

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **29 March 2023 2 pm – 4 pm** in The Board Room, Carseview House, Stirling and hybrid via MS Teams

Please notify apologies for absence to:

[fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

## AGENDA

- |   |   |
|---|---|
| <b>1. NOTIFICATION OF APOLOGIES</b>   | <b>For Noting</b>                                   |
| <b>2. NOTIFICATION OF SUBSTITUTES</b>   | <b>For Noting</b>                                   |
| <b>3. DECLARATION(S) OF INTEREST</b>  | <b>For Noting</b>                                   |
| <b>4. CASE STUDY – Killin &amp; District Volunteer Car Scheme</b><br>(Presented by Annemargaret Black, Chief Officer) | <b>For Noting</b><br><b>(5 min)</b>                 |
| <b>5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/<br/>EMERGENCY ITEMS</b>   |   |
| <b>6. DRAFT MINUTE OF THE INTEGRATION JOINT BOARD MEETING<br/>HELD ON 01 FEBRUARY 2023</b>                            | <b>For Approval</b><br><b>(10 min)</b>              |
| <b>7. CHIEF OFFICER UPDATE</b><br>(Paper presented by Annemargaret Black, Chief Officer)                              | <b>For Noting &amp; Approval</b><br><b>(15 min)</b> |
| <b>8. BUDGET AND FINANCE</b>  |   |
| <b>8.1 FINANCIAL REPORT</b><br>(Paper presented by Ewan Murray, Chief Finance Officer)                                | <b>For Assurance</b><br><b>(10 min)</b>             |
| <b>8.2 2023/24 IJB INITIAL REVENUE BUDGET</b><br>(Paper presented by Ewan Murray, Chief Finance Officer)              | <b>For Approval</b><br><b>(30 min)</b>              |
| <b>8.3 REVIEW OF IJB COMMITTEES TERMS OF REFERENCE</b><br>(Paper presented by Ewan Murray, Chief Finance Officer)     | <b>For Approval</b><br><b>(5 min)</b>               |

## **9. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT**

### **9.1 STRATEGIC COMMISSIONING PLAN 2023/2033**

(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement)

**For Approval  
(15 min)**

## **10. 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 – 2022.12.21**
- c. **Joint Staff Forum – 2022.12.01**
- d. **Strategic Planning Group – 2022.12.14**
- e. **Clinical and Care Governance Group – 2022.11.24**

## **11. ANY OTHER COMPETENT BUSINESS (AOCB)**

## **12. DATE OF NEXT MEETING**

21 June 2023 2 – 4 pm

# Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Board Meeting  
held on 1 February 2023

*For Approval*

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

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 01 February 2023 in the Board Room, Carseview House, 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 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  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Dr Andrew Murray, Medical Director, NHS Forth Valley  
Marie Valente, Chief Social Work Officer, Stirling Council  
Abigail Robertson, Staff Representative, Stirling Council  
Lorraine Robertson, Head Nurse Mental Health & Prison Healthcare/Chief Nurse Clackmannanshire & Stirling HSCP

**Advisory Members**

Nikki Bridle, Chief Executive, Clackmannanshire Council  
Lesley Fulford, Senior Planning Manager, HSCP  
Lee Robertson, Senior Manager of Legal and Governance and Monitoring Officer, Clackmannanshire Council  
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

**In Attendance**

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.

Mr Rennie welcomed Helen Duncan from Town Break who is joining as a Third Sector representative for Stirling.

He noted that Pam Robertson, Joint Trade Union Committee Representative, would be standing down as a non-voting member and would be replaced by Andrew Kane.

Apologies for absence were noted on behalf of:

Councillor Danny Gibson, Stirling Council  
Robert Clark, Employee Director, NHS Forth Valley  
Carol Beattie, Chief Executive, Stirling Council  
Carolyn Wyllie, Head of Community Health and Care, HSCP  
Cathie Cowan, Chief Executive NHS Forth Valley  
Louise Murray, Carers Representative, Stirling  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council

## **2. NOTIFICATION OF SUBSTITUTES**

There were no notifications of substitutes noted.

## **3. DECLARATIONS OF INTEREST**

There were no declarations of interest noted.

## **4. CASE STUDY – COMMUNITY LINK PROGRAM FV**

Danielle McPhilemy, Community Link Worker, presented her case study to the Integration Joint Board.

Ms McPhilemy presented the story of a veteran in his words about his struggles due to feelings of loneliness, isolation and shared details of the support provided, and the positive outcomes including a sense of purpose.

The Integration Joint Board discussed the beneficial impact of Community Link Workers and along with the funding to support these roles within the Third Sector to maximise reach into communities.

Mr Rennie and Ms Black thanked Ms McPhilemy for the inspirational presentation and acknowledged the excellent work being carried out. They agreed it would be beneficial for her to attend future meetings and share more case studies and updates with the Integration Joint Board.

**5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS**

None.

**6. MINUTE OF MEETING HELD ON 23 NOVEMBER 2022**

The Integration Joint Board approved the draft minute of the meeting held on 23 November 2022 subject to the following amendment:

Ms Coulter requested the minutes were updated to reflect the point she raised about whether the rate of falls was related to individuals being cold due to the cost of living crisis.

**7. CHIEF OFFICER UPDATE**

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

Ms Black thanked the Integration Joint Board members for attending the development session on 25 January 2023 and explained the Code of Conduct development session, originally scheduled for that day, would have to be rearranged to another date.

The Chief Officer Update provided information and progress on a range of areas not covered in detail elsewhere on the agenda.

There were several key issues within the report, and in separate papers, which included:

- 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

Ms Black explained the whole system of care was facing unprecedented challenges and the key focus of the Health and Social Care Partnership was

to continue with the whole system working, using data to help the Integration Joint Board understand pressure points, demands, and service redesign opportunities. She added that significant data improvements, including automation, were required to help modernise the approach and that much of the data the service had access to was developed manually.

Although there were still ongoing challenges with recruitment for the Rapid and Rural Assessment Teams, she was pleased to highlight the recent successes in Clackmannanshire and Urban Stirling. Within the Stirling Rural area, recruitment to posts had been challenging, resulting in going back out to advert multiple times. The Rural team leader has been in post since October 2022; Care coordinator, Senior Home Support workers and Home Support workers are back out to advert. Across the Rapid and Rural Care at Home business cases, there are still 17 Home Support Worker posts still to fill.

To understand the reasons for this and provide learning for future recruitment campaigns Mr Murray will be facilitating a session with key people involved to see how the process could be improved and what lessons can be learned for the future.

The Integration Joint Board discussed concerns which were raised regarding recent changes to Covid-19 testing requirements and vaccine uptake, especially for staff working in hospitals and care homes. Ms Black confirmed everyone was following government guidance and staff encouraged to have the vaccine.

Further updates were provided including the improvement with delayed discharges, the NHS Forth Valley escalation and the further delegation of NHS services and due diligence involved. Previous concerns had been raised regarding falls and Ms Black highlighted the Test of Change undertaken by AHP with the Scottish Ambulance Service with the aim to reduce the number of uninjured fallers being taken to hospital. Discussions were ongoing and a presentation would be provided to the Strategic Planning Group in due course. In response to a question regarding reviewing past reports to ensure Equality Impact Assessments (EQIA) where applicable, Ms Black noted that some had been completed but not published.

Finally, she expressed a big thank you to the HSCP staff, workforce, partners, and unpaid carers for all their hard work.

### **The Integration Joint Board:**

#### **1) Noted the content of the report.**

## **8. BUDGET AND FINANCE**

### **8.1 FINANCE REPORT**

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

Mr Murray had prepared a set of financial projections based on financial performance for the first 9 months of the financial year to 31 October 2022. This indicated 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.

He explained that financial pressures in relation to the set aside budget are currently being met in full by NHS Forth Valley, however the position required discussion and further consideration in relation to the review of the Integration Scheme.

Further to the discussion at the November IJB meeting, NHS Forth Valley's Director of Finance had provided a risk share proposal on 9 December 2022 for 2022/23, including a share of Ward 5 contingency bed costs in Stirling Community Hospital. In response to a question regarding whether this was a pragmatic approach, Ms Black confirmed it should be a proportionate share of beds used for Clackmannanshire and Stirling residents. It was agreed that Recommendation 3 should be amended to include the approval of the proposal.

Mr Murray added that, as detailed in previous financial reports, he continued to model the estimated exceptional Covid related costs within the Integrated Budget and was confident that sufficient evidence existed to justify utilising a degree of this funding to bring the integrated budget into financial balance for the year. He added that estimates for this continued to be reflected within financial submissions to Scottish Government monthly.

The projection on the Integrated Budget included costs associated with the exceptional ongoing impacts of Covid particularly on costs of provision of Adult Social Care. This was estimated at £0.845m and was included in the Quarter 3 costs return to Scottish Government.

Mr Murray explained that the letter at appendix 2 stated the Covid reserve balance on 31 March 2022 was £13.153 million, however the correct amount was £12.999 million. Mr Murray confirmed he has asked Scottish Government Finance colleagues to correct the opening balance, so the amount reclaimed was accurate and had received a positive response. He also informed members that a year-end reconciliation process would be required to ensure the IJB was funded for actual costs.

The Integration Joint Board discussed the performance against savings targets and the impact of the current challenges being faced across the Health and Social Care system. Ms Black noted concerns as Local Authorities and NHS Boards were also under pressure to make savings. It was also noted that the set aside would continue to be challenged if there wasn't continued investment into the community as well as in early intervention and prevention.



## **The Integration Joint Board:**

- 1) Noted the 2022/23 projection based on Financial Performance for the first 9 months of the financial year.**
- 2) Noted the significant financial issues and pressures, key assumptions and risks.**
- 3) Discussed, considered and approved 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) Noted 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) Agreed 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.**

## **8.2 BUDGET UPDATE AND IJB BUSINESS CASE**

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

Mr Murray explained that preparation of an IJB Business Case was a requirement of the Integration Scheme. The 2023/24 IJB 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. It was presented to the 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.

The Finance and Performance Committee discussed in detail the financial gap and proposal that the estimated financial gap was approached through a combination of 50% from transformation and efficiency and 50% through service and policy options including potentially service reduction and disinvestment options. Mr Murray stressed the importance to align investment to the Strategic Commissioning Plan priorities based on the guiding principle of 'Needs led, Resource bound'. Therefore, the combination of 50% from transformation and efficiency and 50% through service and policy options (including potentially service reduction and disinvestment options) was not approved.

Members of the Integration Joint Board expressed concerns around this proposal and discussed the timeframe involved for confirmation of proposed payments from the constituent authorities in line with the Integration Scheme. While this would enable the Finance and Performance Committee to

scrutinise the options to meet the financial gap and deliver a balanced budget it was felt that due to the challenges faced a seminar should be held ahead of the March IJB meeting. This would provide all IJB members the opportunity to consider and discuss the updated options in detail and provide assurances ahead of formal approval.

**The Integration Joint Board:**

- 1) Noted 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) Noted the impact of the Scottish Draft Budget on the assumptions within the business case.**
- 3) Noted the revised estimated financial gap of £7.018m for financial year 2023/24.**
- 4) Did not approve the proposed approach of 50% of the gap being met by savings and 50% from other service and policy options. A special budget seminar to be held prior to the meeting in March 2023 to scrutinise further.**
- 5) Noted ongoing work to develop the budget and agree that a substantive update is presented to the Finance and Performance Committee on 1 March 2023.**

**9. PERFORMANCE**

**9.1 QUARTER 3 PERFORMANCE REPORT  
(OCTOBER-DECEMBER 2022)**

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

Ms Black provided an overview of the content of the Quarter 3 Performance Report and explained that the purpose of the report was to ensure the Integration Joint Board fulfilled its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures including in the Integrated Functions, and as set out in the current Strategic Commissioning Plan.

**The Integration Joint Board:**

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

## **10. PLANNING, COMMISSIONING, DIRECTIONS, AND NEEDS ASSESSMENT**

### **10.1 STRATEGIC COMMISSIONING PLAN 2023-2033**

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

Ms Forrest explained that the purpose of the report was to provide an update of the draft Strategic Commissioning Plan 2023-2033 to the Integration Joint Board for their feedback. The Strategic Commissioning Plan set out the arrangements for carrying out integration functions in Clackmannanshire and Stirling over the ten-year period within the financial envelope. The Health and Social Care Partnership area was divided into three locality planning areas, Clackmannanshire, Stirling Rural and Stirling Urban.

The Integration Joint Board discussed the need to invest to deliver change and how the Strategic Plan would guide the investment required, with a need to review the budget throughout its lifespan. In response to a question regarding engagement Ms Forrest confirmed there had been wide engagement with the wider communities as part of the Locality Planning to set priorities. She also noted that beside the overarching Strategic Commissioning Plan itself, once approved there would be the associated implementation plan. Ms Black confirmed alongside the delivery plan there would also be an investment plan and a risk register and that the team would progress these to support implementation. Both Service User reps confirmed the engagement undertaken which was reflected in the plan.

#### **The Integration Joint Board:**

- 1) Provided assurance to the Board of the approach to develop the draft Plan.**
- 2) Agreed to continue to seek feedback from stakeholders and partners on the draft before final publication in March 2023.**
- 3) Asked officers to provide final version to the Board in February prior to publication in March 2023**

### **10.2 LOCALITY PLANNING**

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

Ms Forrest explained that in May 2022, three Locality Planning Network groups were established – one to represent each of Clackmannanshire and Stirling's HSCP localities. Clackmannanshire and Stirling Health and Social Partnership identified and agreed on three Locality areas;

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

She explained that the purpose of the Locality Planning Networks was to:

- Support the principles that underpinned collaborative and integrated working and ensure that a strong vision for service delivery was achieved.
- Develop robust communication and engagement methods between services and the public that were 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.

Each Locality Planning Network Group have drafted individual Locality Plans based on the data and feedback from all stakeholders which lay out the priorities for each Locality area which would then align strategically, operationally and with commissioning. The Integration Joint Board noted the importance of people with lived experience and the enthusiasm of the communities to be involved. Noting it was important to build on this with robust communications and continued engagement.

