

# Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033

# Strategic Commissioning Plan

## Our vision & ethos

Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing.

Human Rights

Equality

Ecology

Our aim is to ensure our services are person-centred, based on fairness, respect equality, dignity and autonomy.

## Our Aims

Prevention, early intervention & harm reduction

Independent living through choice and control

Achieving care closer to home

Supporting empowered people and communities

Reducing loneliness and isolation

Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.

Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.

Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.

Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.

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

## 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 Consortium

Transforming Care

Data & Performance

Communication & Engagement

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# Vision

*Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing.*



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

The Independent Review of Adult Social Care in Scotland led by Derek Feeley in 2021 describes social care as a “springboard, not a safety net”. While we will always strive to help those in crisis, we want to focus on that springboard, lifting people up and supporting empowered, independent people.

“Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.”

Source: [www.gov.scot/Topics/healthcare/socialcare/independent-review](https://www.gov.scot/Topics/healthcare/socialcare/independent-review) Independent Review of Adult Social Care in Scotland. Feeley 2021

## Foreword

Our new Strategic Commissioning Plan is an ambitious ten-year plan, the third since the establishment of the current Clackmannanshire and Stirling Integration Joint Board. It sets out our ambitions that have been co-created as a result of extensive engagement across Clackmannanshire and Stirling. This engagement has further strengthened our foundations towards stronger partnership working where everyone has a voice and a place at the table. This Plan sets out our objectives based on our established local vision and aims to empower people and our communities to make a real change to health and social care services, and in turn to the lives of people living in Clackmannanshire and Stirling.

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

This Strategic Commissioning Plan builds on previous years of work and invites you and your community to be truly involved in the shaping and delivery of health and social care services in Clackmannanshire and Stirling. It is about what is important to your health and wellbeing including prevention, early intervention and self-management. It is also about having a say and shaping how you access services, having more choice and control on how you meet your personal outcomes, including support to unpaid carers, and what you decide is important to help you live life to the full and to do that as independently as possible.

This Plan was developed by local people who use health and social care services, our communities and the people who provide the services. These engagements and conversations have shaped our priorities and strategic themes. These conversations will continue, and you are invited to join us on the journey to shape services into the future.



Allan Rennie

Chair

Integration Joint Board



Annemargaret Black

Chief Officer

Clackmannanshire & Stirling  
Health and Social Care  
Partnership

## 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 and the delivery against our shared priorities.

## Accessibility

We are happy to consider requests for this publication in other languages or formats such as large print. Please call 01324 590886 (24hrs) or email [fv.disabilitydepartment@nhs.scot](mailto:fv.disabilitydepartment@nhs.scot).

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## 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 spirit and principles of the legislation creating the conditions for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the people in Clackmannanshire and Stirling 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 the IJB to develop a “strategic plan” for integrated functions and budgets. It sets out the arrangements for the 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 our citizen’s, staff and partners 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 based working 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.



## Functions delegated to Clackmannanshire & Stirling IJB

Our Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care.

We have strong relationships with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

### NHS services delegated to HSCP

- District Nursing
- Substance addiction or dependence services
- Allied Health Professional services in outpatient clinics/out of hospital
- Public dental services/Primary medical services including out of hours, general dental, Ophthalmic & Pharmaceutical services
- Geriatric medicine and palliative care outwith hospital settings
- Community Mental Health & Learning Disability services
- Continence and kidney dialysis outwith hospital
- Health Improvement Services

### Clackmannanshire & Stirling Council services delegated to HSCP

- Social work services for adults aged 16+
- Services and support for adults with physical disabilities
- Services and support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult Protection
- Carers support services
- Community Care assessment teams
- Support services
- Care home services
- Adult Placement services
- Health improvement services
- Aspects of housing support and assistance including aids and adaptations
- Day services
- Respite provision
- Occupational therapy, equipment and telecare

## Strategic Context

The Strategic Commissioning Plan links and contributes towards the wider outcomes and priorities. This includes the [United Nations Sustainable Development Goals](#); Scottish Governments [National Performance Framework](#) and [National Health and Wellbeing Outcomes](#). We also contribute towards the priorities of Clackmannanshire Council, Forth Valley NHS and Stirling Council and other local partnerships. The policy landscape is continually evolving, not least with the impact of COVID-19 and the development of the National Care Service. Delivery of health and social care services in Clackmannanshire and Stirling reflect and align to the national and local policy environment and it is important that we are flexible and open to these changes.

