Information/educate around harm reduction and challenging stigma ○ Community events/ information sessions 	2, 3 & 4	ADP* CSHSCP* GPs TSI* Community orgs	March 2023* Ongoing**
6.4 Support for parents / guardians	<ul style="list-style-type: none"> ○ Working with partners - INCLUDEM & Families Affected by Drugs and Alcohol* ○ Work with community development, education ADP with information and tools to support young people who are using drugs ○ Peer support (lived experience) 	1, 2 & 3	ADP* CSHSCP* TSI* Community orgs	March 2023* Ongoing**
6.5 Developing local support groups & network	<ul style="list-style-type: none"> ○ Support ADP with audit/mapping and evaluate recovery services in locality ○ Developing peer support groups ○ Facilitating a space for discussion / community led activity 	1, 2 & 3	ADP* CSHSCP* TSI** Community orgs**	March 2023* Tbc**
6.6 Improve access to testing at clinics, and introduce some test-only walk-in clinics	<ul style="list-style-type: none"> ○ Assist with service mapping ○ Increase awareness and access to testing sites ○ Support self-testing ○ Ensure HIV testing is being targeted appropriately at groups who are most at risk 	1,2,3 & 4	ADP* CSHSCP* Commissioned service providers*	March 2023* Tbc**
6.7 Increase those with lived and living experience to be involved with ADP Consortium	<ul style="list-style-type: none"> ○ Increase awareness and participation ○ Shape investment in services ○ Shape service provision 	2,3 & 4	ADP* CSHSCP*	March 2023* Tbc**

5. LOCALITY NETWORK PARTNERS: STIRLING (RURAL)

Thanks to our partners of the Rural Stirling Locality Network Group for helping to co-produce this plan over May 2022-January 2023:

- Active Stirling
- Action in Mind
- Balforn Health Centre
- Balforn Lunch Club
- Carers Coalition
- C-Change/Dates 'n' Mates
- Dial-a-Journey
- Enable Scotland
- Food Train, Stirling
- Forth Valley Alcohol & Drug Partnership
- Forth Valley College
- Forth Valley Recovery/Recovery Scotland
- Forth Valley Sensory Centre
- Forth Valley Welcome
- Forth Environment Link
- Health Improvement Scotland
- Killin Volunteer Drivers Scheme
- Loch Lomand and Trossachs National Park
- MND Scotland
- PLUS Stirling
- Stirling Council (various dept. e.g. libraries, community development, housing etc.)
- Scottish Autism
- Scottish Ambulance Service
- Scottish Armed Forces Association
- Stirling Carers Centre
- Stirling Citizens' Advice Bureau
- Stirling Criminal Justice Partnership
- Strathard Community Trust
- Strathcarron Hospice
- Stroke Association
- Stirling Voluntary Enterprise
- Together All
- Trossachs Search & Rescue
- Town Break
- Wellbeing Scotland
- Elected Members for Rural Wards
- Community residents from across the Rural Locality

Strategic Commissioning Plan & Locality Planning Engagement

Findings from community engagement sessions

September - November 2022

Sixteen events were held within communities throughout October and November 2022.

This report will look at the findings for Clackmannanshire and Stirling as a whole and then look at each of the Localities.

These findings will contribute to the development of the Strategic Commissioning Plan 2023-2033 and the Locality Action Plans.

Key findings:

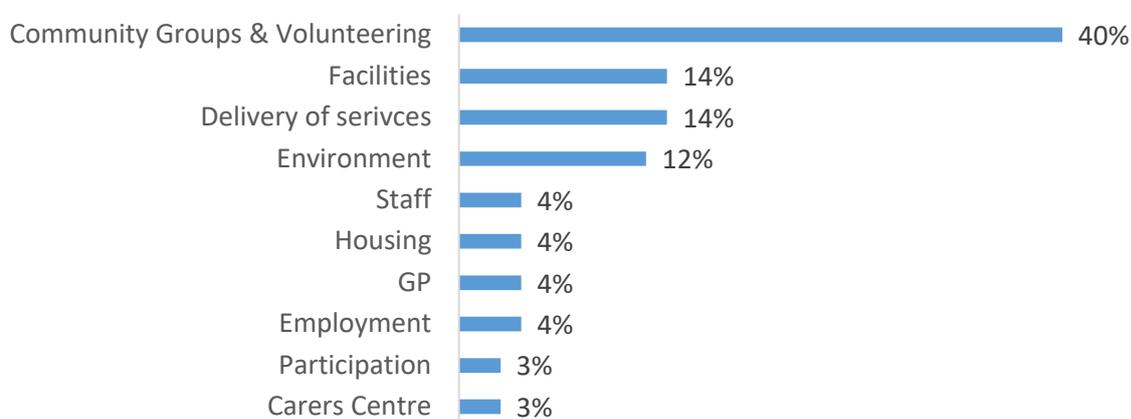
- In all three Localities, people were proud of the community spirit, community groups and volunteers in their area.
- Local facilities, the environment, staff and services were also considered good in the three localities.

Areas of improvement highlighted by the discussions included:

- How the HSCP communicates with people and groups.
- How the HSCP delivers services and how people access services
- Greater support for carers, mental health and substance use.

Clackmannanshire & Stirling

What is good about your area?

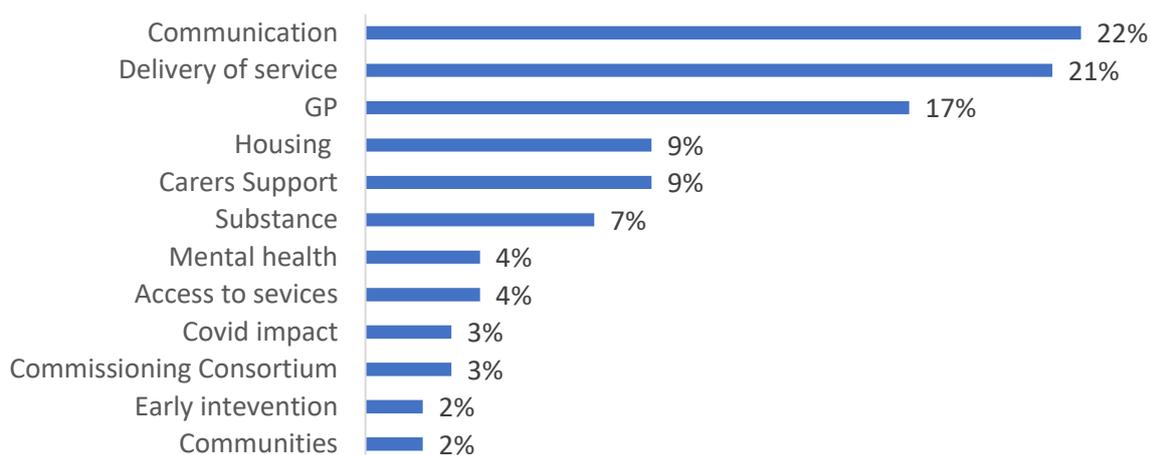


When asked “what is good about your area?”, the most popular response mentioned community groups, volunteers and community spirit (41%). This was followed by facilities and delivery of services with 14% of respondents.

There is also an appreciation of the environment, the local parks and greenspace (12%).

People were also keen to show appreciation for staff, GP’s and housing, and the Carer’s Centre. Some stated the opportunity to participate in services.

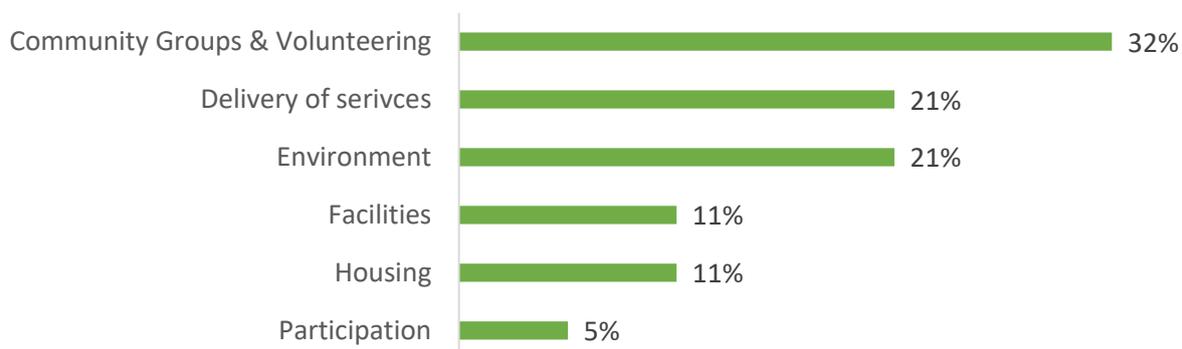
What could be improved?



Communication (22%) and the delivery of services (21%) are the biggest areas identified for improvement. This is followed by access to GPs (17%), housing (9%) and services for substance use (7%) and mental health services (4%).

Localities – Clackmannanshire

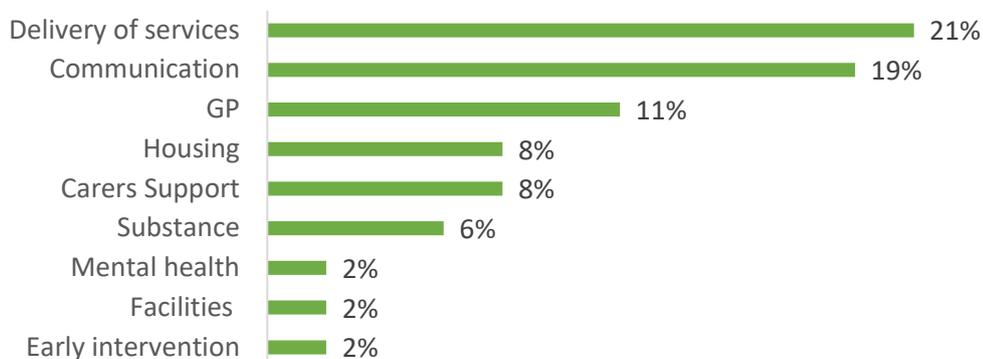
What is good about Clackmannanshire?