#### **The Integration Joint Board:**

- 1) Considered and approved the direction of the three draft Locality Plans - which align to the priorities of the Strategic Commissioning Plan (2023-2033).**
- 2) Approved 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.**

### **10.3 IJB DEVELOPMENT SESSIONS**

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

Ms Fulford explained that officers had 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 would the Integration Joint Board hope to achieve from this programme of development work?
- What topics would be of most value for the Integration Joint Board and its members?
- What would the level of capacity be for the Integration Joint Board and its members to attend?

The development sessions would support IJB members in their development through a range of topics and strengthen their knowledge in health and social care integration.

The draft proposal outlined the potential topics with risk woven through them all, the timings and short-, medium- and long-term development areas.

**The Integration Joint Board:**

- 1) Approved the development sessions proposal.**

**11. FOR NOTING**

**11.1 Action Log**  
Noted

**11.2 Decision Log**  
Noted

**11.3 Minutes**  
Noted

- 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 – 2022.07.28**
- e. **Clinical and Care Governance Group – 2022.07.28**

**12. ANY OTHER COMPETENT BUSINESS (AOCB)**  
None

**13. DATE OF NEXT MEETING**

29 March 2023 2-4 pm

# Clackmannanshire & Stirling Integration Joint Board

29 March 2023

Agenda Item 7

## Chief Officer Update

*For Noting and Approval*

<b>Paper Approved for Submission by:</b>	Annemarget Black, Chief Officer
<b>Paper presented by</b>	Annemarget Black, Chief Officer
<b>Author</b>	Lesley Fulford, Senior Planning Manager
<b>Exempt Report</b>	No

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

<b>Purpose of Report:</b>	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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<b>Recommendations:</b>	The Integration Joint Board is asked to: 1) Note the content of the report. 2) Approve the appointment of Narek Bido, Chief Executive of Recovery Scotland to the Audit and Risk Committee.
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<b>Key issues and risks:</b>	<p>Today on the IJB agenda, are a range of important governance reports and information listed in the background section below.</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 as months of efforts has not resulted in recruiting to all of the rapid assessment team and rural care at home team posts in Rural Stirling.</p>
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## **1. Background**

1.1. As always, there are a number of other key issues on the agenda, these include:

- Finance Report
- Budget 2023 / 2024
- Review terms of reference
- Draft Strategic Commissioning Plan 23/24 to 33/34
- External Audit Plan

1.2. Verbal updates on time sensitive items will be provided at the Board meeting.

## **2. System Pressures**

2.1. 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 continues to be developed manually at present.

- 2.2. Work continues on the development of a whole systems performance dashboard, supported by planning colleagues from NHS Forth Valley. The performance indicators focus on delays to peoples discharge and improvement actions to be taken in NHS Forth Valley within the Delay Without Discharge whole systems improvement programme.

### **3. Reimaging Care Closer to Home**

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- 3.1. An initial Pan-Forth Valley reimagining care closer to home 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.
- 3.2. A further event was held on 2 March 2023 where a programme of work is in development to improve access to a wide range of intermediate care services, supporting people at home or enabling them to return home, or to a homely setting.
- 3.3. The programme brings together leads from services to share awareness and understanding, agree priorities and enable a comprehensive set of benefits relating to prevention, early intervention, timely access to services, reducing duplication and bureaucracy and increasing capacity.
- 3.4. This will support service providers, including the 3<sup>rd</sup> sector, to collaborate more easily to design and deliver care, when and where people need it. The Reimaging Care Programme will add value by focusing on priority actions which cannot be resolved by one service alone and needs the collaboration of services, including support services, to be able to deliver the benefits.

#### **The cross-system priority areas include:**

- Falls pathways and frailty
- Addressing the deconditioning of inpatients and anticipatory care planning
- Better access to information and IT systems
- Access to services, with fewer and simpler points of access
- Out of Hours service integration

#### **Work completed to date includes:**

- Scoping the services which provide intermediate care with service profiles completed
- Vision for intermediate care agreed
- Design principles for intermediate care prepared
- 2 workshops undertaken focussed on sharing, learning and prioritising areas for collaborative improvement



## Next Steps

- Facilitated workstreams
  - Action planning, reporting, testing and implementing improvements and planning for benefits realisation
  - Communication plan
  - Workshops to share progress on the cross-system priorities and actions and identify where further collaboration and improvement is required, whilst improving knowledge across the system of the services available and how to access them
- 3.5. An application for quality improvement funding has been submitted to the [Q Exchange](#) to support the Reimaging Care Closer to Home programme of work, which is significant and comprehensive. This includes accessing a skilled external consultant, who has a background in older peoples' care and system improvement, to provide expertise, knowledge and challenge to the Forth Valley system. This would also enable us to allocate facilitators and project support, to ensure that the process of intermediate care redesign is inclusive, with engagement of multiple stakeholders and co-production of improvement actions, to deliver the benefits identified, using improvement methodologies and programme management tools. In May 2023, The Health Foundation will announce the 30 shortlisted projects. Q members will then vote to choose the projects they want to see funded. The Health Foundation will announce the successful projects in June 2023.

## 4. Vaccinations

- 4.1. The vaccination programme for Flu and Covid 19 continues to be in place with wide access available as advised in the last Chief Officer report. However, uptake is reduced this year as the IJB have been advised previously. A high uptake of vaccinations will support and protect people through winter. This is a national and local issue that has been subject to improvement actions.
- 4.2. The team within NHS Forth Valley monitor the uptake and report on the numbers to the Chief Officer and her team. Scotland wide as at 16 February 2023:

	Local data	National in lieu of up to date FV figures
<b>Flu</b>	<b>% uptake</b>	<b>% uptake</b>
Care Homes	92.3%	89.21%
Housebound	89.8%	Not available
Adults (65 years plus)	87.3%	85.3%
All Health and Social Care Staff	48.5%	46.7%
<b>COVID19</b>	<b>% uptake</b>	<b>% uptake</b>
Care Homes	93.2%	90.3%
Housebound	90.7%	Not available
Adults (65 years plus)	97.7%	90.5%

Health and Social Care Staff	48.3%	47.7%

- 4.3 A letter was received on 14<sup>th</sup> March from Scotland Chief Medical Officer. It outlines the Spring Covid Vaccination Programme 2023 and can be found at Appendix 1

## 5. Delayed Discharges

- 5.1. Delays to supporting people back to their own home or a care home continues to be a cause for concern both for the individuals and families involved and also for the efficient and effective management of whole system of care.
- 5.2. The weekly whole system performance oversight arrangements in place on a pan Forth Valley basis involving IJB Chief Officers. Local Authority and NHS Forth Valley CEOs have been reviewed and the arrangements have moved to monthly oversight, to ensure whole systems improvements are in place that include delayed discharge and Forth Valley Royal performance and progress with the Discharge Without Delay programme.
- 5.3. These oversight arrangements have developed to include continued 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 31 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.
- 5.4. Clackmannanshire and Stirling HSCP have seen an improved picture by a reduction of 36% on total delays (includes special codes and excludes out of area) and 48% on Standard Delays for health and social care reasons (excluding out of area) between 9 December 2022 and 12 March 2023. This is a result of our staff and providers working exceptionally hard during times of sustained and significant system pressures. These percentage improvements are likely to fluctuate from week to week due to small numbers.
- 5.5. The charts below illustrate unmet need including people who have not been assessed. These can be found on Public Health Scotland's website [here](#)<sup>1</sup>.

<sup>1</sup> [Social care - Demand for Care at Home Services - Social care - Demand for Care at Home Services - Publications - Public Health Scotland](#)

Chart 1 illustrates the number of people assessed and waiting for a package of care in Clackmannanshire.

**Number of people assessed and waiting for a care at home package in Clackmannanshire**

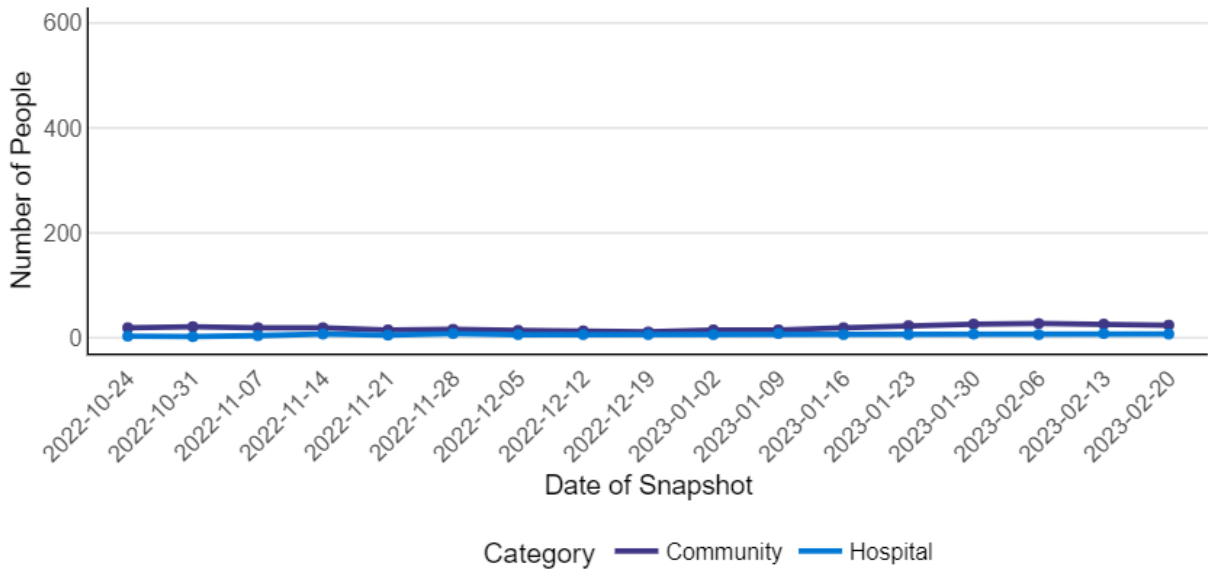


Chart 2 illustrated the number of people waiting for a social care assessment in Clackmannanshire.

**Number of People Waiting for a Social Care Assessment in Clackmannanshire.**

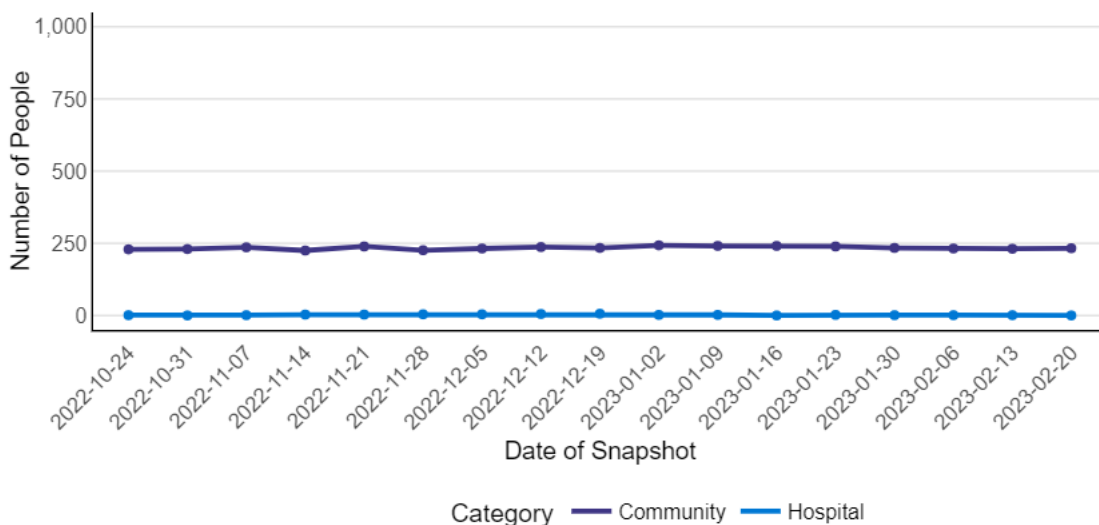


Chart 3 illustrated the number of people waiting for a social care assessment in Stirling.