National Context		Local Context
Legislation & Policy	Strategies & Guidance	Strategies & Guidance
<ul style="list-style-type: none"> <li>• UN Sustainable Goals</li> <li>• Scottish Government National Performance Framework</li> <li>• National Health and Wellbeing Outcomes</li> <li>• Social Work (Scotland) Act 1968</li> <li>• Community Care and Health (Scotland) Act 2002</li> <li>• Social Care (Self-directed Support) (Scotland) Act 2013</li> <li>• Public Bodies (Joint Working)(Scotland) Act 2014</li> <li>• Community Empowerment (Scotland) Act 2015</li> <li>• Carers (Scotland) Act 2016</li> <li>• Social Security (Scotland) Act 2018</li> <li>• 2018 General Medical Services Contract in Scotland</li> <li>• Housing to 2040</li> </ul>	<ul style="list-style-type: none"> <li>• National Clinical Strategy for Scotland</li> <li>• Realising Realistic Medicine</li> <li>• Health and Social Care Standards</li> <li>• A Fairer Healthier Scotland</li> <li>• Public Health Scotland's Strategic Plan</li> <li>• Digital Health and Social Care</li> <li>• SDS Framework of Standards</li> <li>• Independent Review of Adult Social Care</li> <li>• National Care Service</li> <li>• NHS Recovery Plan</li> <li>• Scottish Government Strategic Framework</li> <li>• COVID Recovery Strategy</li> <li>• Scottish Government Alcohol Framework 2018</li> <li>• Scottish Government Rights, Respect &amp; Recovery strategy</li> </ul>	<p><b>Clackmannanshire Council</b> Corporate Plan Community Planning Partnership Local Outcome Improvement Plan</p> <p><b>Forth Valley NHS</b> Remobilisation Plan Healthcare Strategy Annual Delivery Plan Health Improvement Strategy</p> <p><b>Stirling Council</b> Thriving Stirling Community Planning Partnership The Stirling Plan</p> <p><b>Third Sector Independent Sector Falkirk Council</b></p>

## 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.

### 1. 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.

### 2. 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.

### 3. Achieving 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, their carers 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.

### 4. 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.

### 5. 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. We will build preventions and early interventions around changing the narrative around loneliness and isolation and find new ways for people to ask for help without feeling embarrassed.

## 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 pressures and cost of living crisis impact
- Flexibility of care and support
- Service modernisation and transforming care
- Predicted demographic changes & burden of disease
- Place based activity and environmental impacts
- Resilience of communities and workforce
- Engagement, participation and empowerment
- Supporting change with partners and stakeholders
- Tackling the impact of COVID-19 on health inequalities

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 Independent Review of Adult Social Care and the National Care Service (NCS)

The Independent Review of Adult Social Care recognised the strengths and challenges within community health and social care and the Scottish Government have since legislated to introduce the National Care Service (NCS). At the time of writing the Strategic Commissioning Plan, the NCS is in development, with engagement work still underway, so at this time, the extent of change is undetermined.

The development of a National Care Service will have a significant impact on the planning and delivery of health and social care services in future. However, while the NCS is being developed, we will continue to work within the principles of the Independent Review and NSC consultation such as human rights based approach; empowering people, choice and control, preventative approaches and continuous improvement. We will also continue to participate and engage with the shaping and design of the NCS and our Strategic Planning Group will monitor progress and advise the IJB.

## 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 2022-2025](#).

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 & Clinical & Care Governance

**Best Value** is a duty that applies to all public bodies in Scotland. 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 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 performance is open and accountable, the 2014 Act obliges IJBs 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 established integrated performance framework which is based on the key priorities outlined within this Plan as well as the Winter Plan, 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.

## Adult support and protection

Adult Support and Protection (ASP) seeks to support and protect adults unable to protect their own wellbeing, property, rights or interests, who are at risk of harm or abuse. This may be due to a physical disability, mental disorder, illness or infirmity that makes them more vulnerable. Harm can be physical, psychological (feeling fear, alarm or distress), harm to property, rights or interest such as theft, fraud, embezzlement or extortion or where someone is self-harming. We all have a responsibility to report where we know or believe an adult to be at risk of harm.

The Adult Support and Protection (Scotland) Act 2007 has brought about significant changes in the way adults considered to be at risk of harm are supported and protected. Our new Adult Support Protection Strategic Improvement plan sets out our priority areas, success measures and aims.

The plan builds on achievements from the previous improvement plan and draws on learning from the 2022 ASP Thematic Inspection by the Care Inspectorate ([Clackmannanshire](#)) ([Stirling](#)); self-evaluation, audit activity; performance data, sub-groups, short life working groups, stakeholder feedback and Learning Reviews. The Adult Support and Protection Committee oversees delivery and the respective Sub Groups report to the Chief Officers Group (COG) to offer further scrutiny and oversight of the plan.

ASP Strategic Improvement Plan has been devised to deliver on national and local policies and is based on five key priority areas;

- Leadership & Governance
- Proactive Improvement
- Workforce Development
- Improving outcomes for individuals with lived experience and carers
- Promoting Adult Support and Protection Awareness

The Strategic Improvement Plan reflects the themes within the Strategic Commissioning Plan, by putting the rights of adults at risk of harm first and ensuring they shape the services they need. It commits to working with others to put trauma informed and responsive practice in place across our workforce and services. We work with each individual based around their abilities, background and characteristics (including age, sex, sexual orientation, religious persuasion, racial origin, ethnic group, cultural and linguistic heritage) towards achieving their outcomes through informed choice and control.

We aim to deliver services that wherever possible are actively informed by people with lived experience. We will ensure people with lived experience are heard, valued and supported, enabling them to discover their potential and realise their ambitions. We will recognise the importance of meaningful relationships that offer collaboration, choice, empowerment, safety and trust as part of a trauma informed approach.