32% of Clackmannanshire discussion was around Community Groups, Community Spirit and Volunteering. People spoke about the number of volunteers working in the area, opportunities to volunteer and about the number of community groups available to people. There is a clear sense of community spirit in Clackmannanshire. This also ties in to the facilities (11%) available, and people spoke about the Cochrane Hall and new Wellbeing Hub. Housing (11%) recognised Glentanna and Primrose Street.

The environment, the West End Park, greenspace, cycle paths and regeneration work were discussed as good about Clackmannanshire. In terms of service delivery (21%), people liked forth Valley Royal Hospital, Dementia services and the roll out of the vaccinations during COVID.

What could be improved in Clackmannanshire?



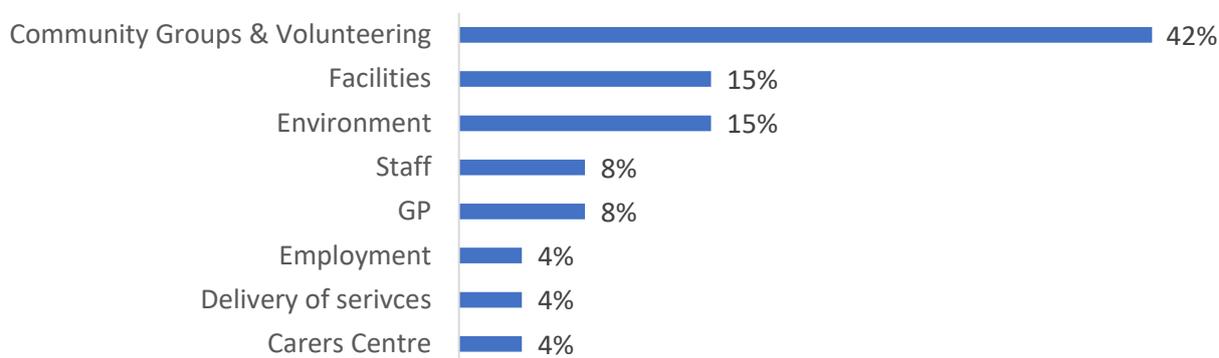
Delivery of services was the most common area of improvement for Clackmannanshire. This included access to services, equipment and support for specific conditions.

Communication from the HSCP could be improved. People spoke about wanting to understand more about the HSCP and what its role is; about methods of communicating, and meeting people face to face, and how information is given.

Access to GP appointments and consistency in GP surgeries were discussed and there was a call for more support for Carers and services for substance use and mental health.

Localities – Rural Stirling

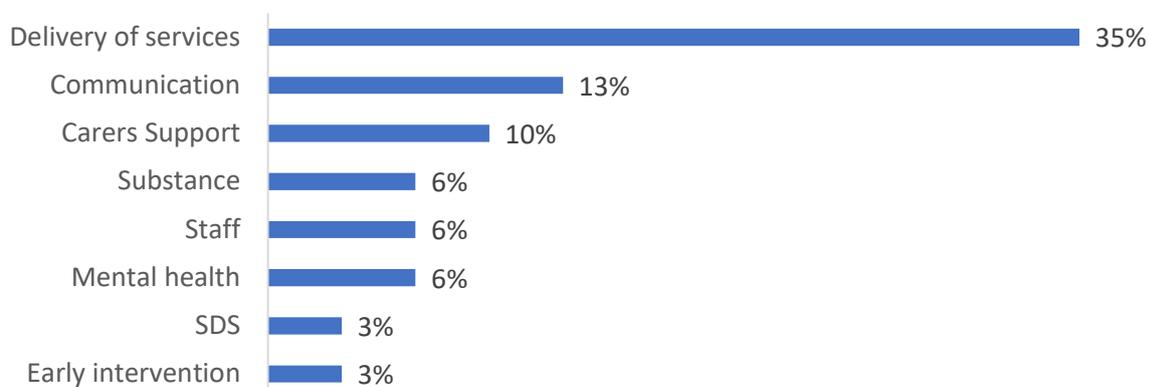
What is good in Rural Stirling?



42% of Rural Stirling discussion was around Community Groups, Community Spirit and Volunteering. People spoke about the community spirit and “people looking out for each other”. Lists of all the community groups were given and the work they do in the local areas. People also spoke about the facilities (15%) they used, community halls, Youth Hostel and gyms. People also appreciated the greenspace and opportunities to exercise and enjoy the environment (15%).

People spoke about members of staff that had supported them, such as GPs, staff at Stirling Carer’s Centre and Community Council Link Workers.

What could be improved in Rural Stirling?



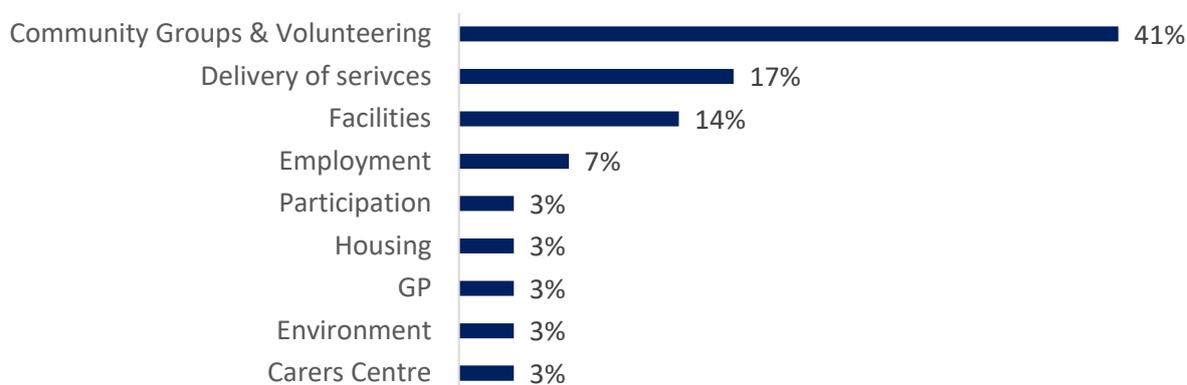
How services are delivered was the most popular response (35%) to this question in Rural Stirling with 35%. Comments will be fed back to relevant services. Communication about what the HSCP is and what it does was next with 13%. This also includes engagement around service delivery.

Carer’s support was also important to the Rural locality with 10%, this included support on hospital discharge for new carers, respite and particular support around caring for someone with dementia.

Mental health support and support around substance use within rural communities was also important to people who participated in the group conversations.

Localities – Urban Stirling

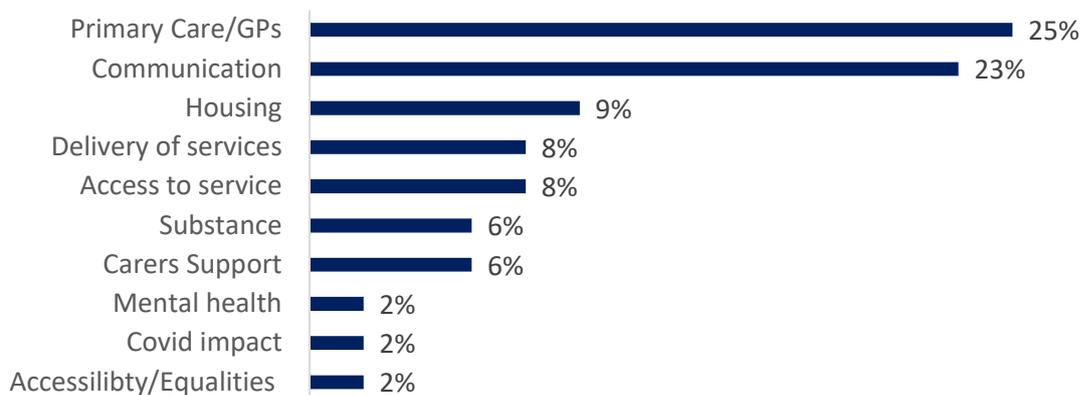
What is good about Urban Stirling?



Urban Stirling, reflects the positive message around community spirit, groups and volunteering in the area, found in all localities. With 41% of discussion focussing on the wealth of community groups available, the number of volunteers, befriending and new groups looking to start up.

17% spoke about good service delivery, particularly for STRIVE and mental health nurses at GP practices. People also appreciated the facilities (14%) such as the Stirling Care Village, Community Campus and Forth Valley College. Employment in terms of training and investment in the area was also important to people in Urban Stirling (7%).

What could be improved in Urban Stirling?



Urban Stirling want to see access to GP's improve (25%), this is closely followed by communication with 23%. Here, people spoke about the use of local newsletters, posters and better promotion of what is going on.

There were discussion around housing in the area, local development and planning for specific needs. Access to services, such as waiting times, getting to services were also talked about.

More support for substance use, mental health and carers are also areas people thought could be improved.