**Number of People Waiting for a Social Care Assessment in Stirling.**

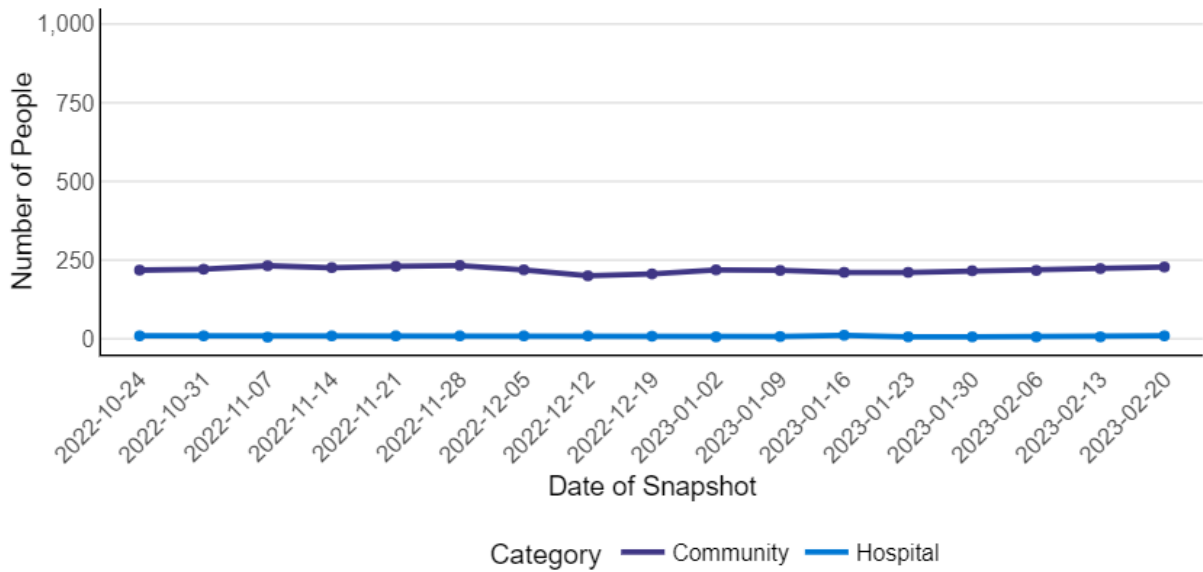
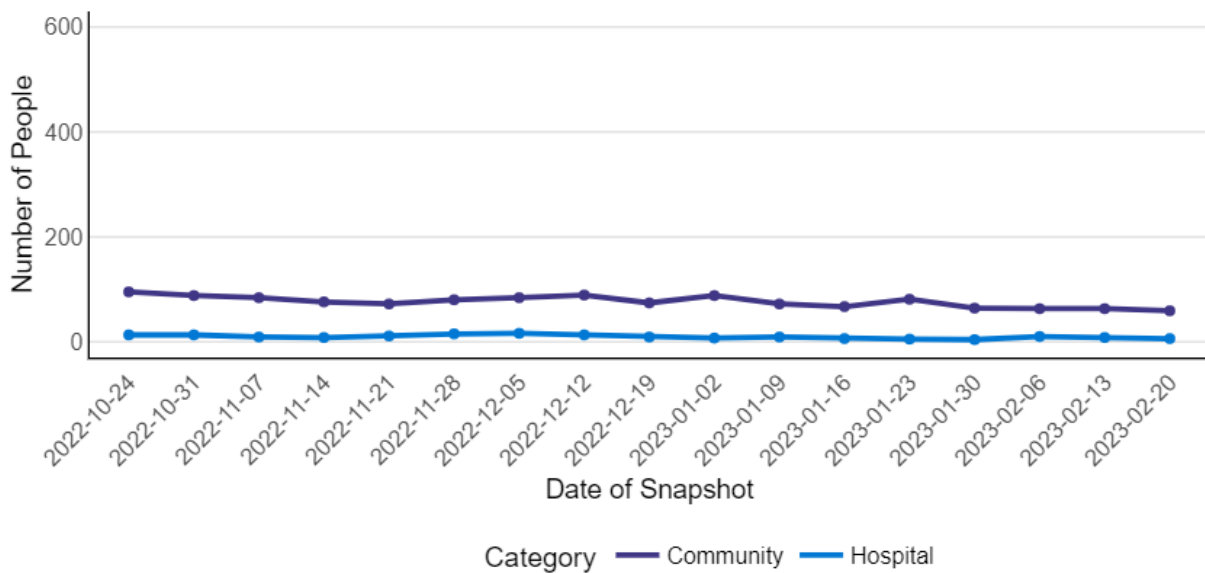


Chart 4 illustrated the number of people assessed and waiting for a care at home package in Stirling.

**Number of people assessed and waiting for a care at home package in Stirling.**

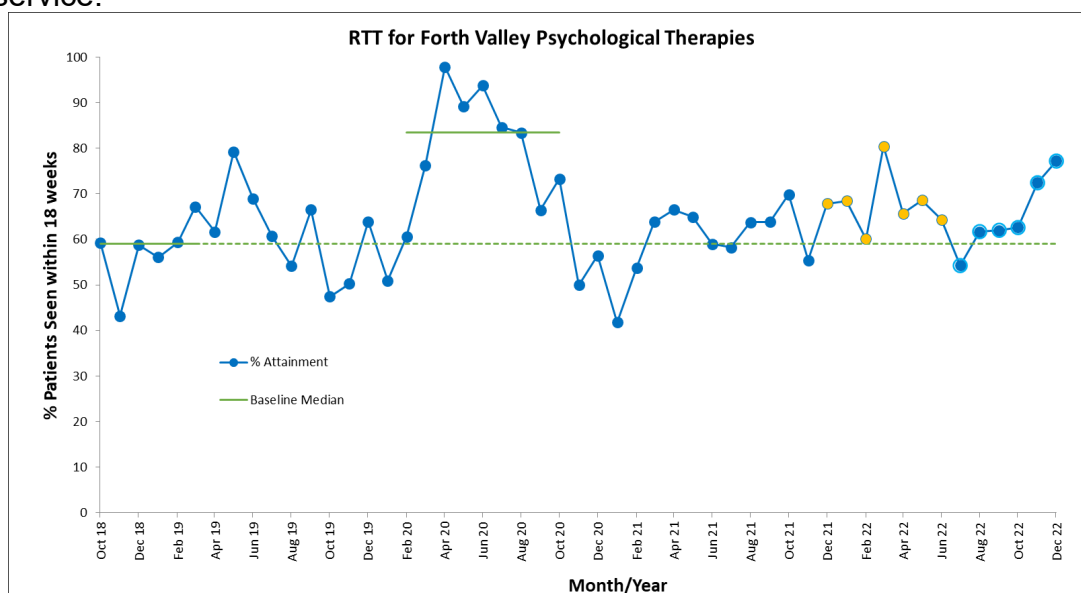


## 6. NHS Forth Valley Escalation and Delegation of Services

- 6.1. Progress has been made on the Improvement Plan developed in response to the escalation can be found on NHS Forth Valleys web page [here<sup>2</sup>](#).
- 6.2. Plans are being made by the NHS Forth Valley Executive Leadership Team to progress an independent review of the implementation of integration by the Health Board. A draft specification and terms of reference have been drawn up and will be progressed through governance meetings within NHS Forth Valley
- 6.3. Service visits by to specialist Mental Health services took place where the Chief Officer was supported by the Clackmannanshire and Stirling Chief Nurse who also has professional responsibilities for Pan Forth Valley Mental Health services. The visits were informative with an opportunity to engage with the workforce and patients. More visits are being planned.

### Psychological Therapies

- 6.4. Psychological therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning.
- 6.5. Achieving the Psychological Therapies Local Delivery Plan (LDP) Standard in Forth Valley has been challenging. Performance is relatively stable at around 60-70%, but sustained improvement has not been achieved. Recent performance has improved slightly, with Q3's Referral to Treatment Time (RTT) of 70.4% being the highest performing quarter this year.
- 6.6. Trajectory modelling, utilising agreed national assumptions and with support from the SG, indicates that additional capacity is required to deliver the LDP Standard, and that with this additional capacity the earliest it can be achieved is Sept/Oct 2023. The chart below illustrates the ongoing performance of the service.



<sup>2</sup> [NHS Forth Valley – Stage 4 Escalation](#)

## **6. Additional Funding for Interim Care Home Bed Moves**

- 6.1. 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. 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 eligible to be placed on or before 31 March 2023.
- 6.2. There is in place a requirement for a weekly return with significant input from across the system; this includes Chief Officers and Chief Executives from all partners bodies across Forth Valley. A request for clarity was made to Scottish Government colleagues as to what the reporting should be. In response, they held two question and answer sessions, then subsequently issued the COSLA guidance note.

## **7. Audit and Risk Committee Membership**

- 7.1. As part of the IJBs governance arrangements the IJBs Audit and Risk Committee includes 2 voting members in its membership. After recent changes in non-voting membership of the Board, an email was issued on 14 February are seeking 2 current non-voting members to join the Audit and Risk Committee.
- 7.2. The Audit and Risk Committee normally meets 4 times per annum and oversees the IJB Governance Frameworks, Audit and Risk Management arrangements and considers the draft and final Annual Accounts before the final audited accounts are presented to the IJB for approval.
- 7.3. Members were asked to forward expressions of interest to Ewan Murray, Chief Finance Officer by 28 February 2023.
- 7.4. As a result of this Narek Bido, Chief Executive of Recovery Scotland has expressed an interest.
- 7.5. The IJB are asked to approve the appointment of Narek Bido, Chief Executive of Recovery Scotland to the Audits and Risk Committee.

## **8. Internal Control Environment Report 2022/2023**

- 8.1. The Internal Control Environment Report for 2022/2023 was issued to key people in NHS Forth Valley. Within this there were implications for the IJB which are being reviewed and will be reported back to the IJB in due course.

## **9. Integration Scheme Review**

- 9.1. IJB members will be aware the process of the Integration Scheme review will

commence soon with capacity support from each constituent authority partners to take forward.

9.2. Regular updates to the IJB will be provided.

## 10. Conclusions

- 10.1. This report provides the Integration Joint Board with updates on key developments.
- 10.2. 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.
- 10.3. 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.
- 10.4. There is a national wellbeing hub established which can be found [here<sup>3</sup>](#).

## 11. Appendices

1 Spring Covid-19 Programme 2023

<b>Fit with Strategic Priorities:</b>	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
<b>Enabling Activities</b>	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒
<b>Implications</b>	
<b>Finance:</b>	None

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

<b>Other Resources:</b>	None
<b>Legal:</b>	There are no legal implications arising from this report.
<b>Risk &amp; mitigation:</b>	There are no risks arising from the content of this report as it is provided for information purposes.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="https://www.gov.scot/resources/consultation-papers/collections/documents/Fairer-Scotland-Duty-guidance-for-public-bodies-2019.pdf">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>



Dear Colleagues,

## SPRING COVID-19 PROGRAMME 2023

We are writing to provide you with further information on the spring COVID-19 vaccination programme 2023.

We would like to begin by thanking you for your hard work in delivering the winter flu and COVID-19 vaccination programme. We understand the challenges faced by health and social care colleagues across Scotland in delivering this. Uptake has once again been exceptionally high, protecting those most vulnerable in the Scottish population.

Given the ongoing presence of COVID-19, it is imperative that we continue to reduce the impact of COVID-19, on those most at risk, through vaccination. As we enter spring, it is important that we build on the success of our previous vaccination programmes. These efforts will help us to prevent ill health in the population and minimise further impact on the NHS and social care services.

### Key Objectives for the Spring 2023 Programme

1. To protect those in society who continue to be most at risk of COVID-19 and prevent severe illness, hospitalisation and death.
2. To encourage individuals to come forward for any outstanding primary doses before changes to the rolling offer begin from 30 June 2023.

**From Chief Medical Officer for  
Scotland**

**Chief Nursing Officer**  
**Chief Pharmaceutical Officer**  
Professor Sir Gregor Smith  
Professor Alex McMahon  
Professor Alison Strath

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14 March 2023

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SGHD/CMO(2023)3

#### **For action**

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Nurse Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery,  
NHS Boards  
Chief Officers of Integration  
Authorities  
Chief Executives, Local Authorities  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
Practice Nurses  
School Nurses  
Immunisation Co-ordinators  
CPHMs  
Scottish Ambulance Service

#### **For information**

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Public Health Scotland  
Chief Executive, Public Health  
Scotland, NHS 24

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#### **Further Enquiries**

Policy Issues  
Covid Policy Team:  
[vaccineoperationaloversight@gov.scot](mailto:vaccineoperationaloversight@gov.scot)

Medical Issues  
Dr Lorna Willocks  
Senior Medical Officer  
St Andrew's House  
[Lorna.Willocks@gov.scot](mailto:Lorna.Willocks@gov.scot)

PGD/Pharmaceutical  
William Malcolm  
Public Health Scotland  
[William.Malcolm@nhs.scot](mailto:William.Malcolm@nhs.scot)

Vaccine Supply Issues  
[nss.vaccineenquiries@nhs.scot](mailto:nss.vaccineenquiries@nhs.scot)

## Spring 2023 booster offer to those at highest risk - Eligibility

3. On the 7 March 2023 the Joint Committee on Vaccination & Immunisation (JCVI) advised that for [spring 2023](#) the following groups should be offered COVID-19 vaccination:

- Residents in care homes for older adults
- All adults aged 75 years and over
- Persons aged 5 to 74 years with a weakened immune system, as set out in the [Green Book, chapter 14a, tables 3 and 4](#)

Further information for the public can be found on [Spring vaccines | NHS inform](#)

## Spring 2023 Booster Programme Age Limits

4. The age cut off for the spring programme is 30 June 2023. If an individual meets the age criteria before the 30 June 2023, they will be eligible for vaccination. The only exception is for children aged 5-11 years with a weakened immune system where the age cut off is 1 April 2023.

## The COVID-19 Primary Rolling Offer

5. The [JCVI interim statement](#) of 25 January signalled a move towards a more targeted offer, during vaccination campaigns, to protect those persons at higher risk of severe COVID-19. Up until the 30 June 2023, anyone who has not received their full primary course (i.e. their first 2 doses, with a possible 3<sup>rd</sup> dose for certain individuals with a weakened immune system) can come forward to receive these. After this date, only those in the following categories may come forward for their primary course during specified programme periods:

- Staff and residents in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book](#)
- persons aged 12 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the [Green Book](#)

After 30 June 2023 5-49 year olds, who do not have any underlying health conditions that make them vulnerable to COVID-19, will no longer be eligible for any COVID-19 vaccination. The only exception to this is if proof of vaccination status is required for international travel or visas. Health Boards are expected to have local mechanisms in place to offer people vaccination under these circumstances.

**Please note** that in order to come forward for the rolling primary offer until 30 June 2023, children who do not have any underlying health conditions that make them vulnerable to COVID-19 must have turned 5 before the 31 August 2022. Those without health conditions who turned 5 after this date are not and have never been eligible for COVID-19 vaccination.

As per previous arrangements, individuals from England, Wales and Northern Ireland undertaking short term stays in Scotland should be offered the spring and primary rolling offer as per the criteria for the Scottish population.

The [JCVI statement of 25 January](#) advised that the initial booster offer for 16 to 49 year olds who are not at higher risk of severe coronavirus, should end in line with the end of the winter 2022 programme. In Scotland the winter programme ends on 31 March 2023. However, if individuals mistakenly come forward believing they are coming forward as part of the end of the rolling primary offer between now and 30 June 2023, but a vaccinator identifies that the person has in fact completed their full primary course, but are missing their 2021 Omicron booster dose or winter 2022 dose, they should be vaccinated with that dose in good faith, which is allowed under the national protocols and national PGDs.