## Our Priorities

Our priorities have been identified through analysis of local available intelligence, data and conversations with communities, individuals and partners. We have aligned these with five overarching themes that describe our intentions, these are aligned to the National Health and Wellbeing Outcomes.

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



## National Health & Wellbeing Outcomes

All themes and priorities are linked to the Health and Wellbeing Outcomes. Each theme will 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.

### Health and Wellbeing Outcomes

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.
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.
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.
7. People who use health and social care services are safe from harm.
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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting empowered people & communities	Loneliness & isolation
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
✓	✓	✓	✓	
✓	✓	✓	✓	✓
✓	✓	✓	✓	✓
	✓	✓		
✓	✓	✓		
Enabling Activities				

## Prevention, early intervention & harm reduction



Prevention is about helping people stay healthy and independent for as long as possible and reducing the chances of issues arising, and if they do, supporting people and their carers to manage them as effectively as possible.

Early intervention identifies and provides effective early support to those at risk of poor outcomes. Harm reduction is used to decrease the negative consequences and recognises where someone is unable to stop, they can still make positive change to protect themselves and others.

While our services are needs led, we are also resource bound, to improve outcomes for people, we need to prevent and avoid crisis and help people improve their health and wellbeing.

Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.

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

Priority 2 Drug and alcohol care and support capacity across communities

### Links to Strategies and Plans

Mental Health

Suicide Prevention

Health Improvement

Alcohol & Drug Partnership

Delivery Plan 2020-2023 Rights, Respect & Recovery

Alcohol Framework

Improving support for Mental Health

### We will:

- Work with partners to improve overall health and wellbeing and prevent ill health.
- Provide the right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.
- Reduce the burden of substance related harm, rehabilitation, access to treatment, together, across the HSCP.
- Redesign mental health services, suicide prevention, and psychological therapies, improving access to services and support for mental health. Bereavement, social prescribing, third sector support.
- Provide early signposting to services.

## Independent living through choice and control



Independence can boost self-esteem and confidence, improve someone's sense of purpose and quality of life and in turn, boost their physical and mental health and wellbeing.

It is important people are aware of their rights and how they should access the support they want to achieve their agreed outcomes. Services designed by people who are living or have lived experience are best placed to help us design services. It is also important people know what is available and what choice they have.

Conversations with our communities, service users and staff have highlighted this as important and integral to our principles of human rights, equality and realistic medicine.

**Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.**

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

### Links to Strategies and Plans

Self-Directed Support

Care Closer to Home

Supporting People living with

Dementia

Carers Strategy

Learning Disabilities

Frailty

Falls

Palliative Care & End of life

### We will:

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

## Achieving care closer to home



Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.

Priority 5 Good public information across all care and support working  
Priority 6 Workforce capacity and recruitment

### Links to Strategies and Plans

Primary Care Improvement Plan  
Primary Care and Mental Health Plan  
Intermediate Care

Integrated Workforce Plan  
Care Closer to Home

There is a growing demand across our communities for health and social care, while public services face increasing pressure on resources. We cannot continue to deliver care and support in the same way, we need to work with partners to transform how we deliver outcomes based services.

We know people want to be supported to stay in their own homes and communities for as long as possible. Achieving care closer to home, is about changing how services are accessed, making them fit for purpose and modernising our approach. Technology can deliver so many benefits and improve the way we communicate with people

It is about increasing effectiveness and capacity and ensuring we are using our resources to make the biggest impact across communities.

### We will:

- Support people and carers to identify their outcomes and how to achieve them.
- Work with partners to improve overall health and wellbeing and prevent ill health.
- Improve communication between partners, communities and the public to increase good signposting to services and community supports.
- Transform how our services are accessed, making them more accessible.
- Utilising and developing technology to increase reach and deliver more.
- Build and support our workforce.
- Be innovative in our approach to service design and delivery.

## Supporting empowered people and communities



Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.

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

### Links to Strategies and Plans

Carer's Strategy

Carers' Eligibility Criteria

Third Sector in Communities

Self-Management & Self-Care

Empowerment is the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights. In health and social care, empowerment is defined as a process through which people gain greater control over the decisions and actions that affect their lives. Empowerment is important for everyone involved in care, including the service users, their families, loved ones and care workers.

Bringing the knowledge, skills and experience of people and communities together and working in co-production to improve access and outcomes.

### We will:

- Work with local 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 care and support is provided.
- Support unpaid carers.
- Help people to live in their local communities and access local support.
- Planning community supports with third sector and housing organisations, and unpaid carers.
- Ensuring people with lived and living experience are at the centre of designing our services.
- Growing our approach to Ethical Commissioning, putting people first.



## Reducing Loneliness & Isolation



Loneliness and social isolation are not the same. Not everyone who is socially isolated feels lonely; and those who are not socially isolated may experience a sense of loneliness. Loneliness is a feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.