Clackmannanshire & Stirling Integration Joint Board

01 February 2023

Agenda Item 10.3

IJB Development Sessions

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Kelly Higgins, Organisational Development Advisor 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:	The purpose of this report is to propose a programme of development work for the Integration Joint Board.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider if this development proposal would be of value to the IJB members and if they have the capacity to commit to the proposed sessions, and if so; 2) Approve this proposal.
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Key issues and risks:	This will support Board member development on a range of topics and raise awareness of a range of topics related to the role of IJB members.
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1. Background

- 1.1. The Clackmannanshire and Stirling Integration Joint Board was established in 2015 and makes decisions regarding the delivery of the services it oversees.
- 1.2. Over the past year the composition of the Clackmannanshire & Stirling Integration Joint Board (the IJB) has changed. The local authority elections brought a new group of councillors onto the Board; new unpaid carers and third sector and new non-executive members of NHS Forth Valley joined the IJB as well as an experienced IJB board member who was appointed as Chair. Due to new members joining and a commitment to new and existing members to support their development as IJB members, a programme of development work is now underway.

2. IJB Development Sessions

- 2.1. Officers have established a working group to look at a potential development programme and three main areas emerged when putting together the proposal for the IJB Development sessions.
 - What are we hoping to achieve from this programme of development work for the IJB?
 - What topics would be of most value for the IJB and its members?

- What would the level of capacity be for the IJB and its members to attend?
- 2.2. A draft proposal has been developed (please see appendix 1). This outlines the potential topics, the timings and short, medium and long term development areas.
- 2.3. 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.
- 2.4. If this would be of value to board members; the proposal is to start lunch at 12 noon and the development session from 12.30 pm to 1.30 pm, take a half hour break then start the IJB at 2.00 pm.

3. Conclusions

- 3.1. The development sessions will support IJB members in their development through a range of topics (outlined in appendix 1) and strengthen their knowledge in health and social care integration.

4. Appendices

Appendix 1 – Proposed IJB development session

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:	Cost of lunch for board members and extending room bookings
Other Resources:	
Legal:	None to note

Appendix 1



Name	<i>Integration Joint Board Development Sessions Proposal</i>
Date	6 October 2022
Contributing Authors	Lesley Fulford, Senior Planning Manager Kelly Higgins, Senior Organisational Advisor

Situation / Background

The Clackmannanshire and Stirling Integration Joint Board was established in 2015 and makes decisions regarding delivery of services it oversees, whether they are safe, are lessons being learned and developments.

Development Sessions

In summer 2022 several new members joined the Integration Joint Board, and it was thought timely to start the development sessions again.

Section 14.2 of the [Standing Orders](#) states that “After the IJB has been sitting for two hours and not longer than two and a half hours, there will be an automatic break of at least 10 minutes. At the discretion of the Chairperson the break may be extended to not more than 30 minutes.”

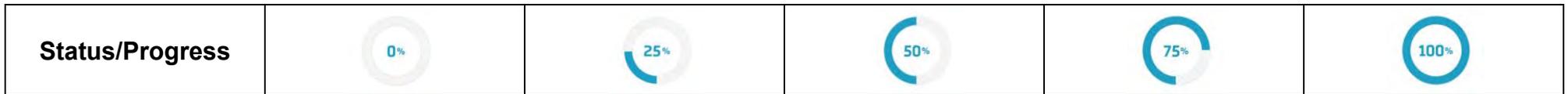
IJB Dates

2022 / 2023 Dates	Time	2023 / 2024 Dates	Time
Wednesday 01 February 2023	2-4pm	Wednesday 28 June 2023	2-4pm
Wednesday 29 March 2023	2-4pm	Wednesday 27 September 2023	2-4pm
		Wednesday 29 November 2023	2-4pm
		Wednesday 7 February 2024	2-4pm
		Wednesday 27 March 2024	2-4pm

Possible Topics

Area*	Topics that could be covered	Status
Governance	Clinical and Care Governance <ul style="list-style-type: none"> • What does it look like? • How it connects to wider system? Information Governance <ul style="list-style-type: none"> • Records Management Plan • Clinical and Care Governance • Lack of connectedness of systems • Standards Commission – Data Protection Officer 	

	<p>Financial Governance</p> <ul style="list-style-type: none"> • Audit Plans • Medium Term Financial Plan • Financial Outlook 	
Planning	<ul style="list-style-type: none"> • Strategic Plan • Locality Plans • Workforce Plan • SPG Roles and Responsibilities • IJB Roles and Responsibilities • Alcohol and Drug Partnership • Transforming Care Plans • Service Plans 	
Performance / Outcomes	<ul style="list-style-type: none"> • Ministerial Steering Group measures • National Outcomes Framework – Challenges to present data and single IJB • Self Directed Support • Service Delivery • Workforce Performance 	
Service Provision	<ul style="list-style-type: none"> • Alcohol and Drug Partnership • Primary Care and Mental Health • Pharmacy • General Primary Care • Technology Enabled Care (Analogue to Digital) • Learning Disabilities <ul style="list-style-type: none"> ○ Life Expectancy ○ Health Checks • Unscheduled Care • Unpaid Carers • Business cases – Rapid and Rural 	
Public Protection	<ul style="list-style-type: none"> • Adult Support and Protection (ASP) • Multi-Agency Public Protection Arrangement (MAPPA) • Adults with Incapacity (AWI) • Mental Health Act (MHA) 	
Other topics	<p>Wellbeing Housing</p>	



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

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
23 November 2022	Chief Officer Update	Lesley Fulford	Annemargaret Black	N	1) Noted the content of the report. 2) Agreed to spend 2.5 days over the next 12-18 months on Board development as proposed at section 8.7 of this report.
23 November 2022	Finance Report	Ewan Murray	Ewan Murray	N	1) Noted the 2022/23 projection based on Financial Performance for the first 6 months of the financial year. 2) Noted the significant financial issues and pressures, key assumptions and risks. 3) Agreed 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) Noted 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) Noted 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
23 November 2022	a.2021/2022 IJB Annual Accounts b. Annual Audit Report	Ewan Murray	Ewan Murray	N	1) Noted that the 2021/22 Annual Accounts and Annual Audit Report were considered by the Audit and Risk Committee on 16 November 2022. 2) Noted that, subject to some relatively minor amendments to the 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) Noted the content of the Annual Audit Report from the IJBs current External Auditors – Audit Scotland including the management responses.
23 November 2022	Quarter 2 Performance Report	Carol Johnson	Annemargaret Black	N	1) Review 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.
23 November 2022	Annual Performance Report	Carol Johnson and Wendy Forrest	Annemargaret Black	N	1) Approved the Draft Annual Performance Report 2021/2022

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
23 November 2022	Workforce Plan	Kelly Higgins	Wendy Forrest	N	1) Noted the feedback from Scottish Government on the draft integrated strategic workforce plan, 2022-2025, which was received on 26 September 2) Provided assurance to the Board of the approach to develop the draft Plan and to continue to seek feedback from stakeholders and partners on the draft Plan before the final publication in October 2022. 3) Officers have provided a final version back to the Board following October 2022 publication deadline.
23 November 2022	Winter Plan	Lesley Fulford	Carolyn Wyllie	N	1) Noted the Winter Plan for 2022/2023.
23 November 2022	Delegation	Patricia Cassidy and Annemargaret Black	Annemargaret Black	N	1) Noted that this would complete the transfer of functions and budgets in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme, subject to further review of Police Custody and Prison Healthcare 2) Agreed on the proposed coordination arrangements with Falkirk and Clackmannanshire and Stirling as the Lead HSCP's as set out in section 3. 3) Approved the draft terms of agreement attached in appendix 2, subject to agreement by Falkirk IJB.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
23 November 2022	Alignment of Wider Commissioning Arrangements across the HSCP	Jennifer Baird	Wendy Forrest	Y	1) Approved that the contracts noted at Paragraph 2.2 will terminate on 31 st March 2023, with no legally permissible extension options in line with public procurement legislation. 2) Agreed for officers to align work streams to transformation and modernisation across HSCP including Commissioning Consortium, Intermediate Care, and community wealth building.



**Draft Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**
held on **Wednesday 16 November 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

In Attendance:

Annemargaret Black, Chief Officer
Ewan Murray, Chief Finance Officer
Adam Haar, Audit Manager, Audit Scotland
Pauline Gillen, Audit Director, Audit Scotland
Sarah McPhee, Senior Internal Auditor (attending on behalf of Isabel Wright)
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 on behalf of:

Cathie Cowan, Chief Executive NHS Forth Valley
Isabel Wright, Internal Audit, Risk and Corporate Fraud Manager, Falkirk Council (Chief Internal Auditor to IJB)

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. MINUTE OF PREVIOUS MEETING HELD 31 August 2022

The draft minute of the previous meeting held on 31 August 2022 was approved as an accurate record.

4. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

The Committee discussed the progress with arranging a date for a risk workshop which had been previously discussed. Mr Murray advised there were no dates in the diary at present but would aim to get dates in place soon, as it was key in the development of the next Strategic Commissioning Plan. The Committee agreed discussions regarding the format and date for the workshop would be taken offline.

The Audit and Risk Committee agreed to take Agenda items 5 & 6 together. These were presented to the Committee by Pauline Gillen, Audit Director, Audit Scotland.

5. 2021/22 ANNUAL AUDIT – INDEPENDENT AUDITORS REPORT INCORPORATING LETTER OF REPRESENTATION

6. 2021/22 ANNUAL AUDIT REPORT - PROPOSED

Ms Gillen advised that the audit work on 2021/22 Annual Accounts was now substantially complete, subject to the receipt of a revised set of annual accounts for the final review the Independent Auditors Report letter covered key findings in respect of the annual accounts, and it was expected that unqualified audit opinions would be issued on 24 November 2022.