6. Health Boards and onsite prison healthcare services will be delivering vaccination in prisons to those in the spring eligible groups (75 years and over, prisoners with a weakened immune system) and at the same time are expected to identify any prisoners who have not completed their primary course and offer vaccination.
7. The national clinical advisory team (clinical informatics, NSS and PHS) will identify all those newly at risk aged 5-49 years, who have entered this group since the last data refresh of winter 2022. Boards will then be expected to extract all those who have not completed their full primary course (i.e. their 2 first doses) and invite those individuals forward to complete their primary course. Any 5-11 year old identified as newly at risk would be sent a timed appointment. Those newly at risk aged 12-49 years would be sent a prompt to book.
8. The FVCV Operational Team will work with Boards and Maternity Services to identify and encourage forward all those pregnant women who have not yet completed their full primary course and either invite or encourage them forward to complete their primary course.

### **Clinical Referral Route**

9. If an individual knows that they are eligible for vaccination this spring as part of the weakened immune system group, or by virtue of being aged 75 years or older, but they have not been sent an appointment or prompt, they can book via the portal or by calling the helpline.
10. If a person thinks they may be eligible as part of the weakened immune system group, but is unsure, they can call the helpline who will refer them to their local Health Board to ascertain eligibility and bring them forward for vaccination if required. The individual could also contact their GP practice or secondary care clinician who can refer their case through local referral pathways. If GP practices or clinicians are unsure of their local referral pathway, they should contact their local Immunisation Co-ordinator for more information.
11. Clinicians should encourage their patients who have recently entered a clinical risk group and who have not completed their primary course of immunisation, that they are eligible to come forward for vaccination in spring.

12. If a clinician deems one of their patients to be extremely clinically vulnerable and at risk of severe illness outside of the seasonal programmes, they can refer their patient via local referral pathways. This is particularly important for those who receive stem cell transplants, as the immunity of this group is removed through treatment. If a patient believes they are extremely clinically vulnerable and at risk of severe illness outside of the seasonal spring and winter programmes, they should consult their clinician.

### Planning and Delivery

13. The spring programme begins on the 27 March 2023, starting with residents of care homes for older adults and the housebound. Community appointments for those aged 75 years and over will begin on 11 April. The next group to be called will be those with a weakened immune system, whose appointments will begin on 24 April. The newly clinically at risk aged 5-49 years, who have not completed their primary course, will be sent letters, emails or texts, prompting them to book an appointment later in programme.

14. Anyone looking to access the rolling primary offer can come forward at any time, up until 30 June 2023.

15. Health Boards will arrange vaccinations at care homes for older adults and the housebound, at a local level.

16. The table below indicates how we will call forward the different groups during spring. They will be sent their appointment via letter, email or text message, depending on their communication preference:

Age Group	Timed or Prompt	Reschedule / Cancel Option
75 years and over	Timed Appointment	Portal or National Vaccination Helpline
5-11 year olds with a weakened immune system	Timed Appointment	National Vaccination Helpline
12-74 year olds with a weakened immune system who attended their last timed appointment	Timed Appointment	Portal or National Vaccination Helpline
12-74 year olds with a weakened immune system who did not attend their last timed appointment	Prompt to self-book via portal or National Vaccination Helpline	Portal or National Vaccination Helpline
5-11 year olds identified as being newly at risk, who haven't completed their primary course	Timed Appointment	National Vaccination Helpline
12-49 year olds identified as being newly at risk, who haven't completed their primary course	Prompt to self-book via portal or National Vaccination Helpline	Portal or National Vaccination Helpline

17. The spring programme and rolling primary offer will end on 30 June 2023.

## Data & Digital

18. The online booking portal is open to all those aged 12 years of age and over. Individuals need their username to enter the portal, which can be found on previous COVID-19 vaccination letters, emails or texts and will be included in the appointment / prompt letter / email / text. For those who aren't sent a letter, email or text, these individuals will be able to recover their username via the portal or the National Vaccination Helpline.
19. Those aged 5-11 years of age can only reschedule or cancel appointments via the National Vaccination Helpline. Individuals aged 12 years and over can reschedule or cancel appointments via the online portal or the National Vaccination Helpline. This will be reiterated in the appointment / prompt letter, email and text.
20. The National Vaccination Helpline will continue to operate throughout the spring programme, with the following opening hours: Monday–Friday 9am–6pm and Saturday 9am–1pm.
21. As part of our strategy to tackle health inequalities and our duty under the Equality Act 2010, 'ethnicity' is a compulsory field in VMT. This has facilitated more accurate data collection, which has supported targeted interventions to improve vaccination equality within Scotland. We provide guidance for vaccinators completing this field, which can be found on [TURAS](#). Health Boards should ensure that their vaccinators are asking this question every time they are prompted to by VMT.

## Vaccines for Spring 2023

22. JCVI advice on use of vaccines for the spring 2023 programme can be found in their [published statement](#).
23. A full list of vaccines being deployed in Scotland for spring 2023 and the delivery mechanisms can be found in **Annex A**. In summary, we will deploy the following vaccines:
  - Pfizer-BioNTech mRNA (Comirnaty) BA.4-5 bivalent (15/15 micrograms) vaccine: Booster dose for those aged 12 and over.
  - Moderna mRNA (Spikevax) BA.4-5 bivalent (25/25 micrograms) vaccine: Booster dose for those aged 18 years of age and over.
  - Pfizer-BioNTech mRNA (Comirnaty) monovalent vaccine paediatric formulation. Dose: 10 micrograms: Primary and booster dose for those aged 5-11 years of age.
  - Novavax Matrix-M adjuvanted monovalent wild-type vaccine (Nuvaxovid), dose 5 micrograms (spike protein), may be used as a primary dose for persons aged 12 years and over and a booster dose for persons aged 18 years and over, when alternative products are considered not clinically suitable (see the [Green Book](#)).
24. Moderna mRNA (Spikevax) BA.4-5 bivalent vaccine will only be deployed in the following three Health Boards: Greater Glasgow and Clyde, Lothian and Grampian.

25. **Off label use:** the following vaccines will be deployed off-label in line with JCVI advice, as set out in Chapter 14a of the Green Book and in line with local Health Board governance arrangements:
- Pfizer-BioNTech mRNA (Comirnaty) BA.4-5 bivalent (15/15 micrograms) vaccine: off label primary dose for those aged 12 years and over.
  - Moderna mRNA (Spikevax) BA.4-5 bivalent (25/25 micrograms) vaccine: off label primary dose for those aged 18 years and over.
  - Novavax Matrix-M adjuvanted monovalent wild-type vaccine (Nuvaxovid), dose 5 micrograms (spike protein): off label booster dose for those aged 12-17.
26. Please note that all stocks of Novavax in the UK will expire on 31 May 2023. After this date, there will be no Novavax available in the spring programme. Health Boards will work to identify and prioritise those who are eligible for spring vaccination who require Novavax, due to mRNA vaccines not being clinically suitable for them, and bring them forward prior to the stock expiring.
27. **Observation Periods:** According to the Summaries of Product Characteristics, it is recommended that all recipients of the Pfizer BioNTech, Moderna and Novavax vaccines are kept for observation and monitored for a minimum of 15 minutes. In recognition of the need to accelerate delivery of the programme in response to the emergence of the Omicron variant, the UK Chief Medical Officers recommended suspension of this requirement for the two mRNA vaccines (Pfizer BioNTech and Moderna) in both children and adults. The suspension of the observation period in individuals without a history of allergy has since been agreed by the Commission on Human Medicines. The advice to suspend the routine 15 minute observation period therefore applies to all currently available COVID-19 vaccines, including the bivalent mRNA products and the Novavax vaccine.
28. Please note that as per the Green Book Chapter and PGDs, children aged 5-11 years who have commenced immunisation with a paediatric dose of Pfizer BioNTech, who then turn 12 years of age, should complete their primary schedule of vaccination with the paediatric dose (*although the adult/adolescent dose is an acceptable alternative if this is the only supply available*). Boards will need to have processes in place to identify these 12 year olds requiring a paediatric dose from the scheduling files and appoint them to clinics where that vaccine is available.

### **Resources and Communication materials**

29. Communications assets and messaging have been provided to Health Board communications leads and shared with partners. We encourage you to share these through your channels and networks. This includes the 'Ready Reckoner' that will be sent to Boards prior to programme launch. All these materials will be updated as required, reflecting any developments or issues.
30. Invitation letters and leaflets (email/text if digital preference) have been sent to people who are eligible. This includes tailored information for people with a weakened immune system and more information about the COVID-19 vaccine spring booster.

31. The public should be signposted to NHS Inform for up to date information on the vaccination programme: [Spring vaccines | NHS inform](#)

### **Workforce Education**

32. NHS Education for Scotland (NES) and Public Health Scotland (PHS) have worked closely with stakeholders to develop a range of workforce education resources/opportunities for COVID-19 vaccination. These are available on the NHS Education for Scotland TURAS Learn website: [COVID-19 vaccination programme | Turas | Learn \(nhs.scot\)](#)

33. NES / PHS facilitated a webinar on the spring 2023 programme on the 15 March, covering key features including CMO / JCVI guidance and new COVID-19 vaccines. The webinar was recorded and will be placed on the TURASLearn site.

34. In addition, COVID-19 Spring programme vaccine specific resources have been developed and will also be available shortly on the [COVID-19 vaccination programme | Turas | Learn \(nhs.scot\)](#)

We would like to recognise and express our sincere gratitude for your professionalism and continuing support in planning and delivering this important vaccination programme.

Thank you for all your hard work over the winter period and we wish you all the best for the spring 2023 programme.

Yours sincerely,

*Gregor Smith*  
**Chief Medical Officer  
Scotland**

*Alex McMahon*  
**Chief Nursing Officer**

*Alison Strath*  
**Chief Pharmaceutical  
Officer**

## Annex A: Covid Vaccines being deployed for Spring 2023

Programme & Green Book	Supply Team Abbreviation	Licensed Use*	JCVI / Green Book Recommended Use	Spring 2023 Mechanism
Moderna bivalent (Spikevax®) bivalent Original/Omicron BA.4-5 vaccine	Spikevax Bivalent BA.4-5	12+ Booster	18+ Booster 18+ Primary course  Primary course off-label	18+ booster: National Protocol  18+ off label primary course: National PGD
Pfizer BioNTech (Comirnaty) bivalent Original/Omicron BA.4-5	Comirnaty Bivalent BA.4-5	12+ Booster	12+ Booster 12+ Primary course  Primary course off-label	12+ booster: National Protocol  12+ off label primary course: National PGD
Pfizer BioNTech COVID-19 BNT162b2 vaccine (Comirnaty®) 10 micrograms	Comirnaty 10 Concentrate	5-11 Primary dose + booster	5-11 Booster 5-11 Primary course	5-11 booster and primary dose: National PGD
Novavax COVID-19 vaccine (Nuvaxovid®)	Nuvaxovid	12+ Primary course 18+ booster	12+ Booster 12+ Primary dose  (Booster use in 12–17 year olds off-label)	12+ primary dose: National PGD  18+ booster dose: National PGD  12-17 booster dose off label: National PGD

\* More information is available in the individual Summary of Product Characteristics (<https://products.mhra.gov.uk/>)



# Clackmannanshire & Stirling Integration Joint Board

29 March 2023

Agenda Item 8.1

## Financial Report

*For Assurance*

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

<b>Purpose of Report:</b>	To present the IJB with an overview of the partnership financial position and key financial issues for assurance.
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<b>Recommendations:</b>	<p>The IJB is asked to:</p> <ol style="list-style-type: none"> <li>1) Note the 2022/23 projection based on Financial Performance for the first 10 months of the financial year</li> <li>2) Note the significant financial issues and pressures, key assumptions and risks.</li> <li>3) Note the requirement to deploy a degree of resource from the service pressures reserve to bring the Integrated Budget into balance for the year.</li> </ol>
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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.

- 1.7. This report was presented to the Finance and Performance Committee on 1 March 2023.
- 1.8. Should further information be available which materially impacts the IJBs financial position by the date of the meeting a verbal update will be provided by the Chief Finance Officer.

## 2. 2022/23 Projected Out-turn

- 2.1. A set of financial projections have been prepared based on financial performance for the first 10 months of the financial year to 31 January 2023.
- 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 £0.260m as summarised in the table below.



Clackmannanshire & Stirling Health & Social Care Partnership  
 Projections Overview  
 Financial Year 2022-23  
 M10

	Annual Budget £m	Annual Forecast £m	Forecast Variance £m	Movement in Variance £m
<b>Integrated Budget</b>				
Health Services	143.426	145.356	(1.930)	(0.355)
Adult Social Care Total	74.655	72.984	1.671	0.801
<b>Integrated Budget Outturn</b>	<b>218.081</b>	<b>218.341</b>	<b>(0.260)</b>	<b>0.446</b>
Set Aside Budget for Large Hospital Services	31.145	34.128	(2.983)	(0.016)
<b>Partnership Outturn</b>	<b>249.226</b>	<b>252.469</b>	<b>(3.243)</b>	<b>0.431</b>

- 2.3. The financial pressures in relation to the set aside budget have to date been met in full by NHS Forth Valley and continuance of this position was agreed at the IJB of 1 February with an IJB contribution to the costs of the contingency beds at SCH Ward 5 also being agreed.
- 2.4. It would be useful to engage in early discussions on risk share arrangements for 2023/24 at an early stage however financial risk is also a matter that will require consideration as part of the Integration Scheme review scheduled to commence from March 2023.

- 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 exceptional demand related costs. The impact of this is now reflected in the projections above. 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. The IJB Chief Finance Officer continues to defend this position, as discussed at the November IJB meeting. As a result of adverse budget movements, particularly in relation to Family Health Services prescribing this is no longer sufficient to bring the integrated budget fully into balance.
- 2.7. It is therefore proposed that the integrated budget is brought into balance through deployment of £0.260m from the Service Pressures reserve.

### **3. Significant Financial Issues and Pressures**

#### *Set Aside Budget for Large Hospital Services*

- 3.1. The set aside budget is reporting an £2.995m overspend for the first ten months of the financial year and is currently projected to overspend by £2.983m for the year however due to national systems issues the projection has not yet been fully reviewed. 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 10 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.

#### *Integrated Budget*

- 3.3. 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 material financial pressures associated with Learning Disability discharges from Inpatient to alternative community models of care and transitions from Children's 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 with notable increases in relation to Learning Disabilities) 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

3.4. Consolidated out-turn projections are set out in Section 2.2. 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.
- Further increases in demand, complexity and costs of service provision.
- Transitions from Children's' 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.
- 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 and associated use of temporary workforce solutions.