Social isolation refers to the number of relationship and social interactions someone has, and can be measured. Being lonely or socially isolated can have long-lasting and negative impacts on physical and mental health and wellbeing. Social relationships and networks can promote health and wellbeing for people at any age.

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

Priority 11 Reducing levels of loneliness and isolation

### Links to Strategies and Plans

Link to Third Sector Interfaces

Locality Plans in Communities

Carer's Strategy

### We will:

- Work towards making Clackmannanshire & Stirling places where everyone feels safe, welcomed, connected, included and valued.
- Facilitate new connections by working with partners to create a vibrant offer to people, encouraging people to try something new and make connections.
- Encourage volunteering, helping people to keep active, and support intergenerational activities and identity based groups such as faith, BAME and LGBTQ+ communities.
- Interrupt triggers by supporting residents who are moving from one life phase to another, including those recently bereaved and those who have become carers.
- Find new and innovative ways to tackle loneliness by looking for new ways to engage people to build local connections and a sense of belonging.
- Change the narrative around loneliness by raising awareness of loneliness and social isolation and enable people to ask for help without feeling awkward or embarrassed.
- Consider loneliness and social isolation in our everyday work.



## 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.

These principles will support the delivery of our key responsibilities to plan, commission, deliver and review all adult care and support. Over the next few years, we will work to embed these principles and engage 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 fairness, respect, equality, dignity and autonomy*

## 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 environmental concerns. Our aim is to realign systems of care to respect the rights and 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**.

Our 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 (Facts, Analyse, Identify and Review) 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 ten year Strategic Commissioning Plan.

## Equality

Evidence through the Strategic Needs Assessment and Burden of Disease analysis across Clackmannanshire and Stirling populations, 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. 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).

## The Equalities (Scotland) Act 2010

The Equalities (Scotland) Act 2010 identifies duties for Integration Joint Boards as the legal public body responsible for planning health and social care services. The general duties set out in the Equalities Act are; to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. The legislation in Scotland also outlines a range of specific duties for public bodies to, report progress on mainstreaming the equality duty, publish equality outcomes and report progress, assess and review policies and practices and publish equality information in accessible formats.

### Equalities Mainstreaming & Equality Impact Assessments

Our Equalities Mainstreaming Report details how we work towards meeting the requirements of the legislation, outlining how we are working towards understanding the issues in relation to diversity, discrimination and how to address these.

Equality Impact Assessments (EQIA's) are a key way for us to design services and make decisions by considering the impact on different groups of people and taking mitigating actions. We are also working towards understanding the impact on people with multiple characteristics. EQIAs have a strong human rights element and help us identify and reduce or remove negative impacts. Involving groups in the process and service design helps to remove barriers to accessing services.

## Ecology

The importance of the natural world affects communities and individual's health and well-being is recognised through the Locality Planning Networks and feedback from individuals and partners across Clackmannanshire and Stirling.

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 the natural environment 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?

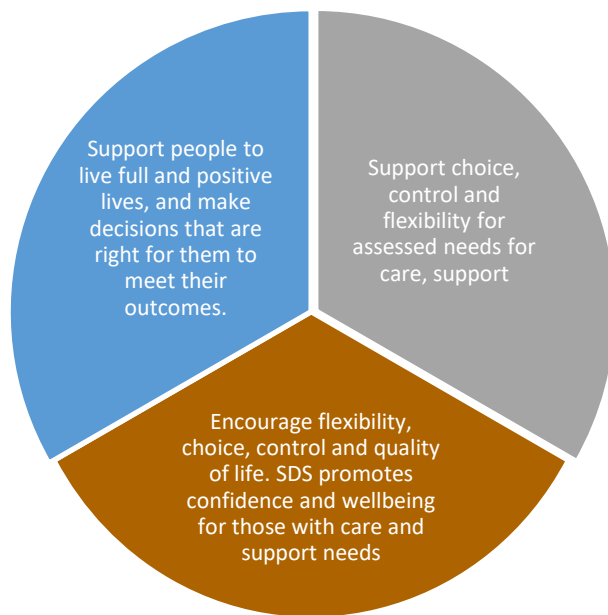
- Supporting ecological awareness in strategic planning across the whole system.
- Actively inviting ecological discussion as part of community engagement, to better understand how communities and individuals perceive the role of ecology and living environment in their own self care, health and wellbeing.

## 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. Self-Directed Support (or SDS) is Scotland's framework for the delivery of social care support. 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.



The HSCP will continue to work to ensure 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 SDS.
- 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 a refreshed approach and culture of quality improvement is driven, and is influenced by people across Clackmannanshire and Stirling.



## Engaging our People and Communities

The Strategic Commissioning Plan sets how the 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.

As with the preparation of this Strategic Commissioning Plan, over the next ten years we will continue to engage with local people, communities, partners and stakeholders 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 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 is important to them. Our Third Sector Interface have also contributed significantly to the development of the Strategic Commissioning Plan through engagement sessions and discussions.