In addition, it was noted that the IJB had effective financial management arrangements in place and reported a surplus of £14.035 million for the year, largely due to temporary additional funding received from Scottish Government for Covid-19 pressures. Mr Murray confirmed that the longer-term financial outlook remained challenging.

There were no significant findings to report, on the audited annual accounts, with a couple of adjustments made because of amended data being received from Clackmannanshire Council.

The Committee discussed the Action Plan and recommendations and noted the use of certain wording within the report. Ms Gillen explained that while some of the wording was standard, reflecting their scrutiny role and engagement, the wording could be amended to be clearer. Mr Murray agreed to follow this up with Ms Gillen so she could amend the points discussed by the Committee, in her report.

The Audit and Risk Committee:

1) Noted the Independent Auditors report and Letter of Representation required from the Chief Finance Officer subject to the changes discussed

Mr Martin Fairbairn took over as Chair, due to technical issues.

7. 2021/22 IJB ANNUAL ACCOUNTS

The 2021/22 Audited Annual Accounts were presented to the Committee by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained the IJB Annual Accounts detailed the financial performance of the partnership alongside an overview of the wider performance through the Core Suite of Integration Indicators. He suggested the accounts were read in conjunction with the Annual Performance Report to be considered by the IJB at the November meeting. As there were several revisions between the unaudited and audited accounts, Mr Murray outlined the key changes to the Committee, including the difference in timings for the closure of the IJB draft accounts and that of Clackmannanshire Council. The Committee discussed updating new audit planning dates on the action plan section of the Annual Accounts and it was agreed that the dates of completion will be amended prior to the next meeting.

Further discussions took place regarding the accessibility of the management responses and providing clarity regarding the roles and responsibilities of the IJB and HSCP and how the spending and overspends were broken down. Mr Murray agreed to take this as an action and along with reviewing how these public-facing documents were shared and ensuring explicit wording in the work plan that progress would be monitored by the IJB and Audit & Risk Committee.

The Audit and Risk Committee:

- 1) Considered the audited 2021/22 annual accounts.
- 2) Recommended the 2021/22 annual accounts to the Integration Joint Board for approval, signing, and publication on the IJB website.

Mr Martin Earl reconvened as Chair.

8. INTERNAL AUDIT PLAN 2022/23

The Internal Audit Progress Report was presented to the Committee by Sarah McPhee, Senior Internal Auditor.

Ms McPhee explained the Internal Audit Plan sets out the team's annual work programme and provided the Committee with an overview of the Internal Audit Charter and the Planned Internal Audit Work, she also outlined the content of the report and highlighted Internal Audit requirements, the role, and responsibilities. Furthermore, she discussed the planned internal audit work, timescales, and the three areas the audit plan was broken down into.

Ms McPhee explained that the Chief Internal Auditor duties and resources had transferred to Clackmannanshire Council's Internal Audit Manager, for the

next 3 years from 1 April 2022 to 31 March 2025. In response to a query regarding the Internal Audit Charter, Ms McPhee explained that a total of 60 days had been included in the 2022/23 Internal Audit Plans for the parties to deliver internal audit reviews for Clackmannanshire & Stirling IJB. Although there were 60 days allocated, some of the work could take longer to complete and Ms McPhee offered to provide the Committee with a breakdown of the 60-day work plan. The Committee agreed this would be helpful along with an indication of whether the 60 days allocated were adequate for the work being carried out.

Ms McPhee confirmed that as she was presenting this item in Isabel Wright's absence, she would take all the points raised by the Committee back to Isabel Wright and ask her to respond to the Committee in more detail.

The Audit and Risk Committee:

- 1) Considered and noted the Internal Audit Charter.
- 2) Noted that the Internal Audit plan was flexible.
- 3) Approved the Internal Audit Plan for 2022/23; and
- 4) Noted that progress would be reported to the Audit and Risk Committee on an ongoing basis.

9. STRATEGIC RISK REGISTER

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register to the Committee.

Mr Murray explained the Strategic Risk Register was a standing item on the 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 updated thereafter by the Chief Finance Officer. The most recent review was 11 November 2022.

Mr Murray confirmed that, in response to the discussion at the previous Audit and Risk Committee, the description of the risks had been amended to clarify. He explained work was ongoing with Risk Leads from constituent authorities to review and align risk management arrangements. Confirmed he would review work on the Strategic Risk Register and look at the process for the future Strategic Commissioning Plan.

Concerns were raised, by the Committee, surrounding the financial resilience and commissioning process and engagement. Ms Black explained that engagement regarding the new plan had taken place through locality events and engagement regarding any changes to provider provision/requirements would be taken through the Commissioning Consortium With regards to risk HSC006, Experience of service users/patients/unpaid carers Ms Rennie felt this should be increased due to the level of dissatisfaction of the community with the increasing illnesses and pressures within A & E. Ms Black noted the concerns raised and agreed to take back as part of the next review of the strategic risk register.

Mr Murray advised that due to the current situation and potential industrial action, although the IJB was not an employer this could materially affect the delivery of safe services. The Committee discussed the new risk and agreed to approve subject to the caveats highlighted during the discussion such as assurances required from constituent authorities regarding their staff and that a workshop was arranged to discuss and agree on how the Risk Register could be further simplified and streamlined.

The Audit and Risk Committee:

- 1) Reviewed and approved the Strategic Risk Register

10. Any Other Competent Business

Mr Murray raised the matter of obtaining 2 new non-voting members, he explained that due to ongoing commitments this had not progressed. The Committee agreed that Mr Murray will investigate the process of how to action this to ensure the Committee continued to operate membership in line with the Terms of Reference.

11. Date of Next Meeting

8 March 2023

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 02 November at 2.00pm
via MS Teams**

Present:

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)
Councillor Rosemary Fraser, Stirling Council
Councillor Martha Benny, Clackmannanshire Council
Councillor Danny Gibson, Stirling Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Allan Rennie, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley (Vice Chair)

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
Carolyn Wyllie, Head of Community Health and Care
Sandra Comrie, Business Support (Minutes)

Chair's Welcome and Introductory Remarks

Councillor Wendy Hamilton welcomed everyone to the meeting.

1. Apologies

Lesley Fulford, Senior Planning Manager, HSCP

2. Declarations of Interest

None

3. Matters Arising/Urgent Business Brought Forward by the Chairperson

None

4. Minute of Meeting held 23 February 2022

Ewan Murray advised that the minute of the meeting held on 23 February 2022 had been shared with the previous Chair who had confirmed it was an accurate reflection. The minute was formally approved.

5. Strategic Commissioning Plan

Wendy Forrest, Head of Strategic Planning and Health Improvement presented this item to the Committee.

Ms Forrest discussed the progress so far, the areas covered in the draft which were underway and the key areas which had been identified as priorities. It was anticipated that the draft Strategic Commissioning Plan 2023 - 2033 would be presented to the Strategic Planning Group in December prior to Finance & Performance Committee, and then to the Integration Joint Board in March 2023. The Committee acknowledged the great work which was being carried out in very challenging times.

Ms Black explained that key areas would need to be prioritised accordingly and highlighted that along with the Strategic Plan there were also the 3 Delivery Plans for the localities and the Investment Plan. The Committee acknowledged the difficult decisions required regarding prioritisation and funding and the implications of the National Care System (NCS) and wider scope. Ms Black advised that Scottish Government were still discussing the co-design of the NCS through engagement. The transport challenges or rather the accessibility to services were raised and Ms Forrest advised this would be included within the principle and delivery of the Plan. Ms Black explained, going forward there would be constant engagement due to the number of people with priorities for health and social care services.

6. Quarter 2 Financial Position, Projections and Covid Funding and Economic Context for Review of Medium-Term Financial Plan

Ewan Murray, Chief Finance Officer provided the presentation to the Committee.

Mr Murray explained that due to some delays in obtaining some information and analysis in relation to Quarter 2 the formal financial report was still currently being worked on however the position reflected in the presentation would form the basis for the finance report to the IJB in November. Mr Murray discussed the Integrated Budget projection at month 6, which included exceptional covid demand costs.

The presentation highlighted the wider cost consequences of a health and social care system under extreme and continuing pressure including

- Pressures in acute services including Emergency Department and across Unscheduled Care resulting in requiring additional bed capacity.
- Increasing cost and volume pressures in relation to Family Health Services prescribing including those driven by high inflation and short supply issues.
- Increasing demand and complexity of care. Additional demand for social care was specifically highlighted.

- As a result of pressures challenges in achievement of planned savings and efficiencies.

There also remains uncertainty around funding allocations associated with existing and future policy commitments which may not become clearer until after the Scottish Draft budget on 15 December.

The presentation included a financial scenario build around the Scottish Government sustainability and value programmes 3 financial planning horizons; short, medium and long-term. This quantified potential financial gaps across future years. Further scenarios would be prepared to develop the IJB business case which would be presented to the committee in December 2022.

Ms Black explained the IJB would need to be assured due diligence with the set-aside budget and asked whether, before the next IJB revenue budget was set, there should be a separate review on this. Mr Murray explained that the new Chief Internal Auditor, Isobel Wright, was working on the development of the Internal Audit Plan and he would ask whether this could be included.

In response to comments regarding due diligence and whether different medical products, which were more cost-effective and accessible, could be prescribed. Ms Black explained prescribing management arrangements were in place and prescribing advisors were working with GPs regarding the use of appropriate alternatives as part of the pan Forth Valley Medicines Optimisation Programme.