*Family Health Services Prescribing*

- 3.5. Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £3.356m 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 further worsened by £0.392m since the report to the February IJB, with a greater proportion of the overspend being reported in Clackmannanshire & Stirling in comparison to Falkirk. The reasons for this are being further investigated. The drivers for this increase are multi-factorial including inflationary impacts and short supply issues in relation to general pharmaceutical supplies.
- 3.6. 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. A significant increase in average costs and volumes on prescribed items has been observed over recent months illustrating inflationary and other pressures including increases in the short supply of generic drugs meaning higher cost branded items are prescribed more often. There is also no evidence recent changes to national tariffs are accompanied by predicted savings and this matter has been raised nationally. Given the general economic conditions this area of spend will continue to be closely monitored.
- 3.7. A specific presentation on the key issues and drivers of spend in Family Health Services prescribing was delivered to the Finance and Performance Committee on 1 March as agreed at the February IJB meeting. The committee found this very informative and suggested a similar development session for the full IJB membership would be beneficial.

#### 4. Key Assumptions

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- 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 and prescribing costs and volumes over the remainder of the financial year.
  - There can continue to be capacity focussed on progressing the transformation programme to deliver future financial and non-financial benefits and assist with medium to longer term sustainability.

## **5. Covid Reserves, Cost Projections and Considerations**

- 5.1. Scottish Government has requested a Quarter 1, then monthly updates on estimated Covid costs during 2022/23.
- 5.2. These returns form part of wider NHS Board financial returns to Scottish Government and each HSCP within an NHS Board area is required to compile a detailed spreadsheet template. The Chief Finance Officer co-ordinates and oversees the completion of the template drawing on information from across the partnership.
- 5.3. The Quarter 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. The Scottish Government have now reclaimed excess Covid funding per the intention previously notified to the committee and IJB. The reclaim totalled £8.098m and will be dealt with as a negative allocation.
- 5.6. Meantime it is key to continue to focus on eliminating reliance on Covid funding as a matter of urgency.

## **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. This analysis is updated quarterly unless monthly reporting suggests a material change.
- 6.3. Based on financial performance to month 9 it was 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.

## 7. Reserves

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- 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.
- 7.4. Taking account of the reclaim of Covid funding and the other issues set out in this paper a year end reserves balance in the region of £9m-£10m is forecast. As there are still final allocation letters for 2022/23 being received from Scottish Government this may still have an impact on the final earmarked reserves balances. This forecast is based on approximately £2m of the service pressures reserve remaining at 31 March 2023. Deployment of this reserve is considered as part of the 23/24 Initial Revenue Budget.
- 7.5. The key assumptions used for these projections were:
- Covid reserves will be fully expended in year after the negative allocation from Scottish Government to reclaim excess funding.
  - 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.
  - Approximately £2m of the service pressures reserve will remain at 31 March 2023 after commitments are met including winter pressures, balancing the integrated budget based on this projection within this report and meeting a share of the contingency bed costs at Stirling Community Hospital Ward 5.



## 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.
- 9.2. Whilst the projections on the Integrated Budget are projected as being manageable with the resources at the IJBs disposal, including a degree of reliance of reserves, in the current financial year the recurrent financial position

looks increasingly challenging particularly as Covid funding is exhausted. Given levels of uncertainty in relation to both demand and costs there is also significant risk of volatility in the financial projections.

- 9.3. 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 impacts of the COVID-19 and ongoing exceptional demands across the Health and Social Care system.
- 9.4. Meantime, we must continue to pursue delivery of the Transforming Care Programme, delivery of associated efficiency and savings requirements whilst mitigating as far as possible the risks to financial, performance and service sustainability.

## 10. Appendices

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

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
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"/>
<b>Implications</b>	
<b>Finance:</b>	Financial Implications are detailed within the body of the report.
<b>Other Resources:</b>	As detailed within the body of the report.
<b>Legal:</b>	No specific issues highlighted.
<b>Risk &amp; mitigation:</b>	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.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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: <a href="http://www.gov.scot/Publications/2018/03/6918/2">http://www.gov.scot/Publications/2018/03/6918/2</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>

## APPENDIX 1

<b>Clackmannanshire and Stirling IJB Projected Savings Delivery 2022/23</b>				
	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%
<b>Total Integrated Budget</b>	<b>2.024</b>	<b>1.463</b>	<b>(0.561)</b>	<b>72%</b>
<b>Set Aside / Whole System Working</b>	<b>0.628</b>	<b>0.000</b>	<b>0.628</b>	<b>0%</b>
<b>Total Strategic Plan Budget</b>	<b>2.652</b>	<b>1.463</b>	<b>0.067</b>	<b>55%</b>

# Clackmannanshire & Stirling Integration Joint Board

29 March 2023

Agenda Item 8.2

## IJB REVENUE BUDGET 2023/24 'NEEDS LED – RESOURCE BOUND'

*For Approval*

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

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

<b>Purpose of Report:</b>	To present the Integration Joint Board with an initial 2023/24 Revenue Budget for consideration and approval.
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Approve the initial 2023/24 IJB Revenue Budget to support delivery of the Strategic Plan of £243.670m (Section 4.6)</li> <li>2) Note the proposed payments and set aside budget for large hospital services from the constituent authorities and that these are compliant with the terms of the Scottish Budget (Section 4)</li> <li>3) Approve the proposed approach to an initial balanced budget for 2023/24 including deployment of £2m of earmarked reserves (Section 5.4)</li> <li>4) Note the core risk associated with the proposed approach (Section 5.5)</li> <li>5) Agree that further recurrent options to eliminate the reliance on reserves are brought forward during 2023/24 (Section 5.6)</li> <li>6) Note the requirement to develop a single overarching delivery plan and agree that a draft plan is brought to the IJB Finance &amp; Performance Committee in May 2023 (Section 5.10)</li> <li>7) Delegate authority to the Chief Officer and Chief Finance Officer in consultation with the IJB Chair and Vice Chair to consider and approve business cases for 'Invest to Save' proposals and additional management capacity within available resource envelopes. (Sections 5.14 to 5.17)</li> <li>8) Approve the proposal to re-purpose £0.237m of earmarked reserves to support additional management capacity for strategic change (Section 5.16)</li> <li>9) Approve the proposed approach to transformation funding including allocation of funding to support Locality Networks. (Section 6)</li> <li>10) Note the update and risks in relation to the National Care Home Contract and approve an uplift of 4.31%</li> </ol>
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	<p>on Care at Home and Day Care contracts for commissioned services. (Section 8)</p> <p>11) Note the recommendation from the Audit and Risk Committee to approve the Reserves Policy and Strategy (Section 10 and Appendix 1).</p> <p>12) Note the medium term financial outlook for the IJB (Section 11).</p> <p>13) Agree that a substantive update to the IJBs Medium Term Financial Plan is completed and presented to the November 23 IJB meeting (Section 11).</p> <p>14) Delegate authority to the Chief Officer to issue initial directions for 2023/24 (Section 12).</p>
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## 1. Background & Executive Summary

- 1.1. The IJB aims to set a balanced revenue budget for the forthcoming financial year prior to 31 March each year in line with good governance principles and the Ministerial Strategic Group (MSG) proposals on progress with integration.
- 1.2. The revenue budget should be viewed in the context of:
- The long term and sustained impacts of the Covid 19 pandemic including the associated service demand and financial challenges.
  - The partnerships projected 2022/23 financial position including a degree of reliance on Covid consequential funding.
  - The 2023/24 IJB Business Case presented to the IJB at its 1 February 2023 meeting
  - Ongoing significant demand and service pressures across the Health and Social Care System locally and nationally
  - The future projections of increasing demand and complexity as set out in the Strategic Needs Assessment which informs the Strategic Commissioning Plan.
  - The priorities within the 2023/33 Strategic Commissioning Plan presented to the IJB for formal approval alongside this report
  - Partnership performance as demonstrated in the Annual Performance Report and periodic performance reports to the IJB and, in particular, sustained performance on minimising avoidable delays in discharge.
  - The need to continue to further partnership arrangements including the need to undertake an updated self assessment in relation to the Ministerial Strategic Group (MSG) proposals on Progress on Integration and the review of the Integration Scheme
  - The further development of Transforming Care Programme as overseen by the Transforming Care Board that has occurred during 2022/23 including the need to prioritise elements of transformation and modernisation of service delivery which are likely to assist financial sustainability.
  - The complex legislative and organisational environment the IJB operates within, including the uniqueness of a single NHS Board, 2 Local Authority partnership.
  - The requirement for money to lose its identity and investment to be focused on improving outcomes for service users, strategic priorities and achieving best value and improved outcomes from scarce public resources.
  - The extant IJB budget strategy agreed as part of the 21/22 Revenue Budget.
  - The statutory duty to work collaboratively with the Falkirk Health and Social Care Partnership and wider partners as part of the wider Forth Valley and Regional Health and Social Care Systems.
- 1.3. The budget process has followed the national guidance on financial planning for Integration Authorities as in previous years. In line with the partnership's consolidated response to the MSG proposals, this process has developed to more closely align to the national guidance and process set out in the Integration Scheme with the production of an IJB Business Case which was considered by



the Finance and Performance Committee in December 2022 and the IJB at its 1 February 2023 meeting. Constituent authorities were provided with the business case and additional information where available to assist in informing budget allocation considerations by means of letters addressed to Chief Executives from the Chief Officer and Chief Finance Officer.

- 1.4. This budget paper sets out a proposed balanced Initial 2023/24 IJB Revenue Budget for consideration and approval incorporating
  - material updates on issues affecting the financial position of the IJB,
  - an assessment of risk in delivery of savings and efficiency plans.
  
- 1.5. The revenue budget should be considered alongside the 2023/33 Strategic Commissioning Plan including:
  - The vision of ‘ Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities’
  - The proposed Strategic Priorities of
    - Prevention, Early intervention and harm reduction
    - Independent Living through choice and control
    - Care Closer to Home
    - Supporting empowered people and communities; and
    - Reducing loneliness and isolation

## 2. Economic Outlook

- 2.1. As previously advised to both IJB and Finance and Performance Committee via financial and budget updates the economic outlook appears significantly tighter over the medium term which, compounded by high inflation and resultant pressure for increased pay and uplifts on contractual inflation. Although the IJB itself does not hold assets we must also be cognisant that the costs to the constituent authorities of the physical assets we deliver services from has also increased significantly e.g. increased energy prices.
  
- 2.2. The Scottish Government published spending review in May 2022 which forecast the following outlooks for Local Government and Health & Social Care which form the funding environment for the IJB
  - Flat cash funding for local government to 2025/26 with an increase of £100m in 2026/27
  - An average 2.66% per annum increase for the Health and Social Care Portfolio from 2022/23 to 2026/27 including reference to policy approaches including establishment of a National Care Service, increase in social care investment and investing in quality community care including Primary Care and the National Drugs Mission.

Given longer term trend in demand increases for Health and Social Care is in the region of 4% per annum (source Scottish Government: Medium Term Health and Social Care Financial Framework October 2018) this set a context

where demand is likely to outstrip resources and transformation and reform is required in order for service and financial sustainability.

- 2.3. At the time of writing the Scottish Governments approach to establishing a National Care Service remains unclear, with the Bill process paused, and this paper does not seek to comment or speculate on this further.
- 2.4. The Chancellor of the Exchequer presented a UK Spring Budget to parliament on 15 March 2023 aligned to aims to reduce inflation and increase productivity and workforce capacity.
- 2.5. The budget was accompanied by updated economic projections from the Office of Budget Responsibility (OBR) however the budget was silent in relation to public sector pay. At the time of writing the full implications of the Spring Budget on the Scottish Budget and the Scottish Governments intended approach with respect to any implications for the Scottish Block Grant were not yet clear. However, no material impacts on the resource envelope available for the IJBs budget are envisaged at this point.
- 2.6. Finance reports and budget updates to the IJB during the year will continue to include updates in respect of the economic outlook at both UK and Scotland levels.

### **3. IJB Budget Strategy**

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- 3.1. The IJB agreed a revision to the budget strategy as part of the 2021/22 Revenue Budget considerations. This has been further discussed with the Finance and Performance Committee with respect to 2023/24 budget and the Committee endorsed that the key elements of the current budget strategy should remain. These being:
- i. To achieve a breakeven position on the revenue budget on an annual basis
  - ii. To invest Transformation Funding in supporting the Transforming Care Programme and subject to achievement of i) not require to deploy transformation funding to offset operational overspends
  - iii. To operate a prudential, risk based reserves policy and strategy and aim to hold contingency or general reserves of 1% of budgeted expenditure.
- 3.2. The proposed approach to reserves policy and strategy is set out at section 10 of this paper with the proposed reserves policy and strategy appended to this paper at Appendix 1.

### **4. 2022/24 IJB Revenue Budget: Proposed Payments and Set Aside Budget for Large Hospital Services**

- 4.1. The IJB Business Case presented to the February IJB set out the minimum requirements for NHS Boards and Local Government in terms of payments and set aside budget to the IJB for 2023/24 financial year to comply with the terms of the Scottish Budget.
- 4.2. The requirements of the Scottish Budget in terms of payments and set aside budget to IJBs are as follows:
- NHS Board payments to IJBs must deliver a minimum uplift of 2% over 2022/23 plus a share of additional pay funding
  - The Health and Social care Portfolio will transfer additional funding of £95m to the Local Government portfolio including provision for the increase in the Scottish Living Wage to £10.90 per hour.
  - Local Authority social care budgets for allocation to IJBs must be a minimum of £95m greater than 2022/23 recurring budgets.

Stirling and Clackmannanshire Councils set their budgets on 2 and 9 March respectively. NHS Forth Valley will set their budget before the end of March. To comply with the terms of the Integration Scheme the Health Board Director of Finance has written to the Chief Finance Officer with the proposed payment and set aside budget to the IJB after agreeing internal governance arrangements via the NHS Boards Performance and Resources Committee.