### 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, 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 effective communication”**.
- There was a desire for human rights, person centred approach to services, and focus on wellbeing and prevention and mental health and wellbeing.
- Communication between the HSCP, wider services, partners 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 Clackmannanshire and Stirling 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 and invest in the care and support services which are required from local organisations throughout the HSCP area. The HSCP in partnership with the Third Sector Interfaces has transformed how we buy services by developing a Commissioning Consortium approach. This is 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 a 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 health and 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 delivers 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 independent 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 continue to be an integral part of the engagement around developing and delivering 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 [clacksandstirlinghscp.org](https://clacksandstirlinghscp.org)



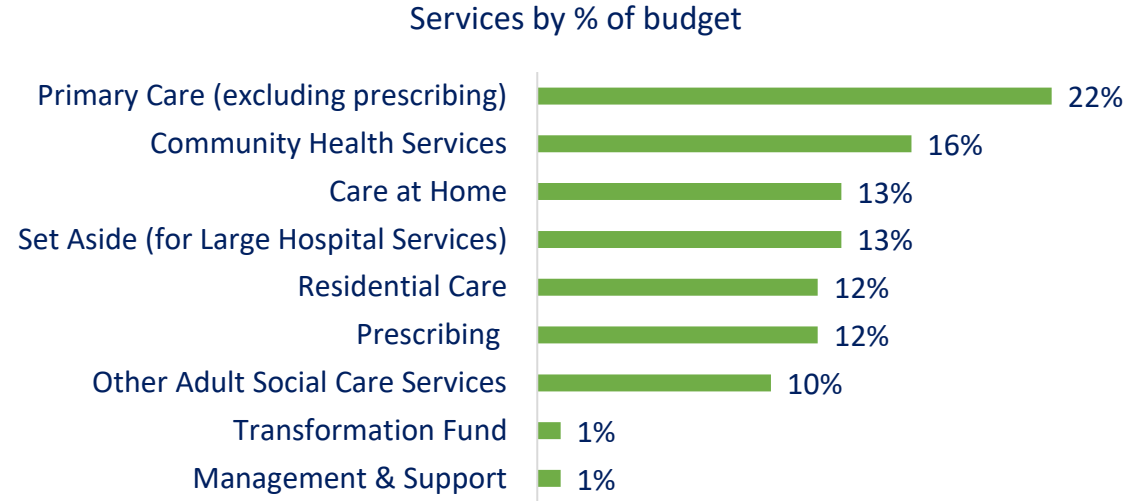
## Enabling Activities – How we do this.

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.

# Budget & the services we provide

The Clackmannanshire & Stirling Integration Joint Board is accountable for a budget of c£250m which finances the services we provide to our people and communities. The broad categories of spend is illustrated in the chart below.

The financial outlook for resources to public services is challenging and the HSCP must deliver the best services possible within constrained resources and significant financial pressures. In order to be financially sustainable, we need to carefully examine, transform and modernise the services we deliver.



Our aim is to provide safe, effective and financially sustainable services against the backdrop of increasing demand and costs to deliver improved outcomes for the partnership population. We need to focus investment of our resources on local and national priorities while achieving Best Value.

The overarching priority for the HSCP is to support people to live in their own homes or homely settings, independently for as long as possible. Achieving this means we need to transform our services through co-design and coproduction, putting people and outcomes first and thinking in new ways will lead this.

Shifting to new models of care, developing community preventative approaches, improving access to primary care and initiatives to reduce delayed discharges are key to making the most of our resources to meet the needs of individuals.

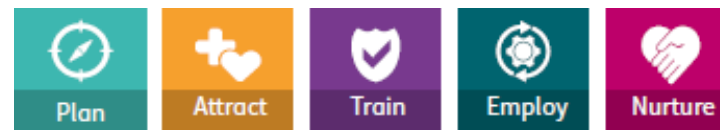
An updated medium term financial outlook and Delivery Plan accompany this Strategic Commissioning Plan. These aim to ensure that we are able to deliver our vision and recognise the considerable transformation and service design needed to achieve this. Integrated financial planning and alignment of investment to strategic priorities is key to providing the best outcomes for people who need support.

The 2023/24 IJB Revenue Budget and Medium Term Financial Outlook will reflect the impact of COVID-19 and other emerging issues facing CSHSCP and how the IJB will work towards achieving financial sustainability and resilience while delivering our priorities. Financial plans are regularly reviewed including planning for a range of scenarios and challenges, risks and impact.

## Integrated Workforce Planning

The Integrated Workforce Plan 2022-2025 is based on the continuous improvement cycle '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 and the principles of the [Fair Work Convention](#). We recognise that our workforce and strategic partnerships are our most valuable resources and including the care and support delivered across our communities. The dedication of our own staff, providers, communities and partners ensures high quality services are provided.

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, trade unions and third sector 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: [Strategic Workforce Plan 2022-2025](#)

## 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 continue to do what has always been done, there is a need to innovate and transform.

### Transformation within the context of the HSCP Strategic Commissioning 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.

## Scottish Approach to Service Design (SAtdSD)

The Scottish Approach to Service Design establishes engaging people in the delivery of services as integral to reforming public sector services. It places focus on people with living and lived experience designing services to meet their needs and fulfil their rights. It looks at co-designing services collaboratively and not around the structures of the public sector.