The Committee discussed the economic challenges faced and how these would impact planning and service delivery going forward. In response to a question regarding the Rapid and Rural Teams, Ms Black confirmed that following approval of these business cases work was ongoing to recruit more staff and to move to a more preventative and sustainable model of care. This would enable more people to remain at home and reduce admissions to Forth Valley Royal Hospital, there was also a discussion about Self Directed Support and the benefits of early intervention and support. As the Third Sector provided a lot of activities for people in care it was agreed that it would be beneficial if Third Sector members could provide a presentation at the next Strategic Planning Group.

7. Quarter 2 Performance Report

Wendy Forrest, Head of Strategic Planning and Health Improvement presented the Performance Report to the Committee.

Mr Forrest explained the purpose of the report was to ensure the Committee fulfilled 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.

Ms Forrest provided a brief overview of the numbers relating to standard delays in hospitals and asked the Committee to pay particular attention to the reasons for hospital waits and standard delays in acute hospital wards. She also highlighted the hard work being carried out to ensure people were provided with the care and support they required. The Committee discussed the need for the wider system to work together including third and independent sectors to ensure people were receiving timely support.

Ms Forrest also highlighted the importance of attracting interest in the recruitment of social care roles, especially in rural areas and how important it was to make people aware of how valuable and rewarding these roles can be for practitioners.

The Finance & Performance Committee:

- 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 were normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.

8. Draft Annual Performance Report

Wendy Forrest, Head of Strategic Planning and Health Improvement presented the draft Annual Performance Report to the Committee.

The Public Bodies (Joint Working) (Scotland) Act 2014 required performance reports to be provided to ensure performance was open and accountable. The publication of an Annual Performance Report provided evidence and assurance that the priorities of the current Strategic Plan were being met.

The report reflected the progress of the HSCP from 1 April 2021 to 31 March 2022 and the significant work and efforts of all the people who supported the communities of Clackmannanshire & Stirling throughout the pandemic.

Ms Forrest explained that the format of the report would be reviewed in future years aligned to the 2023/33 Strategic Commissioning Plan and welcomed suggestions from the Committee as to any improvements which could be made to the report. The Committee agreed it was a good report with a comprehensive layout and a clear year-on-year comparison.

The Finance & Performance Committee:

- 1) Approved submission of the Draft Annual Performance Report 2021/2022 to the IJB.

9. Workforce Plan Update

Wendy Forrest, Head of Strategic Planning and Health Improvement presented the Workforce Plan update to the Committee.

The report confirmed and highlighted the Scottish Government Feedback on the draft Integrated Strategic Plan 2022 -2025, which was received on 26 September 2022. Ms Forrest explained the report included Third Sector input and was an overview of the content of the Integrated Workforce Plan.

Mr Rennie noted concerns regarding the leavers & turnover rates section of the Integrated Workforce Plan and asked if this information could be made clearer for people to understand. The Committee discussed the fact that 30% of the combined workforce was over 50 years old and how to engage a younger audience, including males, in Social Care roles and whether a more youthful and innovative approach to the recruitment process would help. Ms Forrest advised the style of the report would be revisited and confirmed the future was to build on recruitment to ensure a dynamic workforce is in place.

The Finance & Performance Committee:

- 1) Noted the feedback from Scottish Government on the draft integrated strategic workforce plan, 2022 – 2025, which was received on 26 September.
- 2) Provided 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) Requested that officers provide a final version back to the Board following October 2022 publication deadline.

10. Update on the Delivery Plan for the Alcohol and Drug Partnership

Wendy Forrest, Head of Strategic Planning and Health Improvement presented the update on the Delivery Plan for the Alcohol and Drug Partnership (ADP) to the Committee.

Ms Forrest confirmed that the spend for the ADP was now overseen by the Integration Joint Board. The key activities the ADP had been focused on were highlighted and the challenges with the medicated assisted treatment plans were noted. She also highlighted how well the ADP were performing around standards and meeting timescales and the Committee were asked to consider the detail around the progress of the delivery plan, the MAT standards and the wider work carried out.

Ms Black provided some additional detail to the Committee and confirmed that the medicated assisted treatment plans had been signed off by Chief Officers and Chief Executives and it was now essential that senior leaders and the organisations were owning this. She noted there were still some risks in relation to the workforce. When asked if the figures were better or worse this year Ms Black suggested that a separate presentation on this could be provided for the Committee.

The Finance & Performance Committee:

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

11. AOCB

In response to a query regarding the information within the Finance Presentation with regard to Scottish Governments intention to reclaim surplus covid reserves, Mr Murray confirmed this outlined the current situation however, the matter remained under discussion and further clarity was awaited from Scottish Government. Any update available would be provided to the November IJB meeting.

12. Date of Next Meeting

Wednesday 21 December 2022, 2pm

**Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held
on Thursday 6 October 2022 via Teams**

Present:

Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Nicola Cochrane, Service Manager, MH & LD, HSCP (NC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Wendy Forrest, Head of Strategic Planning & Health Imp, HSCP (WF)
Kelly Higgins, Senior OD Adviser, HSCP (HK)
Sonia Kavanagh, Business Manager, HSCP (SK)
Karen Morrison, Unison, NHS Forth Valley (KM)
Hilary Nelson, RCN, NHS Forth Valley
David O'Connor, Regional Organiser, Unison (DO'C)
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)
Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)
Brian Wilson, GMB, Stirling Council (BW)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

1. Welcome and Introductions

Wendy Forrest chaired the meeting in the absence of the Chair & Joint Chair who were currently on annual leave. All were welcomed to the meeting.

2. Apologies for Absence:

Apologies for absence were intimated on behalf of:

Annemargaret Black, Chief Officer, HSCP (AB)
Linda Guy, HR Manager, NHS Forth Valley (LG)
Vicki Leonard, GMB, Scotland Organiser (VL)
Amie McIntosh, Senior HR Business Partner, Stirling Council (AMcl)
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
Pam Robertson, Co-Chair JSF, Secretary, Clacks Unison, (PR) (Chair)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

3. Minute of Meeting of 6 July 2022

This minute was approved subject to the following amendment.

Abigail Robertson was marked as apologies and present, Abigail was an apology for this meeting.

4. Matters Arising

Rising Fuel Costs - WF

Wendy advised that Jennifer Baird (commissioning team) had met with providers and gone through the additional costs we would offer, to ensure that we recognised the additional pressures for providers given the rising fuel costs. Ewan Murray (CFO) advised a form of words for us to share with the providers to ensure that people were given the additional monies. For assurance we also made it clear that we wanted the costs passed on to the

individuals and not into the organisations.

LT advised she has received a paper that had went to Aberdeenshire Council relating to fuel costs and the HMRC in terms of claiming from home to work because of the rural locations. Lorraine will forward this on to Wendy.

H & S Group ToR

Judy Stein spoke to this item although she was not aware of any changes required on the Terms of Reference following circulation to trade unions and staff side.

Margaret advised that it was from the meeting held in April she will send the extract of the minute to Judy, who will follow up. The extract is below

Extract from minute 210422

H & S Terms of Reference

The terms of Reference for the Health & Safety Group had been provided to the group. The following comments were made.

section 3 bullet point 5 ref – Uphold the principles of the NHS & Social Service codes and other Professional Bodies

not clear why that is there would welcome an explanation

BW – Codes should reflect the employers code of conduct etc; quorum

needs to be looked at four members – should be reflective across the

employers. Quorum should be six should be one person from each area

RC – There should be a flow chart around the governance structure around this committee.

WF & CW will feedback comments to JS.

JS advised that at the last H & S group in July ToR was reviewed and minor amendments were made providing greater clarity to what would make it quorate etc. Judy advised that there was minimal comment on the ToR at the time but she agreed to put them back on the agenda for the next meeting of the Health & Safety Group.

Discussion followed and the main points to note were

- This is not a decision making group therefore it is unclear – not sure why a quorum has been set as well.
- the governance element and attendance is the important part. We need to ensure/maximize attendance, and the correct people are attending i.e trade unions, management and H & S Advisers from the relevant bodies
- instead of quorum, frame around priority of attendance.

Matter arising for next meeting

Bellfield Issues Update

JS & AR had met on Monday regarding this. There is good communication at management level. AR advised she had a meeting with night staff re concerns and there are global issues around work patterns, access to overtime and interfacing with health colleagues. During the meeting with the night staff they were citing situations with members of the public who were in to discuss their relatives and they were dismissing the social care staff, and wanted to speak with nurses etc. There is an issue with public perception of

social care being less than AHPs and nursing within the Bellfield setting. This needs to be addressed as is affecting the morale of social care staff. **JS** was disappointed to hear this feedback. We have completed a piece of OD work with Kelly & Lisa from Stirling and Fiona from NHS and senior people to try and start to develop a senior team across the organization and different specialties.

KH advised that it was a really good piece of work and has spoken to senior managers around the challenges. Has pulled all together and there is an OD report with recommendations. Next step is to meet with managers go through report and develop an action plan and how we progress forward. Very keen that it is a continuous piece of work and will work in support of the senior leadership team and try and get down into what the culture is like and make sure that the social care staff feel valued. Building relationships within the team really tricky different professions, different teams in one building working to different T & Cs etc. **KH** will send out the report to the group.

LT advised that uniforms around domestic staff still outstanding – **KH** will follow up. Some still do not have direct access to their employers information, website, emails, communications. This particularly affects domestic staff. All employees should have an email address and access to employers communications, if they do not have this they are not receiving corporate communications; can't access policy, pay & grade structures etc. This is a disconnect from their employers and is not helping the situation and the staff are feeling marginalised. Another aspect is that they feel that there is not a good understanding of the models of care that the staff are there to provide. We need this addressed & resolved.