Payment from Clackmannanshire Council

- 4.3. Clackmannanshire Council set its budget on 9 March 2023.

The proposed payment to the IJB is £25.269m based on

22/23 Recurrent Budget	£25.167m
Less: Non Recurrent Interim Care Funding	£ 0.180m
Add: Social Work Workforce Capacity	£ 0.212m
Add: Personal & Nursing Care Allowances	£ 0.070m
<b>Total Per Council Budget Paper</b>	<b>£25.269m</b>

The share of £100m for the increase in the Scottish Real Living Wage to £10.90 per hour requires to be added to the payment when formally confirmed to the council.

In order to present a consistent position within this budget paper the indicative allocation for this of £0.940m has been used bringing the proposed payment from Clackmannanshire Council to **£26.209m** for 2023/24.

Currently there is no proposal from the Council to pass a share of the additional funding towards the 22/23 pay award for SJC staff in Adult Social Care to the IJB. This not a specific requirement of the 23/24 Scottish Budget.

The council's proposed payment is in line with the requirements of the Scottish Budget.

Payment from Stirling Council

- 4.4. Stirling Council set its budget on 2 March 2023.

The proposed payment to the IJB per the Council Budget paper was

22/23 Recurrent Budget	£49.135m
Less: Non Recurrent Interim Care Funding	£ 0.336m
Add: Personal & Nursing Care Allowances	£ 0.415m
Add: Real Living Wage Indicative Allocation	£ 1.660m
<b>Total Per Council Budget Paper</b>	<b>£50.874m</b>

In addition to the above council officers have confirmed adjustment to the 22/23 Budget for share of the additional Scottish Government funding towards the 22/23 SJC pay award of £0.354m bringing the proposed payment to the IJB to £51.228m. The baseline budget also includes social care workforce capacity funding (£0.370m) which is shown separately in Clackmannanshire Council payment. Any difference is purely presentational and the IJB payments are shown in format used in Council budget papers to allow an easy audit trail.

The council's proposed payment is in line with the requirements of the Scottish Budget.

Minimum Payment and Set Aside Budget for Large Hospital Services from NHS Forth Valley

- 4.5. NHS Forth Valley will consider its budget for 2022/23 on 28 March 2023. The proposed payment and set aside budget for large hospital services was detailed by the Director of Finance on 28 February as incorporated within papers to the NHS Boards Performance and Resources Committee.

Category	
Set Aside	28.644
Operational budgets	39.196
Universal budgets (Prescribing / Family Health Services)	34.340
Integration Funding (Pass Through)	9.122
Transformation Funding	3.338
	114.640
2.0% Core Uplift	2.293
Universal Funding outwith recurrent baseline	49.300
<b>Total Initial Budget 2023/24</b>	<b>166.233</b>
<i>22/23 A4C budget uplift outstanding pending receipt of the allocation</i>	

The proposed payment above requires to be further adjusted for the further funding provided by Scottish Government for the Agenda for Change pay award in 22/23. The allocation letter for this was received on 8<sup>th</sup> March and at the time of writing work was ongoing in reconciling allocations between delegated and non-delegated NHS functions.

The proposed payment and set aside budget is in line with the minimum terms of the Scottish Budget.

Specific additional policy allocations such as for Mental Health Action 15, Primary Care Improvement Plan and Alcohol and Drugs Partnership (ADP) relating to delegated functions of the IJB will require to be added to the above when allocation letters are received. Scottish Government have committed to issuing these as early as possible in 23/24 as it envisaged clarity will be in place by the end of Quarter 1. A further update will therefore be incorporated in the financial reports to the Finance and Performance Committee and IJB in due course.

2022/23 Baseline Partnership Strategic Plan Budget

- 4.6. The corollary of the above is summarised in the table below resulting in a total initial partnership budget to support delivery of the Strategic Plan of £243.670m. The comparable figure for 22/23 was £228.822m

<b>Clackmannanshire &amp; Stirling Integration Joint Board Initial Strategic Plan Budget 2023/24</b>	
	£m
<b>Set Aside Budget for Large Hospital Services</b>	<b>29.217</b>
<u>Integrated Budget</u>	
Payment from Clackmannanshire Council	26.209
Payment from Stirling Council	51.228
Payment from NHS Forth Valley	137.016
<b>Sub Total Integrated Budget</b>	<b>214.453</b>
<b>Total Initial Strategic Plan Budget 2023/24</b>	<b>243.670</b>

## 5. Budget Considerations, the Transforming Care Programme and Meeting the Budget Gap

- 5.1. The budget gap estimated within the IJB Business Case presented initially to the Finance and Performance Committee in December then as updated to the IJB on 1 February was estimated at £7.018m on the Integrated Budget. Taking into account the proposed payments set out in this paper the budget gap is now estimated at £6.392m on the Integrated Budget and £3.074m on the Set Aside Budget for Large Hospital Services.

The methodology used in the IJB Business Case is as defined within the Integration Scheme which itself draws on national finance guidance for Integration Authorities.

The core assumptions used are below along with a RAG (Red/Amber/Green) assessment of current risk:

Local Government Pay 2% (R)

NHS Agenda for Change Pay >2% funded (G)

Provider Inflation including impact of increase in Scottish Real Living Wage

National Care Home Contract –per 22/23 (A)

Care @ Home – 4.31% (A)

General Inflation Falls per OBR Projection @ Dec 22 (G) – March 22 CPI Projection 6.1%

Demand increase is per longer term trends c4% (A)

Prescribing Cost and Volumes increase @ 5.5% (A)  
 Covid Costs are eliminated (R)  
 Costs Pressure are managed with available resources (A)  
 Required Savings and Efficiency Programmes are delivered (R)

- 5.2. An option to approach the budget gap on the basis of 50% Efficiency and Transformation Approaches and 50% Service and Policy Options was debated the IJB at its 1 February meeting and the proposal was not supported.
- 5.3. A revised proposal based on a degree of non-recurrent deployment of IJB Reserves and a very challenging stretch target for efficiency and transformation approaches supported by targeted 'invest to save' investments was discussed in detail with the IJB Finance and Performance Committee on 1 March. After challenge and debate the IJB Finance and Performance Committee endorsed the proposed approach. Further to this, and as agreed at the 1 February IJB meeting a budget seminar was held with IJB members on 10 March 2023 to present and allow an opportunity for discussion on the proposed approach. The presentation used was also shared with IJB members who were not able to attend the development session.
- 5.4. The proposed approach in relation to the Integrated Budget is predicated on utilising the £2m estimated balance remaining at 31 March 2023 of the service pressures earmarked reserve established in the 2022/23 budget from the Health and Social Care Winter Plan allocations received in 2021/22 to support presentation of an initial balanced budget for 2023/24.

This proposed approach is summarised in the table below.

**Proposed Approach to Initial 2023/24 IJB Budget**

	£m
Revised Estimated Budget Gap per presentation to F&P Committee 1 March	<u>6.392</u>

**Met By:**

	£m
Estimated Balance of Service Pressures Reserve @ 31 March 2023	2.000
Efficiency and Transformation Plan	<u>4.392</u>
<b>Total</b>	<u><u>6.392</u></u>

- 5.5. The risks associated with this approach were discussed extensively by committee including the core risk that the reliance of non recurrent reserves increases the budget gap into 2024/25.
- 5.6. This proposed approach is therefore contingent on the concept of an initial budget and the need to bring forward further options for consideration to reduce the recurrent budget gap during 2023/24. The IJB are asked to specifically request that such options are brought forward for consideration initially to the Finance and Performance Committee then the IJB during the financial year with the aim to replace the reliance on reserves with recurrent measures.

- 5.7. The balance of the financial gap to deliver a balanced budget requires an ambitious savings and efficiency programme aligned to the 2023/33 Strategic Priorities of £4.392m in relation to the Integrated Budget and £3.074mm in relation to the Set Aside Budget for Large Hospital Services. Considering this within the context of a Health and Social system under enduring and significant pressures, no further Covid funding support and ongoing high inflationary pressures this is a very significant challenge.
- 5.8. Work continues to identify, risk assess and deliver the required savings across 3 broad thematics.
- Operational Grip and Control
  - Strategic Approaches: and
  - Policy Options
- 5.9. These approaches require to be accompanied by strong delivery planning and close monitoring to ensure progress, identify and mitigate risk where possible. There is also a need to closely monitor the balance between financial and non-financial performance.
- 5.10. To this end a single overarching delivery plan to align the Strategic Commissioning Plan, Financial Plan, Transforming Care Programme and Operation Planning is required. Whilst, in the short term this is another urgent task requiring significant management input and focus it is envisaged it will have the benefit of rationalising the number of plans currently in existence and also give a key focus for partnership activities to coalesce around. It is envisaged that a draft delivery plan can be presented to the Finance and Performance Committee meeting in May.
- 5.11. In order to better support the above including reporting to the IJB and its committees the Chief Officer and Chief Finance Officer intend to establish an Operational Performance Board to improve oversight of performance (financial and non-financial) of delegated integration functions. The capacity and ability to do this is partially dependent on the recommendation at Section 5.16 of this report. It is also, however, dependent on effective support services from the constituent authorities per the terms of the integration scheme.
- 5.12. Appendix 2 to this report details, with a risk assessment, the savings and efficiency programmes proposed to support delivery of an initial balanced revenue budget. As can be observed there is significant risk to delivery of the required savings whilst maintaining service safety, meeting statutory requirements and delivering adequate partnership performance including, not exclusively delayed discharge performance. Ultimately, the IJB is responsible for allocation of resources and can only allocate the resources at its disposal.
- 5.13. Given the ambition of the plan and stretch targets in terms of savings delivery there is need to consider additional support requirement to deliver including management and expert capacity and targeted 'invest to save' proposals.



- 5.14. The IJB established an invest to save earmarked reserve in 22/23 of £0.250m which remains intact. It is proposed to top this up to £0.500m from the transformation earmarked reserve to support the following priorities.

Localities Review Team	£0.250m
Pharmacy Capacity to Support Care Home and Non Medical Prescribing Elements of Medicines Optimisation Programme in Partnership with NHS Forth Valley and Falkirk IJB	£0.250m

- 5.15. A third strand of invest to save is to support the work associated with the Learning Disability Coming Home report including review of Out of Area Placements. Resources were previously allocated by Scottish Government to support this and a balance of £0.506m within the associated earmarked reserve is projected at 31 March 2023. A business case is being prepared for a review team to deliver this programme over an 18 month period broadly falling evenly over 23/24 and 24/25. Representation has been made to Scottish Government to support this programme as the current expectation is that the funding will be utilised by 31 March 2024.
- 5.16. The final strand of proposed targeted investment to support delivery of the plan is additional management capacity. This was discussed in detail with the IJB Finance and Performance committee who were broadly supportive and with IJB at the budget seminar on 10 March. It is proposed that in order to support £0.237m of earmarked reserves not required for its earmarked purpose (prior year allocation for Living Wage in excess of funding required) is repurposed to support additional management capacity to deliver strategic change.
- 5.17. Business cases for the above are being finalised and the IJB is asked to delegate authority to the Chief Officer and Chief Finance Officer in consultation with the IJB Chair and Vice Chair to consider and approve the business cases within the resource envelopes stated above.

## **6. Transforming Care Programme & Transformation Funding**

### *Transforming Care Programme & Board*

- 6.1. Whilst the partnership has continued to apply as much focus to the Transforming Care Programme over the course of the past 3 years whilst managing the impacts of the Covid-19 pandemic alongside ongoing and enduring significant service pressures there is a need to focus transformation and modernisation in a way which prioritises financial and service sustainability. This also requires to be aligned to the Strategic Commissioning Plan priorities for the next ten years.
- 6.2. The Transforming Care Board continues to function and is sequenced with Finance and Performance Committee and IJB meetings. The proposed additional management capacity will assist in driving a refreshed transforming care programme aligned to a single overarching delivery plan as referenced elsewhere in this report.

### *Transformation Funding*

- 6.3. The IJB agreed a transformation funding investment programme as part of the 2022/23 Revenue Budget.
- 6.4. As we refresh the programme the deployment of funding will also require to be reviewed based on strategic alignment and evidence of impact including improving outcomes. This is likely to include further consideration of disinvestment in due course.
- 6.5. Given the overall financial risk to the partnership no additional investments proposals against transformation funding are brought forward at this point in time other than the establishment and growing maturity of our Locality Networks does require some funding to be allocated to cover costs and provide some seed funding for the localities to operate effectively. This is common in other partnerships and it is proposed to allocate an initial amount of £10,000 to each locality for 2023/24. The chairs of the Locality Networks have sought clarity on this issue and this is an opportune point to provide this.
- 6.6. Our transformation funding also supports a significant degree of the posts which form the infrastructure of the partnership including the posts agreed as part of considerations over the past 2 financial years such as Self Directed Support Lead, Planning and Performance Officers as well as longer established posts such as the OD Advisor and Business Support posts. These posts will cost £0.926m in financial year 2023/24 and this is not really transformation. Therefore it is proposed that these posts (costs and funding) are reallocated to relevant operational budgets. This leaves a transformation funding allocation of £2.478m to continue to be viewed and monitored as transformation funding.
- 6.7. There are £2.166m of existing commitments against this and an uncommitted recurrent balance of £0.312m. It is proposed that this is held against the risk of delivery of the revenue budget at this point in time.
- 6.8. The IJB is asked to approve the proposed approach in relation to transformation funding and the allocations to support the operation and further development of the Locality Networks.

## **7. Set Aside Budget for Large Hospital Services**

- 7.1. IJBs and Health Boards are required to fully implement set aside arrangements in line with the Guidance on Financial Planning for Large Hospital Services and Hosted Services, published by the Scottish Government and the consolidated partnership response to the Ministerial Steering Group proposals. The pandemic and ongoing significant and enduring service pressures have significantly impacted the work to do this.
- 7.2. An update to the financial model to incorporate Senior Medical Funding in the set aside quantum of funding was completed for the 22/23 budget.
- 7.3. Further work is still required in developing an activity and cost model to fully comply with the legislation and guidance referred to above in respect of set

aside. This work requires to be aligned to the pan Forth Valley escalation improvement plan and an updated self assessment on progress in relation to the Ministerial Strategic Group proposals on progress with integration. As part of this a revised date for completion requires to be agreed. This is dependent on capacity in information services, performance and finance.