The development of the Strategic Commissioning Plan and the Workforce Plan aligns naturally with the Scottish Approach to Service Design. Throughout the engagement sessions, working together in partnership with all the organisations, services and people has been at the core.

### The seven principles of SAtdSD

1. We explore and define the problem before we design the solution.
2. We design service journeys around people and not around how the public sector is organised.
3. We seek citizen participation in our projects from day one.
4. We use inclusive and accessible research and design methods so citizens can participate fully and meaningfully.
5. We use the core set of tools and methods of the Scottish Approach to Service Design.
6. We share and reuse user research insights, service patterns and components wherever possible.
7. We contribute to continually building the Scottish Approach to Service Design methods, tools and community.

Getting the right people around the table to design and resource services has been a recurring theme in the engagement sessions to develop the Workforce Plan and the Strategic Commissioning Plan. There is a desire for everyone involved to look at the 'service journey' and have this aligned to the rights and needs of the individuals engaged with services. By looking at the whole journey, we can also look at reducing stress and pressure, duplication of effort and provide more efficient and effective services.

The Strategic Commissioning Plan and the Scottish Approach to Service Design is also focused on early intervention and prevention, we want to connect with people before they move into crisis where possible.

Our approach to service design is collaborative and holistic. We will look to understand people's lives, circumstances and design services around these, with their rights and needs central to this work. Engaging people with lived and living experience and the people who deliver services is integral to getting it right. Bringing together relevant data and research will provide the context of the service and the Commissioning Consortium model then creates the culture to design and deliver services collaboratively out with the constraints of organisational structure.

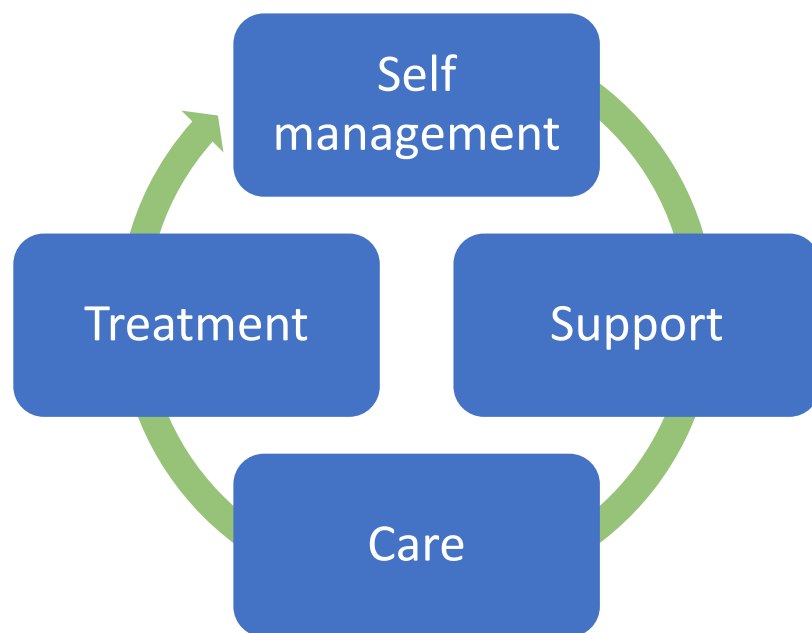


## Model of Care

We know that prevention and early intervention is key to reforming how our services are delivered and achieving the best outcomes for people. In order to this, we want to shift demand towards self-management where appropriate. This model prioritises empowering people to be independent and self-manage.

**Self-management** directs people to seek advice and information early on, and to recognise preventative actions they can do, or link to tools and advice that can help navigate changes or early warnings in their health or condition.

Accessing **support** through community and third sector organisations, linking people to others in their community, who are going through similar things and helping each other reduces isolation and builds links to communities (either geographical or by characteristic), for example; unpaid carers seeking the support and advice from carer's centres to help them in their caring role.



**Care** is centred on universal services such as social work, social care and primary care helping people manage their condition and addressing needs to maintain independence and day to day activities. **Treatment** is the management and care from specialist services and clinical staff to treat or manage a condition or disease.

This model can be applied to most people accessing health and social care services, but perhaps they start at **Treatment** or **Care**. Our aim over the course of the Strategic Plan will be to shift the point where people access health and social care services to **self-management** and in turn, shift demand to appropriate help, signposting and responding to gaps through commissioning.

This model also empowers people in managing their own health and care through choice, decision making, action planning, building partnerships, and identifying what is important to them. This model offers ways to offer self-management support to people. Working with people in hospitals, emergency services, and medical clinics, in home care and across our communities.





## 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 the needs 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 study.

## 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 delivering local care and support. We need to better understand the needs of people within our communities, plan for future demand on services and achieve value for money. Information and intelligence is vital 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.

Over the next ten years, we commit to improving how we access and use the data available to us, to better understand, analyse and communicate the findings of analysis. We will improve data sharing where appropriate, improve our digital maturity and skills between partners, communities and workforce.