ACTION – access to information/emails etc. This is a Stirling Council HR issue and they were asked to take forward.

KH happy to take this to the OD lead meeting, this is on the agenda for the next meeting.

CR advised that Clackmannanshire make sure that there are print outs of all information left in a folder which is accessible to all and noticeboards are used and this seems to be consistent across large services that we run. This is not an issue for them.

LT advised that she feels there is a gap around ASP. Staff awareness and what happens in event of allegations/investigations etc. What support is available and what they can or need to get access to, should that lead to a criminal case or disciplinary or SSSC. This could be a good piece of partnership working and we could start in the Bellfield.

WF advised that ASP is everyone's business and we have a dedicated Lead Officer for ASP within HSCP as well as training available to all. All staff have access to training and it has been running for many years locally.

CR advised the ASP Lead Officer, Joanne Sweeney is currently revamping the guidance and the whole system around ASP. There are two different things here ASP process and also professional responsibilities. Joanne will be happy to work with trade union colleague. There is a piece of work to be developed around the improvement plan that was submitted to the care inspectorate after the inspection at the beginning of the year. That should tie

in with that. One area identified was providing assurance around staff's accountability.

WF asked if the training information could be shared across this group and colleagues can then share with their members.

AR point relating to ASP. There are continuing pressure on front line staff of having to manage the ASP rota and the impact it has on their caseloads. This is a constant feature when SW/OT colleagues speak to me, is aware that SMT are looking at it. They are struggling and on their knees. Raising in this forum for awareness.

CR advised that it is the same across the HSCP area. There is more scrutiny & governance around ASP, the amount of council officers we have across the partnership to the amount of duty enquires/.investigations. It is not highlighting that it is excessive. Acknowledged other demands on peoples time, can become overwhelming. Adult Protection is not an addition it is part of the workload.

AR – It is the balance of workload and how to manage that and the nature of ASP as they are on a rota and can carry forward additional cases on top of existing workload and that becomes a workload management issue within the services.

LT – ASP pleased that the training is in place. Feels there is a gap in terms of making sure that staff have awareness and are briefed should they be subject to any potential investigation/allegation. What the process is and what they should expect from the employer. That is where the gap is not suggesting that the training is not robust

5. Management Update/Service Pressures

Business Continuity

We are still under extreme pressure particularly across the acute sight and the impact on community health & care. As of today, Clackmannanshire & Stirling figures are that we have 2 people delayed in Forth Valley Royal and 17 people across the system as a whole. This is a positive position and there has been significant work undertaken and this is ongoing. Commissioning colleagues have worked hard to ensure we have packages of care.

The HSCP has a Winter Planning session tomorrow, which was started in July, taking account of the current pressures and where we think we will be going forward. Covid positive cases seem to be increasing across the community and staff groups. Guidelines and rules have changed and this will have an impact. If people are unwell and sick they will be off work.

We have appointed to the Carers Lead Post Jennifer Kennedy and the Short Breaks Co-ordinator post Hazel Chalk.

We are currently delivering SDS training alongside SDS Forth Valley raising awareness and a refresher around the legislation and statutory requirements.

KM – Queried the number of delayed people as they continually hear that the problem on the acute site is in the community and the Partnerships. This week has been the worst ever in terms of the site and actually what you are saying is that is not the reason. This is brilliant work and very well done.

WF advised that this demonstrates the hard work of our operational colleagues. This is a consistent position which is being managed effectively. We currently have 17 people across the site and operational colleagues closely manage if people are ready for discharge, and sometimes people in hospital are not medically fit for discharge for a range of reasons. We are working hard to keep the hospital site clear for those most in need of acute care. Will pass on your thanks it is much appreciated.

AR queried that she had not seen a formal response from the Partnership to the NCS consultation.

WF advised that we are not providing a response as a Partnership. The three employing authorities will provide feedback through their own organisations and the IJB members will input through national fora for IJB members. As it is a policy / legislative direction any input will be provided through political and professional leadership organisations for example Health and Social Care Scotland, Social Work Scotland, COSLA and Unison.

6. COVID 19 Update

As above, Covid is still impacting our everyday work and has not gone away. Numbers are going up and we are still managing the ongoing impact of the pandemic. Please continue to encourage all to be vaccinated for flu and covid. There was a discussion regarding mask wearing & social distancing within work spaces; there is now no legislation regarding mask wearing and distancing it is guidance. If staff are anxious then they can wear masks and distance if it is appropriate.

7. National Care Service Update

No further update but Annemargaret is chairing one of the national groups. We are assuming there will be lots of work upcoming in coming months.

8 OD & Wellbeing Update

Kelly gave an update on ongoing work. We have just secured funding for a winter wellbeing week. Will have discussions with staff and will organise sessions for this. Similar to the spring week and will be looking to hold in the last week in November, currently working on what we will do.

Strategic Workforce Plan - The draft plan was submitted in July. We have received feedback from Scot Govt on our plan which has been well received. There are a few items we need to focus on:

- Highlighted high staff turnover would like more detail focusing on exit interviews and the data etc
- Highlighted around ageing workforce – over 47% are over the age of 50.-how do we plan to manage that over the next three years recruitment, succession planning, preparing for retirement and menopause awareness.
- The HSCP received feedback from the third sector section from Anthea Coulter and she has offered to contribute to this. We need to make this better & more inclusive with an emphasis on all the good work that the unpaid carers do.

WF provided some feedback from the IJB that a Councillor colleague asked

for it to be explicit within the document about our relations with trade union colleagues as well as within the IJB cover paper. **AR** endorsed this comment and asked that it be confirmed in the report. **KH** will send round draft for feedback and is happy to take any comments & feedback up until 17 October. Publication will be on the 31 October

Nine applications had gone into the workforce wellbeing fund and we have just been advised today that offers are going out, Kelly will update around this at next meeting.

Matter arising for next meeting

**9 Update on Business Case
Will be in Judy's update**

**10 Service Updates
Stirling Locality**

Bob was not present and no report had been received.

Clackmannanshire Locality

A written report had been provided, which was for noting, there was nothing further to add

A discussion followed regarding preventative services etc. **WF** advised that there is a programme of harm reduction work which is underway with the ADP. We are also working with people with lived and living experience. There is also the delegation of the health improvement service into the partnership and they have a role round prevention, MH, addiction services etc. There is a commissioning consortium on Monday which will be presenting the model of care. If people are interested they are welcome to attend. **WF** will ask Simon Jones ADP Lead to contact Lorraine to set up a meeting.

Hospital, Reablement & District Nursing

A written report had been provided, which was for noting

Key points are round the re-ablement team, Analogue to digital is ongoing. We have appointed a programme manager, Gary who started this week. There are two tech posts in Stirling interviews this week; Clackmannanshire still ongoing.

Rapid & Rural team – senior posts all recruited to or ongoing. Team Leader - rural started this week. We have also launched the recruitment for care assistants which is for 50 posts going out to advert, we will interview as appropriate. This is the videos

For noting we have been asked to support Falkirk Partnership from a community nursing perspective to hold the Tissue Viability & Continence service while a service review is completed.

Belfield – struggling with sickness , 15 members of staff on LTS. Many have returned to work and ensure we are supporting staff.

AR – Discussion about dissatisfaction re access to overtime – we have agreed the time has come to look at that and come out with a new agreement and review.– concerns from full time staff re overtime.

JS – From a financial governance perspective – we should always go excess; part time hours; relief staff; bank staff; overtime then agency. Concerns re using overtime as we need to ensure staff get rest time away from work.

AR agreed but it is about revisiting the process and working on a level playing field .

WF – ask HR colleagues to lead on this and pick up as Council policy & procedure – Matter arising for next meeting

Margaret will send the link for the videos.

Mental Health & Learning Disability

A written report had been provided, which was for noting

11 STANDING ITEMS H & S

H & S Partnership Group Minutes

Minutes are attached for noting

12. AOCB

KM advised she has a deputy Nicola Brodie who will attend. She will send details to Margaret

WF In process of drawing together a picture biography of who is in her team. She will share this round.

LT raised the impact of significant pressures on staff we need to make sure that this is recognized. Trade union is not a big team, no admins etc

WF acknowledged this and offered support.

13. Date of Next Meeting(s)

Thursday 1 December 2022 at 10am

Strategic Planning Group

Minute of meeting held on 12 October 2022 @ 2pm – Hybrid

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
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
Ryan Waterson	Health and Social Care Partnership Planning and Policy Development Manager
Kelly Higgins	Health and Social Care Partnership Senior Organisational Lead
Bob Barr	Health and Social Care Partnership Locality Manager
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
Julie Anne Moore	Alzheimer Scotland
Linda Riley	Service User Representative
Lorraine Robertson	Health & Social Care Partnership Chief Nurse
Janette Fraser	NHS Forth Valley Head of Planning
Hazel Meechan	NHS Forth Valley Public Health
Agnes McMillian	Falkirk and Clackmannanshire Carers service
Lesley Shaw	Health and Social Care Partnership Service Improvement Manager
Liz Rowlett	Third Sector/HSCP Partnership Officer
Tony Cain	Interim Head of Housing, Clackmannanshire Council
Stevie Irvine	Police Scotland
Jessie Anne MacDonald	Public Involvement Co-ordinator NHS Forth Valley
Marjory McKay	Strathcarron Hospice
Keri Moore	Stirling Carers Centre
Pamela Robertson	UNISON Clackmannanshire Council
In attendance	
Fiona Norval	Minute taker / PA
Apologies	
Annemargaret Black	Health and Social Care Partnership/IJB Chief Officer
Colleen McGregor	Stirling Carers
Elaine Lawlor	Substance Use Co-ordinator NHS FV
Ann Farrell	Health and Social Care Partnership Principal Information Analyst
Michelle Duncan	Health and Social Care Partnership Planning and Policy Development Manager
Lesley Middlemiss	NHS Forth Valley
Shiona Hogg	Health and Social Care Partnership AHP Manager
Joanne O'Suilleabhain	NHS Forth Valley Health Promotion / Public Health
Heather Buchannan	Clackmannanshire Council
Anthea Coulter	Clackmannanshire Third Sector Interface

Name	Position
James King	GP Lead Clackmannanshire
Caroline Robertson	Health and Social Care Partnership Locality Manager
Kelly Tulloch	NHS Forth Valley
Stephen Clark	Head of Housing Stirling Council
Marie Valente	Chief Social Work Officer Stirling Council
Judy Stein	Health and Social Care Partnership Locality Manager

1. Welcome from Chair, Apologies & Declarations of Interest

Allan Rennie welcomed all to the Strategic Planning Group, which was being held by hybrid system.