- 7.4. Meantime, it is imperative collegiate whole system working continues to identify opportunities to safely mitigate the financial pressures associated with the set aside budget.
- 7.5. It is critical that energies are focussed on developing whole system solutions to the service and financial challenges around the unscheduled care pathway and set aside budget. The current position is unsustainable in the future. These challenges are complex and multi-factorial, and require considerable collaborative efforts anchored to our Strategic Priorities and National Health and Well Being Outcomes. It is also envisaged that pan Forth Valley Cost Improvement approaches aligned to the NHS Boards Cost Improvement Programme will aide reduction in the projected costs for set aside services. However the constraints on overall resources including the requirement for the Health and Social Care partnership to deliver services within resources allocated by the IJB pose a significant risk to whole system safety, performance and sustainability.
- 7.6. The savings requirement to balance the Set Aside budget for 2023/24 is estimated to be £3.074m.
- 7.7. As the set aside work is reviewed and develops and reports recommendations to inform decision making, it will become more apparent where cost avoidance, through improved patient flow and bed management, can be achieved. However, at this stage, it is currently viewed that financial balance within the Set Aside budget is assessed as high risk.
- 7.8. Risk sharing arrangements for the Set Aside budget will also require further discussion as part of the review of the Integration Scheme.

## **8. National Care Home Contract (NCHC) Update and Contract Uplifts for Care at Home and Day-care Providers**

### National Care Home Contract (NCHC)

- 8.1. At the time of writing negotiations in respect of the NCHC for 2023/24 are ongoing. An offer has been made to the sector with a mandate agreed through COSLA leaders however it is understood this offer is likely to be rejected. A mandate is also in place to make an interim offer to pass through the element relating to the uplift of the Scottish Real Living Wage.
- 8.2. The estimates within this paper are based on the 22/23 settlement. It is understood the sector are seeking a materially higher offer than has been made.

- 8.3. Until a contract settlement for 2023/24 has been reached with the sector there is a risk that the estimates used within this budget paper are materially different to the cost of a negotiated settlement.

Care at Home and Day-care Providers & Option 1 & 2 Self Directed Support Rates

- 8.4. The estimates used for this budget paper reflect the estimated costs of required increases to rates to ensure providers can pay a minimum of £10.90 per hour for commissioned Adult Social Care services from April 2023.
- 8.5. The inflation assumption used in the IJB Business Case is based on the above and projected 2023 inflation per the December OBR forecasts of 7.4% giving an overall uplift of 4.31%. The IJB are asked to approve this uplift being applied from 10 April 2023 meeting the requirements to uplift in April and coinciding with the uprating of benefits from that date.
- 8.6. It is currently anticipated this can be achieved across our Scotland Excel (SXL) Care and Support contracts and contracts outwith the SXL framework.
- 8.7. In relation to SDS Option 1 & 2 the HSCP Senior Leadership Team recently agreed that hourly rate caps be set at the top of group 2 Care at Home rates. These rates will also increase by 4.31% from April 2023 to match uplifts to Care at Home and maintain an equitable approach.
- 8.8. Whilst there are financial resources in the local government settlement to cover the costs of these increases largely driven by the Scottish Living Wage across both the NCHC and Care at Home and Day-care providers we continue to observe multiple challenges in relation to sustainability across the sectors which is pushing the average cost of commissioned care further upwards. We continue to work closely with the sector locally and nationally to monitor the impacts of this, both financially and non-financially.

**9. Directions**

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- 9.1. As previously reported to the IJB, updated guidance on directions were published by Scottish Government on 27 January 2020.
- 9.2. The IJB approved a revised Directions policy in September 2021 aligned to the Scottish Government guidance with the caveat that the implementation of the policy be proportionate and not unnecessarily bureaucratic or overly consuming of management capacity.
- 9.3. Implementation of the revised directions policy was not achieved for 2022/23 for multiple reasons including ongoing service pressures.
- 9.4. There is still further work to do in implementing the directions policy and a suggested proportionate and pragmatic approach would be to align this to Strategic Commissioning Plan priorities and the single delivery plan.

- 9.5. Therefore Board is asked to delegate authority to the Chief Officer to issue initial directions to the constituent authorities for 2023/24 with a further update on the approach being reported to the May Finance and Performance Committee and June IJB meetings.

## **10. Reserves Strategy & Projected Reserves Position at 31 March 2022**

- 10.1. The opening reserves position of the IJB @ 1 April 2022 (as revised for adjustments made in final 21/22 IJB Annual Accounts) was £28.248m consisting of £3.323m of contingency reserves, £12.999m of Earmarked Covid Reserves and £11.96m of other reserves earmarked for specific purposes.

### *Review of Reserves Policy*

- 10.2. The IJB approved a reserves policy and strategy at its September 2021 meeting based on CIPFA Guidance contained in LAAP Bulletin 55 'Guidance Not on Local Authority Reserves and Balances'. For clarity IJBs are required to account for public resources based on Local Authority Regulations. Further consideration of reserves was considered within the 2022/23 Revenue Budget.
- 10.3. The reserves policy and strategy was reviewed by the IJB Audit and Risk Committee on 8 March 2023.
- 10.4. Subject to ongoing review and developing understanding of the requirements to hold reserves including financial risk and funding flows the Audit and Risk Committee agreed to recommend the reserves strategy and policy to the IJB.
- 10.5. The reserves policy and strategy is largely unchanged from previous and the key elements are:
- A prudential reserves target of 2.5% of budgeted expenditure: and
  - A minimum general or contingency reserves level of 1% of budgeted expenditure
- 10.6. It is envisaged that reserves will fall to this level over the course of 2023/24 subject to achievement of the savings and efficiency plans within this budget. Should this plan fail there is a risk that general reserves will fall below significantly.
- 10.7. The reserves policy and strategy is appended at Appendix 1 to this report.

### *Projected Reserves at 31 March 2023*

- 10.8. Based on best current information projected reserves at 31 March 2023 are illustrated in the table below. As final allocation letters for key Scottish Government policy areas are still being received and analysed it is possible this will further impact reserves levels at the year end. A final reserves total of in the region of £11m is therefore possible.

**Projected Reserves at 31 March 2023**

	£m
<b>General / Contingency Reserves</b>	<u><b>3.323</b></u>
<b>Earmarked Reserves</b>	
Covid	0.000
Service Pressures	2.000
Transformation	1.470
Leadership Fund	0.468
Invest to Save	0.250
Community Living Fund	0.506
Scottish Living Wage (Prior Year)	0.237
MDT Reserves	0.700
Other Earmarked Reserves	<u>1.329</u>
<b>Total Projected Earmarked Reserves</b>	<u><b>6.961</b></u>
<b>Total Projected Reserves @ 31 March 2023</b>	<u><u><b>10.284</b></u></u>

## 11. Medium Term Financial Outlook for IJB

- 11.1. An initial 10 year financial outlook was prepared and discussed with the Finance and Performance Committee in October and December 2022. This aligned with the lifecycle of the 2023/2033 Strategic Commissioning Plan.
- 11.2. Given the level of uncertainty given single year settlements from UK and Scottish Governments a high level 5 year outlook for the financial challenge facing the IJB is considered more informative.
- 11.3. Aligned to national financial planning assumptions in relation to the Health and Social Care Portfolio and an assumption that funding will continue to provided for increases to the Scottish Living Wage indicates a total savings requirement of just over £34m over the 5 years including the savings required to close the gap on the 23/24 Revenue Budget as detailed within this paper.
- 11.4. As mentioned elsewhere in this paper a more in depth review of the Medium Term Financial Plan will be undertaken later in the year. Meantime the table below details the projected high level financial gap over the coming 5 years. Whilst these figures paint a concerning outlook they also strengthen the case to ensure financial deficits do not build further into future financial years.

<b>Clackmannanshire &amp; Stirling Health and Social Care Partnership</b>					
<b>Future Savings Requirements Scenario Based on Financial Planning Horizons - 5 year outlook</b>					
	Savings Requirement				
	23/24	24/25	25/26	26/27	27/28
Est Savings Requirement (%)		5%	5%	5%	3%
Inflation Assumption		2%	2%	2%	2%
Set Aside	£m	£m	£m	£m	£m
- In Year	0.106	1.490	1.520	1.550	0.949
- Cumulative	3.074	4.564	6.084	7.634	8.583
Integrated Budget (Net)	£m	£m	£m	£m	£m
- In Year	4.432	5.454	5.563	5.674	2.347
- Cumulative	6.392	11.846	17.409	23.083	25.430
Totals (Strategic Plan Budget)	£m	£m	£m	£m	£m
- In Year	4.538	6.944	7.083	7.224	3.296
- Cumulative	9.466	16.410	23.493	30.717	34.013

## 12. Key Risks

- 12.1. Financial Resilience is a risk recorded on the IJBs Strategic Risk Register (SRR). It is normal practice that this risk is reviewed both periodically as part of routine review of the SRR and annually based on the risk associated with the review budget. The SRR was scrutinised by the Audit and Risk Committee on 8 March. At this point was rated as high risk with a score of likelihood (5) x Impact (4) of 20 out of a potential highest risk score of 25. The level of risk articulated in this report suggests consideration of the risk being raised to its highest level of 25 at this point.

12.2. Both the direct and indirect impacts of Covid continue to pose significant risk to our local communities, society, the services we provide, the partnership budget and the wider economy. The economic impact of Covid19 will continue to be felt over both the short and medium to longer term.

12.3. The key risks in relation to the considerations set out in this budget are:

- The level of financial resources available to support delivery of the Strategic Commissioning Plan and provide Health and Social Care Services to those in need within the partnership population.
- Ongoing high inflation and the impact on cost of service provision.
- Availability of workforce, reliance on and costs of use of temporary workforce solutions
- Levels of uncertainty in relation to both service demand, costs and resources.
- The growing demand and complexity of service delivery coupled with ongoing constraints in public expenditure is both a financial and service risk in terms of key partnership performance areas, such as delayed discharge
- The absence of any specific Covid funding support in 2023/24 and future years and associated risk that some Covid driven costs continue without a funding source.
- The risk that planning assumptions made are materially different from outcomes.
- The risk that demand for and cost of services is materially different from assumptions.
- Risks associated with recruitment, retention and resilience of the workforce. This includes the workforce of commissioned service providers as well as workforce directly employed by the constituent authorities.
- The risk that the National Care Home Contract fails and wider sustainability risks in the social care provider market.
- The risk that sufficient acceptable options to reduce the recurrent deficit bridged through deployment of reserves cannot be found and brought forward and the recurrent deficit grows rather than reduces.
- The risk that adequate savings and efficiency programmes cannot be delivered to balance the partnership budget.
- The risk that adequate management capacity cannot be focussed on delivering strategic change, transformation and efficiency programmes.
- Risks associated with future policy decisions and direction from Scottish Government including risk of increasing public expectation and demand for services.
- The risk of unforeseen circumstances with significant cost implications.
- The risks that the Primary Care Improvement Plan and the GP Contract as defined in Memorandum of Understanding 2 (MOU2) and associated regulations cannot be delivered within allocated resources from Scottish Government and this has additional cost implications.
- The risk there is insufficient resources to provide assurance that statutory responsibilities in relation to integration functions (as defined in the Integration Scheme) cannot all continue to be fulfilled. In response to



discussion at the budget seminar the relevant extract from the Integration Scheme is provided at Appendix 3.

### 13. Conclusions

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- 13.1. The 2023/24 Revenue Budget presented to the IJB for approval today is anchored within the most challenging set of circumstances the IJB has seen since its establishment with economic turbulence, high inflation, workforce constraints, very constrained resources and enduring pressure across the whole Health and Social Care system.
- 13.2. There is significant complexity and uncertainty within the budget considerations and close control, monitoring and reporting will be vital across the coming financial year. As such it is important to consider this budget as an initial position allowing the IJB to set a balanced initial budget for 2023/24. Whilst the deployment of £2m of reserves protects service delivery to a degree it can only be viewed as a bridging whilst further options are considered and presented. None of these will be easy or without risk.
- 13.3. Continuing to maintain and gain further momentum on the Transforming Care Programme and untapping the opportunities of collegiate whole system working more critical than ever at this point in order to increase likelihood of achieving sustainable service solutions across the Health and Social Care system. It is highly likely the medium term will continue to be extremely challenging in terms of demand, costs and resource constraints.
- 13.4. We will also require to keep a watching brief on the policy landscape and work with partners and Scottish Government to co-design sustainable policy approaches given the status quo is increasingly unsustainable. National officer networks and Health and Social Care Scotland as an umbrella organisation can provide useful avenues to pursue this. It is also understood the Scottish Government will publish a refreshed Medium Term Financial Framework for Health and Social Care later in 2023. It is the intention to undertake a substantive review of the IJBs Medium Term Financial Plan post publication of this document by Scottish Government.
- 13.5. It is key that the way these challenges are addressed include ongoing participation, engagement, co-design and co-production with stakeholders and communities along with progress on locality planning and continued development of the role of the Strategic Planning Group and Locality Networks are integral to this.
- 13.6. Should financial performance and projections at Quarter 1 of 2023/24 indicate a material projected overspend a financial recovery plan will require to be prepared and presented to the IJB in line with the terms of the Integration Scheme.