Our aim will be to

- improve access to the data we hold;
- improve data sharing where appropriate and safe to do so;
- improve our analysis and communication of the analysis;
- understand gaps, weaknesses and plan for the future;
- improve data maturity and skills;
- uphold information governance, ethics and security.



The Scottish Government published its first data strategy for health and social care in February 2023. The aim is to transform the way people access their personal health and care information to improve health and wellbeing and how care is delivered through improvement to the systems used throughout health and social care.

The five year plan is a “dynamic, evolving, living document” capable for adapting and responding to new data challenges. The strategy focuses on both health and social care data, and the complex challenges with different systems, digital maturity and digital skills between organisations. Reflecting the experiences of all health and social care partnerships. There are eight priority areas and a new national digital platform, which will offer people a digital door to both health and social care. At the time of writing this Strategic Commissioning Plan, this platform is due to go live by the end of 2023.

The strategy also sets out changes to information governance, to more appropriately balance decision making processes and health and social care data, improving information standards and consistency.

We are preparing to develop a data strategy and will align with the Scottish Government Data Strategy for health and Social Care.

# Our Population

## Current population and projections

145,010 people live in the Clackmannanshire & Stirling area.  
Clackmannanshire population 51,540 people  
Stirling population of 93,470 <sup>1</sup>.

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**

<sup>1</sup> 2021 National Records of Scotland

<sup>2</sup> Quintile 1 is considered the most deprived and Quintile 5 the least deprived.

## 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 the age of 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 Scotland<sup>2</sup>. Deprivation does not mean just low income, it can also include 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.

## 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.



## 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

#### Reasons for ill health in Clackmannanshire

- 1 Depression
- 2 Low back and neck pain
- 3 Headache disorders
- 4 Anxiety disorders
- 5 Diabetes mellitus
- 6 Osteoarthritis
- 7 Alcohol use disorders
- 8 Drug use disorders
- 9 Cerebrovascular disease
- 10 Other musculoskeletal disorders

#### Reasons for early death in Clackmannanshire

- 1 Ischemic heart disease
- 2 Lung cancer
- 3 Drug use disorders
- 4 Alzheimer's disease and other dementias
- 5 Other cancers
- 6 Cerebrovascular disease
- 7 Chronic obstructive pulmonary disease
- 8 Lower respiratory disease
- 9 Colorectal cancer
- 10 Cirrhosis and other chronic liver diseases

The table above shows the leading individual causes of ill health and early death in Clackmannanshire. The conditions highlighted in red are where Clackmannanshire has a higher rate 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

### Reasons for ill health in Stirling

- 1 Low back and neck pain
- 2 Depression
- 3 Headache disorders
- 4 Anxiety disorders
- 5 Osteoarthritis
- 6 Diabetes mellitus
- 7 Other musculoskeletal disorders
- 8 Age related and other hearing loss
- 9 Cerebrovascular disease
- 10 Skin and subcutaneous diseases

### Reasons for early death in Stirling

- 1 Ischemic heart disease
- 2 Alzheimer's disease and other dementias
- 3 Lung cancer
- 4 Other cancers
- 5 Drug use disorders
- 6 Cerebrovascular disease
- 7 Chronic obstructive pulmonary disease
- 8 Lower respiratory disease
- 9 Cirrhosis and other chronic liver diseases
- 10 Colorectal cancer

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.

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, and lack of exercise, diabetes, obesity and high blood pressure.



## Integrated Performance Management Framework

A Performance Management Framework supports effective monitoring of progress against this Plan 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.

We are currently reviewing our Performance Management Framework to link the priorities set out in the Strategic Commissioning Plan to the national outcomes, statutory and operational requirements.

The progress in delivering this Strategic Commissioning Plan will be monitored and reported regularly through performance reports.

Action Plans will set out key actions, performance indicators and risks 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.

Reporting 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.



## Health and social care integration core indicators

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 establish core indicators that all Integrations Authorities must report. They help us monitor progress towards the National Health and Wellbeing Outcomes.

### Outcome indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agreed that they has a say in how their help, care, or support was provided.
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.
5. Percentage of adults receiving care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agreed they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.

These indicators focus on the person, their experience and outcomes and where we can improve.

### Service Indicators

11. Premature mortality rate per 100,000 persons
12. Emergency admission rate per 100,000 persons
13. Emergency bed day rate per 100,000 persons
14. Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
15. Proportion of last 6 months of life spent at home or in a community setting
16. Falls per 1,000 population aged 65+
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18. Percentage of adults with intensive care needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
20. Percentage of health and care resource spend on hospital stays where the patient was admitted in an emergency
21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready
23. Expenditure on end of life care, cost in the last 6 months.

These indicators help us monitor how our service are performing and where we can improve

### Ministerial Strategic Group Indicators

1. Unplanned admissions
2. Occupied bed days for unscheduled care
3. Accident & Emergency performance
4. Delayed discharges
5. End of life care
6. The balance of spend across institutions and community services



## Our Strategic Partnerships

This Strategic Commissioning Plan outlines a partnership approach to health and wellbeing. The HSCP is committed to collaborative working and has built and continues to build strong relationships with partners.