Apologies noted above and there were no declarations of interest.

2. Draft Minute of meeting held on 10 August 2022

The note of the meeting held on the 10 August 2022 the meeting was approved as an accurate record.

3. Matters Arising & Rolling Action Log

Action Log was updated.

Strategic Needs Analysis - Key Points pdf attached (Lesley Fulford)

Lesley Fulford provided an update on the information that had been previously circulated.

The worked carried out around the Strategic Needs Analysis and the Burden of Disease is important as this assist us to identify where the gaps are and what potentially is coming down the tracks.

4. HSCP Strategic Commissioning Plan development (Wendy Forrest)

Wendy Forrest shared a presentation and provided an update around the key points and progress to date. The Integration Joint Board agreed we would present a 10 year plan, which will be changed and refreshed to reflect ongoing activity over the next 10 year period. This plan will be robust taking us through the next 10 years of work, life and living within Clackmannanshire and Stirling.

An engagement process is underway across our communities, staff and our partners, which is led by Lesley Shaw. We have a hybrid approach to the public consultations and engagements within the communities along with online surveys.

Workforce planning continues with sessions arranged with our staff groups to ask them about their priorities in terms of the strategic commissioning plan.

We are also working with our voluntary sector partners through Liz Rowlett, as part of a wider engagement with third sector, with Jennifer Baird supporting our independent sector providers; using the strategic needs assessment previously presented by Lesley Fulford and trends from the Health Improvement team's burden of disease analysis which was presented at the previous meeting. All of this work comes together to help us develop a robust and informed plan.

Michelle Duncan, Planning and Policy Development Manager, has been working with colleagues within Internal Audit to review the process of the development, so we are constantly

reviewing the process and ensure compliance, clarity and ongoing review of processes around the development of our Strategic Commissioning Plan.

The principles of human rights and equality are being drafted and will be embedded into all we do, delivering safe care and support. We are currently seeking feedback on our vision from communities and those with lived experience.

Our key priorities are being formed as part of the work of the Locality Planning groups. We need to ensure we are able to measure our performance, measure success and align our integrated performance framework to the financial framework/envelope. We need to be talking about being “needs lead, resource bound”.

We need to continue to review our approaches; where things are not working, if there are areas where outcomes are not showing impact, we need to disinvest and reinvest. Most importantly, it's about delivering safe care and support, ensuring that we have staff that are confident, capable, and compliance within clinical and care governance and that we all understand our responsibilities.

Action: Draft HSCP Strategic Commissioning Plan will be brought back to December meeting.

Discussion took place around the key range of priorities identified so far:-

- Carers Support
- Self-Directed Support information and advice promoted across all communities
- Mental health and well-being (including the impact of COVID)
- Support for those affected by dementia at all stages of their journey
- Drug and alcohol care and support capacity across communities
- Early intervention model linking people with third sector and community supports
- Health promotion & self-care / self-management
- Good public information across all care and support available
- Development of patch based multi-agency working across communities
- Ethical commissioning
- Workforce capacity and recruitment

It was agreed to add prevention and transitions.

Action: Members of the meeting were asked to forward any comments to Wendy Forrest.

Discussion took place around transportation, this is a challenge for the area, but work is ongoing working with anchor organisations including NHS FV and across community planning partnerships.

5. HSCP Workforce Plan Scottish Government feedback (Kelly Higgins)

Kelly Higgins shared a presentation and provided an update on our Draft Strategic Workforce Plan for 2022 to 2025, which is aligned to the five pillars of the National Health Care & Social, Care Workforce Strategy for Scotland.

The draft plan was submitted to Scottish Government on 31 July 22, with feedback only received on 26 September. Final deadline for comments is the 17 October to enable any changes to be updated and finalised. Thereafter the final plan will be submitted to the Integration Joint Board in November and shared with all thereafter.

This document does not sit alone but is part of a suite of documents to support the delivery of the Strategic Commissioning Plan, a separate delivery group has been established with trade unions and staff side, HR & organisational development across the three employing organisations as well as managers from the HSCP. This will continue to be a useable document, as an HSCP we want to be able to update it and refresh it and ensure that this document is really aligning with all the other work that's going on across the HSCP, i.e. linking in with the locality plans.

6. HSCP Locality Networks Clackmannanshire, Stirling Urban & Stirling Rural (Lesley Shaw)

Lesley Shaw shared a presentation and provided an update on the work undertaken within our three Localities, and refreshing the locality planning arrangements. A comprehensive consultation progress has been taking place across all 3 localities. The aim of the locality planning is to be able to support collaborative working between communities, citizens, partners, carers, third sector, peer support organisations, independent sector, professionals and practitioners.

Locality Themes:-

- Mental Health
- Drug & Alcohol (prevention and harm reduction)
- Supporting People with Dementia
- Health Improvement (tackling the burden of disease and cost of living impact on health)
- Supporting Carers
- Communication & Signposting

As part of our community engagement process we have launched Citizen space, an online site that show the opportunities to get involved with and enable you to have your say on things that matter. This space is live and has recently updated activities are displayed, or you can search the full list of activities by keywords, postcode, interest and more;-

<https://cshscp.citizenspace.com/planning/introduction/>

<https://clacksandstirlinghscp.org/news/get-involved/>

The HSCP will produce is three tailored Locality Plans (action plans) that are, collaborative, achievable and responsive, which will inform the Strategic Commissioning Plan which will be agreed by Clackmannanshire & Stirling Health & Social Care Partnership Integration Joint Board. The Locality Plans will be regularly monitored by their respective groups and can be adapted to meet the needs as part of the review process.

7. HSCP Annual Performance Report – (Ryan Waterson)

Ryan Waterson shared a presentation and provided an update on the work to date advising the Annual Performance report covers the themes of our current Strategic Plan:-

- Care Closer To Home
- Primary Care Transformation
- Caring Connected Communities
- Mental Health
- Supporting People With Dementia
- Alcohol & Drugs
- Adult Protection
- Finance, Best Value, and Governance
- Inspection reports in period
- National Core Indicators
- Unscheduled Care data

This is an online document full of hyperlinks to enable people to read more on the subject or understand better what some of the key topics mean. It also includes YouTube links that give a more personal videos from people with lived experience of using services or delivering services.

Discussion took place around communication channels, other than on-line via the HSCP website. This is a statutory public facing document, this is our annual reporting structure from the IJB to the public, so it is really important that it is accessible and easy to read.

<https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2022/12/Annual-Performance-Report-2021-22.pdf>

8. Community Link Workers (Liz Rowlett)

Liz Rowlett provided an update advising the funding for this came from the primary care improvement plan. A small steering group was set up with two Community link workers recruited, one working in the eastern villages of Cowie and Fallin and the other one is located in Stirling.

The focus of their work is to provide one to one support and advice and sign posting to people to help them improve or maintain their well-being by accessing the services that they need either statutory services or those provided in the third sector and part of the purpose is really to take the strain off the GP's so that we're looking at people with mild and moderate, probably mental health problems coming in.

Referrals have been a mixture so far, with some quite complex. As expect we are seeing a lot around cost of living and mental health. So far, referrals into other agencies have included SSAFA the veteran's organization that works across Forth Valley and local organizations such as Well-being Scotland. A Steering Group is up and running which will be looking at the monitoring and evaluation of the project along with looking at referral pathways.

If anybody wants to find out more or meet the link workers to established links to make sure that they have a referral into their service, please contact Liz Rowlett -

9. HSCP Commissioning Consortium – ADP (Jennifer Baird)

Jennifer Braid provided an update around the development of a Commissioning Consortium approach, which is an important part of our transformational programme of change. We are seeking to deliver and reinforce a whole systems approach to strategic commissioning and monitoring alongside delivering both outcomes for supported people and the principles of self-directed support. This approach demonstrates a shift in policy direction towards collaboration, ethical commissioning and commissioning for the public good, rather than competition.

The approach seeks to develop a shared common philosophy of commissioning focused on co-operation and joint ownership of risk among all stakeholders. Rather than being treated as the passive recipients of services designed elsewhere, supported people will be the active shapers of their own future, trusted to 'co-design' services, to direct commissioning decisions, and to play their part in making the service work.

The inaugural session for the ADP Consortium was held yesterday in collaboration with our colleagues from the Falkirk HSCP. The aim is to take forward joint commissioning where it is the right thing to do and to break that down to a locality level, again where that is the right thing to do. This was a really vibrant session with lots of discussion and engagement around the potential for innovation and moving towards a more efficient and effective model of delivery.