Working in partnership is about developing inclusive, mutually beneficial relationships that improve the quality and experience of care. This includes relationships between individuals, their carers and service providers and relationships between organisations, communities and the services involved in planning and delivering health and social care within the statutory, voluntary, community and independent sectors.

Effective partnership working results in quality care and support for people and their carers and the strategic aims of this plan.

## Third and Independent Sector

The **Third Sector** have been instrumental in developing this Strategic Commissioning Plan and the engagement work carried out to inform and produce this plan. The Third Sector employs around 4,500 people across Clackmannanshire and Stirling, within charities, social enterprises, community anchor organisations, housing associations and further education. A further 39,000 people are involved in volunteering across the HSCP para (based on figures from the National Household Survey 2019). The third sector operate a wealth of commissioned health services, working as delivery partners for Alcohol & Drug Partnership, mental health and dementia provision, supported discharge services and advocacy and support services. They provide community based support through commissioned and non-commissioned services for people with learning disabilities, people facing barriers or experiencing inequality and health and employability providers. Many of the Third Sector organisations provide training in their area of expertise, such as dementia awareness, mental health and trauma informed practice.

Community anchor organisations and development trusts play a key role in supporting the HSCP outcomes. Many also manage their local community facilities and host lunch clubs and activity groups these are some of the activities provided to reconnect people and address social isolation and loneliness. These are particularly vital in rural areas where they offer a range of services and supports to help people stay healthy at home. Some voluntary sector organisations operate as social enterprises serving specific health needs in communities.

Voluntary groups, many of which have no paid staff, provide vital support to the HSCP and include peer support groups for those who have enduring conditions or are recovering from illness (and for those who are maintaining their wellbeing in their communities and using a social prescribing model of care, the community groups and wider Third Sector are key to the success of the community link worker programme. Some of the leading care providers and care homes are third sector organisations in the HSCP area as well as some of the larger national organisations who provide support via helplines to local people.

The HSCP works closely with our local housing associations who are coproducing housing solutions to meet changing healthcare needs and have staff employed who are skilled to support people with illness and disabilities who are tenants, and locally-based further education providers support training and development of our current and future healthcare staff as well as provide innovation and research around healthcare, provision, disability and dementia. We will continue to build and deepen the partnership working to deliver high quality care and support for people and their carers and the strategic aims of this plan.

The **independent sector** provides care home places and home care throughout Clackmannanshire and Stirling. The independent sector offers a wide range of knowledge and skills and is a crucial partner within Clackmannanshire and Stirling Health and Social Care Partnership. The Independent sector allows us to maximise resource, allowing for sustained investment in order to deliver innovative, high quality service and improved choice and outcomes for individuals. Through the Commissioning Consortium, the independent providers participate in the planning of service delivery, supporting positive outcomes for the health, wellbeing and lives of local people.

## Housing contribution to health and care

### National Context

Secure, good housing is key to tackling inequalities and improving physical and mental health and wellbeing. Affordable, warm, safe, secure and accessible homes plays a significant role in supporting people within their communities.

The Scottish Government's Housing to 2040 strategy sets out an aspirational future for housing in Scotland. It is focused around the diversity of our people and communities and delivering high quality, sustainable homes, sustainable communities that are connected and vibrant, and homes that meet people's needs. Homes that supports wellbeing and the different stages of our lives.

### Local Context

Clackmannanshire & Stirling Local Housing Strategies set out their strategic approach in delivering high quality housing and housing related services across all tenures. Working in partnership we will continue to deliver and design housing that meets the needs of our people.

The Housing Contribution Statement is an element of the partnership working between Local Housing Strategies and delivering effective health and social care services. It puts the needs of the people at the fore of planning. The Local Housing strategy is produced by local authorities and assess housing needs, demand and condition, including specialist housing, such as accessible or adapted housing, wheelchair housing and service that support independent living. Housing Contribution Statements are aligned to the vision to support people to live independently in their own home and to ensure people are in the right place with the right support for them.

### Health and Homelessness

The [Health and Homelessness in Scotland](#) report published by the Scottish Government in 2018 provides evidence on homelessness in Scotland. At least 8% of the population have been homeless at some point in their lives. Homelessness has a significant impact on individuals' physical and mental health and wellbeing. Recorded homelessness is linked to significant and preventable health use. Partnership working between the HSCP, NHS, Housing Services, the third sector and housing organisations can work towards homelessness prevention and improved housing options, improved access to housing support for households at risk of homelessness and ensuring those in greatest need access housing support services.







## Looking Forward

The development of a ten year Strategic Commissioning Plan demonstrates our commitment to our people and staff and services. We will continue to be proactive and innovative in how we operated within our environment and work to shape the future of health and social care in Clackmannanshire and Stirling and nationally.

This Strategic Commissioning Plan is the very beginning of the process of transformation and change, it has set out the intention to co-produce and co-design services with the people at the very centre of the services, those who have lived and living experience of services and conditions, and those who deliver the services.

This plan puts what is important to you, your rights, and your voice first in shaping health and social care for the future.