The feedback is still being collated, with the aim of meeting again either just before or just after Christmas to take the agenda forward via discussion on a new draft model of care which is currently being worked up.

One critical element of discussion was how to meaningfully engage individuals with lived experience into the discussions and our providers committed to working with us to make this a genuine reality over the forthcoming sessions. Overall the aim is to move towards services continuing to be provided by a mixed economy of service providers, utilising a mix of internal service delivery, partnerships and external service delivery, who are “contracted” on a performance basis to deliver the outcomes commissioned by the HSCP.

Simon Jones, the Partnership’s Alcohol & Drug Partnership Lead Officer also attend the consortium and advised that he welcomed this session advising there is a lot of work being undertaken across Forth Valley. Simon advised we are trying to ensure continuity of care going forward. Initial feedback from providers is positive who felt it was an open forum where attendees were able to give comments on the current model of care, which was constructive. Various working groups are being set up where we can take the draft a model of care back to the providers and people with lived experience, who all expressed their confidence around this way forward.

Action: Trade Unison colleagues to be invited to all future Commissioning Consortiums

10. Financial update (Ewan Murray)

Ewan Murray provided an update advising he reported an overspend to the Integrated Joint Board in September 2022. Works continues on the financial projection around winter and ongoing pressures. Saving of around 5% we be required to make which will be difficult to achieve, there will be difficult decision to be made. COVID funding is not available after this year, and Scottish Government have advised they will be reclaiming and unused COVID funding.

The UK Government medium term fascial plan is due at end of October, this will information the Scottish draft budget ready for December. Ewan will be able to give an update on the key financial information at the next meeting.

11. Any other business

None.

Proposed topics for future meetings

December 2022

- HSCP Commissioning Consortium, Dementia, Carers and Mental Health (Jennifer Baird)
- Model of care for hospital team & discharge planning team (Barry Sneddon)
- Model of care for mental health (Nicola Cochrane)
- Carers Investment Plan (TBC)
- Self – Directed Support (Emma Mitchell)
- The Promise (Marie Valente & CC)
- No-one Left Behind (NOLB) Delivery Plan (Joanne O’Suilleabhain)

Minute of the Clinical and Care Governance Group meeting held on Thursday 28 July 2022, at 2.00pm, via Microsoft Teams

Present:

James King, GP Clinical Lead and Locality Coordinator Stirling and Clacks HSCP (Chair)
Sharon Robertson, CSWO, Clackmannanshire Council
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Carolyn Wyllie, Head of Service
Judy Stein, Locality Manager
Nicola Cochrane, Service Manager MH & LD
Caroline Robertson, Locality Manager
Barry Sneddon, Clinical Nurse Manager
Linda Melville, Service Manager

In Attendance:

Sam Neary, Business Support Officer (Minute)

PRESENTATION - Deteriorating Patient in a Community Hospital: Delivery of Level One Care within Bellfield

Barry Sneddon noted that while work had progressed in the Wallace Suite, Covid had impacted it. He provided an update on the project that was part of the deteriorating patient leadership improvement programme and formed part of the larger Scottish Patients Safety Programme. The goal was to provide safe IV treatments within the Wallace Suite in the first instance as the only current option for deteriorating patients who required IV treatments was to be transferred back to the acute site. This increased the risk of harm including delirium and reduced continuity of care. The benefits were -

- Care delivered 'Closer to Home' and 'What Matters to You'.
- Minimising harm to frail elderly population e.g. delirium and falls.
- Continuity of care, increasing the ability to recognise end of life phase or deteriorating condition
- Skilled multi-disciplinary workforce

Details of challenges and activity could be seen in the project flash report.

Carolyn Wyllie asked how the length of stay down could be reduced and whether there was a need for an indicator regarding movement. Barry to progress a plan and bring back to a

future meeting. The Clinical and Care Governance Group also discussed the statistics and need for supporting narrative and to understand where the blockages were.

1. WELCOME AND APOLOGIES FOR ABSENCE

James King welcomed everyone to the meeting and introductions were made. Apologies for absence were noted on behalf of Marie Valente, Bob Barr, Lorraine Robertson, Shiona Hogg, Phil MacDonald and Lesley Fulford.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 26 MAY 2022

The Clinical and Care Governance Group:

- Approved the draft minute as an accurate record.

3. MATTERS ARISING FROM THE MINUTE

Action Log to be added.

4. CLINICAL AND CARE GOVERNANCE REPORTS

4.1 Care Homes

An update was provided regarding the challenges at Menstrie House including vacancies and the resulting impact on staff and managing rotas.

4.2 Clackmannanshire Locality & CHART

Caroline Robertson gave a brief update to the group. Unfortunately, there had been a poor response to the recent advert for a temporary social work post, however, the resilience of staff continued to be positive. Changes had been implemented to the front door system in Clackmannanshire which had been received well by staff and improved the data now being gathered. The service had also linked with Third sector partners which had been very positive.

Work continued with STRIVE for early intervention including staff up skilling and learning. The capacity to do urgent initial assessments was also noted.

An initial meeting of the Strategic Oversight Group for Ukrainians had taken place that day to draw together issues arising and a draft Terms of Reference had been agreed. Sharon Robertson would share this with the Clinical and Care Governance Group.

4.3 Integrated Mental Health Service

Nicola Cochrane reported that the MH Team Manager, was due to retire. There was a second round of recruitment arranged and some good candidates had applied. However, until the post was filled Nicola would need to provide additional

operational support. It was noted that Integrated Mental Health manager's secondment to the Mental Welfare Commission had been extended to March 2023 and an advert for this role was due to go out the following week

Lynda Bennie highlighted that she had mapped out the clinical governance arrangements and would link with Sonia Kavanagh to discuss links and governance.

4.4 Riverbank & Streets Ahead LD Day Services

Nicola Cochrane advised that the service was still not open fully and a briefing paper was due to go the Senior Leadership Team regarding the Learning Disability (LD) service's building model.

A data breach was highlighted, noting an interim action plan was in place and the case referred to the Information Commissioner's Office. The Management Team had taken significant steps to mitigate further breaches and reassurance had been provided.

Particular challenges were highlighted including the Lead AHP for LD who was due to leave and the financial impact of the recent request of Scottish Government for a review/regrading of Band 2s.

4.5 The Whins

Nicola Cochrane highlighted the air separation unit in the Whins was not fit for purpose and this would cause challenges especially as winter approach. Ongoing discussions with Clackmannanshire Council were taking place.

4.6 Reablement & TEC

Judy Stein noted the various challenges being faced including vacancies and continuing pressures in the system. A wide range of recruitment was taking place and staff videos were being used to promote the opportunities and were being well received.

4.7 Community Nursing

Judy Stein provided a brief update noting the impact of covid absences and the focus on manual handling training.

4.8 Wallace & CCHC

The report was noted.

4.9 Stirling Locality

The report was noted

4.10 Intermediate Care Areas

The report was noted

4.11 Community Rehabilitation – Shiona Hogg

Shiona Hogg advised that the waiting list continued to rise and following the escalation to both Ewan Murray the Chief Finance Officer and Carolyn Wyllie short term monies have been identified. This would be used to support work around triaging, a targeted approach and model of service delivery. She also noted were currently recruiting to a Falls Lead.

Prescribing proportionate care – second pathway would be available at next meeting. Dr King said it would be useful to understand how Covid had affected the increase to the waiting list.

Podiatry had been delivered in a variety of different settings during Covid and this had brought about some changes. There was one main area for each locality; St Ninians had developed into a service and would continue to do so and the Dunblane service would cease as the Stirling clinic was working much better. Carolyn noted that this was helpful information and useful to understand the wider services.

4.12 Speech & Language Therapy

Shiona Hogg noted there had been an increase in referrals from the previous year and an increase in request for assistance, this would be up by 38% by the following week. Work was currently taking place on the improvement plan for training staff.

The Clinical and Care Governance Group

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

5. ASP IMPROVEMENT PLAN UPDATE – Caroline Robertson

Caroline Robertson advised that there would be a presentation to the Transforming Care Board on 11th August. Joanne Sweeny, the ASP Lead Officer and Caroline were looking at how to report the work that had already been completed including work with managers and training records. Joanne would bring the plan to next meeting.

6. ITEMS FOR OVERSIGHT AND ASSURANCE

6.1 Noted the Non-Clinical Claims report: end of June 2022

Carolyn Wyllie noted the Stirling response time had dropped to 60% and would pick this up with Sonia Kavanagh and the Complaints officer.

John O'Donnell would support Managers with any training required.

6.2 Noted the HSCP Complaints: NHSFV and Local Authorities

6.3 Noted the Standards and Review report – May-June 2022

Lynda Bennie advised the report collated and helped to develop new standards. All reports that were published were pulled together within this report and sent to teams for assistance/awareness. It was agreed this was a useful tool and helpful for this forum and should be shared with teams.

7. AOCB

A brief update on the Discharge without Delay work was provided by Carolyn Wyllie. Phil MacDonald who was leading on this work was due to leave the beginning of September and the current structure would be reviewed and updated accordingly. She praised the Locality/Service Managers who continued to work above and beyond.

Carolyn Wyllie highlighted the Vincent Framework template used by NHS Forth Valley and whether this could be used to provide the assurance on performance. It was proposed that a separate face to face meeting/workshop with Managers would be arranged to decide what information was required.

8. DATE OF NEXT MEETING

Thursday 29 September 2022 at 2pm