## 14. Appendices

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Appendix 1 – Reserves Strategy and Policy

Appendix 2 – Summary and Risk Assessment of Efficiency and Savings Programmes

Appendix 3 – Integration Scheme Extract

<b>Fit with Strategic Priorities:</b>	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
<b>Enabling Activities</b>	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒

<b>Implications</b>	
<b>Finance:</b>	Financial Implications are detailed in the body of report.
<b>Other Resources:</b>	Adequate resources are required to effectively manage the Partnership Budget and deliver the Transforming Care Programme. This includes adequacy and effectiveness of support services for integration functions.
<b>Legal:</b>	The IJB has a statutory duty to seek to achieve best value from the resources it deploys. Appendix 3 also details the statutory responsibilities in relation to delegated integration functions per the Integration Scheme.
<b>Risk &amp; mitigation:</b>	Key risks are set out in the body of the report. The financial resilience element of the Boards Strategic Risk Register will be reviewed based on these updated risks.
<b>Equality and Human Rights:</b>	EQIAs are being prepared for the savings proposals and any significant service change.
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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: <a href="http://www.gov.scot/Publications/2018/03/6918/2">http://www.gov.scot/Publications/2018/03/6918/2</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>

## **CLACKMANNANSHIRE AND STIRLING INTEGRATION JOINT BOARD RESERVES STRATEGY & POLICY**

### **BACKGROUND**

1. The Chartered Institute of Public Finance and Accountancy (CIPFA) issued guidance to local authorities and similar bodies in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and key issues to be considered when determining the appropriate level of reserves. The Integration Joint Board (IJB) is classified as a Section 106 body under the Local Government (Scotland) Act 1973 and as such, it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.

The purpose of a Reserves Strategy is to:

- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- Identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- Indicate how frequently the adequacy of the IJB's reserves and balances will be reviewed; and
- Set out arrangements relating to the creation, amendment and use of reserves and balances.

### **STATUTORY / REGULATORY FRAMEWORK FOR RESERVES**

2. Clackmannanshire and Stirling Integration Joint Board (IJB) is a legal entity established by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements. The revenue budget for the day to day running costs of the Partnership is delegated by Clackmannanshire and Stirling Councils and NHS Forth Valley (the Parties to the Integration Scheme) and the IJB subsequently commissions, through the use of Directions, services from these constituent authorities.

*Usable Reserves:*

3. In common with local authorities, the IJB can have reserves within a usable category. Local Government bodies, including IJBs, may only hold usable reserves for which there is a statutory or regulatory power to do so.

The Local Government Scotland Act 1973, includes provision for a General Fund reserve to be created and maintained.

4. NHS Boards are not normally permitted to earmark funding allocations for carry-forward as a matter of course.

5. For each reserve there should be a protocol setting out:
  - The reason for / purpose of the reserve;
  - How and when the reserve can be used;
  - Procedures for the reserves management and control; and
  - The review timescale to ensure continuing relevance and adequacy.
6. Financial Regulations for Clackmannanshire and Stirling were formally approved by the IJB on 30 March 2016. A review and update of the Financial Regulations will be undertaken periodically.

The Financial Regulations highlight that legislation under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB. This Reserves Strategy should, therefore, be read in conjunction with the Financial Regulations for the IJB and the Integration Scheme establishing and governing the IJB.

## **OPERATION OF RESERVES**

7. Reserve funds are established as part of a strong financial management framework. The purposes of reserve funds are as follows:
  - As a working balance to help cushion the impact of uneven cash flows;
  - As a contingency to cushion the impact of unexpected events and emergencies; and
  - As a means of building up funds, often referred to as earmarked reserves to meet known or predicted liabilities including change required to implement strategic plans which may take place over more than one financial year.
8. The balance of the reserve funds normally comprise three elements:
  - Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government accounting rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Fund Reserve Balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
    - Future use of funds for a specific purpose, as agreed by the IJB; or
    - Commitments made under delegated authority by the Chief Officer, which cannot be accrued at specific times (e.g. financial year-end) due to not being in receipt of the service or goods;
  - Funds that are not earmarked for specific purposes, but are set aside to deal with unexpected events and emergencies; and
  - Funds held in excess of the target level of reserves and the earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

9. Reserves are created by appropriating sums from the General Fund balance to the Movement in Reserves Statement (MiRS). Where a balance has been committed for a specific purpose and expenditure has been incurred or grant conditions met, a request should be made to the Chief Finance Officer in order that the balance is drawn down and matched to expenditure incurred. The subsequent financial report to the IJB should note that a budget transfer has taken place.
10. Where the balance exceeds expenditure incurred, the remaining balance will be reclassified as an uncommitted balance and treated accordingly.
11. The Integration Scheme highlights that where there is a forecast overspend in-year, the Chief Officer and Chief Finance Officer, along with the relevant finance officers and operational manager of the Parties are required to agree a financial recovery plan to achieve financial balance. Such a recovery plan may require to take cognisance of any reserves and balances available to the IJB.
12. Where, in future, leaded or co-ordinating partnership arrangements maybe established arrangements will require to be put in place to specify how any overspend after recovery plan actions would be allocated between the two IJBs within Forth Valley.

#### **ROLE OF THE IJB CHIEF FINANCE OFFICER**

13. The IJB Chief Finance Officer is responsible for advising on the budgeted optimum levels of balances the IJB should aim to hold (the prudential target). The IJB, based on this advice, should then approve the appropriate reserves strategy as part of the budget process.

#### **LEVEL OF BALANCES HELD**

14. There is no guidance on the minimum level of reserves that should be held. In determining the minimum and prudential target for reserves, the Chief Finance Officer is required to take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

On this basis a minimum contingency or general reserves level of 1% of budgeted expenditure was agreed as part of the IJBs 2022/23 Revenue Budget. This will continue to require to be reviewed annually as an integral element of budget setting.

15. In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Commissioning Plan, the medium term financial outlook and the overall financial environment.

Earmarked reserves should be reviewed as part of the annual budget process and development and/or review of the Strategic Commissioning Plan.

16. In recognition of the scale of the IJB's responsibilities, it is proposed to retain a prudent level of general reserves. The value of general reserves will be reviewed annually as part of the annual revenue budget approval process and development, review and approval of the Strategic Commissioning Plan, taking account of the financial environment at that time. Where it is assumed that the financial environment at the time of setting the budget does not support a prudent level of reserves to be held, this should be reported to the IJB together with an aspirational reserves position. The value of other earmarked funds will be established as part of the annual financial accounting process.
17. While there is no defined level of reserves to be held, a number of organisations, including

several IJBs have set a target level of 2%-4% of annual budgeted expenditure. The IJB should therefore continue to aspire to hold 2.5% of annual budgeted expenditure as general fund balances (total contingency and earmarked reserves).

This clearly needs to be balanced within the wider financial and strategic planning context.

18. The Integration Scheme states that where there is an overspend in the Operational Integrated Budget, the Parties can:
- Make additional one-off payments to the IJB, based on an agreed cost sharing model
  - Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address this; or
  - Access the reserves of the IJB to help recover the overspend position.

## **REVIEW OF BALANCES**

19. Clackmannanshire & Stirling IJBs Reserves Strategy requires the Board to review balances on an annual basis following the external audit of the Statement of Accounts to allow members to examine the level and detail of balances held.

The Reserves Strategy will be reviewed annually as part of the revenue budget setting process of the IJB.

## **FINANCIAL MANAGEMENT AND FINANCIAL REPORTING ARRANGEMENTS**

20. The IJB Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
21. Recording of all financial information in respect of the IJB will be in the financial ledger of the Party which is delivering services on behalf of the IJB.
22. The level of and utilisation of reserves will be formally approved by the IJB based on the advice of the IJB Chief Finance Officer. To enable the IJB to reach a decision on reserves, the Chief Finance Officer should clearly state the factors that influenced this advice.
23. As part of periodic financial reporting to the IJB and committees of the IJB, the IJB Chief Finance Officer will normally confirm
- The current value of general reserves, the movement proposed during the year and the estimated year-end balance;
  - The extent to which balances are being used to fund recurrent expenditure (if any);
  - The adequacy of general reserves in light of the IJB's Strategic Commissioning Plan, the medium term financial outlook and the overall financial environment;
  - An assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
  - Any actions considered necessary to increase reserves towards the prudential target

## **REVIEW OF RESERVES STRATEGY**

24. The IJB Reserves Strategy will be subject of review annually (in line with IJB budget approval) by the IJB Chief Finance Officer, and where necessary, proposals for adjustments will be submitted to the IJB for approval.

Date of Review: 8 March 2023

Date of Next Review: March 2023



APPENDIX 2

Clackmannanshire & Stirling IJB - Revenue Budget 2023/24 - Overview of Proposals to Address Financial Gap

		£m	Risk Rating (RAG)
<b>Financial Gap - Integrated Budget</b>		<b>6.392</b>	
<b>Recurrent Options</b>			
<b>Grip and Control</b>			
Workforce Pressures	Reducing Reliance on Temporary Workforce in Bellfield, CCHC and Menstie House (incl efforts to reverse 22/23 increase)	0.359	Yellow
Bellfield Centre Skill Mix	Net Impact of Changes	0.004	Green
Review of Ordinary Residence Cases	Roll-forward of 22/23 unachieved target	0.200	Yellow
Continence Products Review	Including Product Review and use of washable products	0.028	Yellow
Address/Reduce Existing Cost Pressures in Community Health Services	Various current overspends - Complex Care, Westmarc etc.	0.114	Red
<b>Strategic Approaches</b>			
Prescribing - Medicines Optimisation Programme	Prescribing Improvement Initiative (PII) - Respiratory, Waste Reduction, Care Homes, Review of Non Medical Prescribing	1.700	Red
LD Coming Home - Review of Out of Area Cases	Proposed 18 Month programme sponsored by Community Living Change Fund. 24/25 impact will be assessed after 6 months.	0.250	Yellow
Strategic Commissioning and Health Improvement	Review and Redesign of Health Improvement and ADP Services. Commissioning Consortia Approaches. Alignment of Investment Priorities to Strategic Commissioning Plan Priorities.	0.500	Yellow
Demand Management	Reviews (Gross), Patch Based Working, Implementing SW Review (over prescribing of care, SDS), impacts managed through Rapid and Rural investment	0.600	Yellow
Charging	Revised MECS charges as informed by benchmarking.	0.400	Red
		0.045	Green
<b>Policy Options</b>			
	Review of 22/23 investments not yet fully committed on recurrent basis	0.192	Green
<b>Total Recurrent Options</b>		<b>4.392</b>	
<b>Non Recurrent Options</b>			
	Deployment of Estimated Balance of Service Pressures Reserve at 31/3/2023	2.000	Green
<b>Total Recurrent and Non-Recurrent Options - Integrated Budget</b>		<b>6.392</b>	
<b>Set Aside Budget for Large Hospitals</b>	Whole System Approaches and Impacts of FV Wide Cost Improvement Initiatives	<b>3.074</b>	Red
<b>Total Savings Requirement - Strategic Plan Budget (Integrated + Set Aside Budgets)</b>		<b>9.466</b>	

# Annex 1

## Part 1

### Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

#### **Note**

*In accordance with paragraphs 3.1 and 3.2 of the Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that:*

- (i) it is exercisable in relation to persons of at least 18 years of age (other than functions exercisable in relation to the health care services set out in paragraph 11, 12, 13 & 14 of Section B of Part 2 of Annex 1 which are delegated in relation to persons of any age); and*
- (ii) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section A of Part 2 of Annex 1; or*
- (iii) the function is exercisable in relation to the health care services listed in Section B of Part 2 of Annex 1.*

#### SCHEDULE 1      Regulation 3

Functions prescribed for the purposes of section 1(8) of the Act

<i>Column A</i>	<i>Column B</i>
<b>The National Health Service (Scotland) Act 1978</b>	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CA() (Functions of Health Boards outside Scotland); section 9 (local consultative committees);

section 17A (NHS Contracts);

section 17C (personal medical or dental services);

section 17I() (use of accommodation);

section 17J (Health Boards' power to enter into general medical services contracts);

section 28A (remuneration for Part II services);

section 38() (care of mothers and young children);

section 38A() (breastfeeding);

section 39() (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55() (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A() (remission and repayment of charges and payment of travelling expenses);

section 75B() (reimbursement of the cost of services provided in another EEA state);

section 75BA () (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82() use and administration of certain endowments and other property held by Health Boards);

section 83() (power of Health Boards and local health councils to hold property on trust);

section 84A() (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 () (charges in respect of non-residents);  
and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the  
Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas  
Visitors) (Scotland) Regulations 1989 ();

The Health Boards (Membership and Procedure)  
(Scotland) Regulations 2001/302;

The National Health Service (Clinical Negligence  
and Other Risks Indemnity Scheme) (Scotland)  
Regulations 2000/54;

The National Health Services (Primary Medical  
Services Performers Lists) (Scotland) Regulations  
2004/114;

The National Health Service (Primary Medical  
Services Section 17C Agreements) (Scotland)  
Regulations 2004;

The National Health Service (Discipline  
Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic  
Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical  
Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental  
Services) (Scotland) Regulations 2010/205; and

The National Health Service (Free Prescription and  
Charges for Drugs and Appliances) (Scotland)  
Regulations 2011/55().

### **Disabled Persons (Services, Consultation and Representation) Act 1986**

Section 7

(Persons discharged from hospital)

### **Community Care and Health (Scotland) Act 2002**

All functions of Health Boards conferred by,  
or by virtue of, the Community Care and  
Health (Scotland) Act 2002.

### **Mental Health (Care and Treatment) (Scotland) Act 2003**

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)();

section 38 (Duties on hospital managers: examination notification etc.)();

section 46 (Hospital managers' duties: notification)();

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281() (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005();

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005();

The Mental Health (Use of Telephones) (Scotland) Regulations 2005(); and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008().

## **Education (Additional Support for Learning) (Scotland) Act 2004**

Section 23  
(other agencies etc. to help in exercise of  
functions under this Act)

## **Public Services Reform (Scotland) Act 2010**

All functions of Health Boards conferred by,  
or by virtue of, the Public Services Reform  
(Scotland) Act 2010

Except functions conferred by—

section 31(Public functions: duties to provide  
information on certain expenditure etc.); and  
section 32 (Public functions: duty to provide  
information on exercise of functions).

## **Patient Rights (Scotland) Act 2011**

All functions of Health Boards conferred by,  
or by virtue of, the Patient Rights  
(Scotland) Act 2011

Except functions conferred by The Patient Rights  
(Complaints Procedure and Consequential  
Provisions) (Scotland) Regulations 2012/36().

## **Carers (Scotland) Act 2016**

Section 31 (Duty to prepare local carers  
strategy)

Only insofar as it relates to adults

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## Annex 2

### Part 1

#### Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

**Note**

*In accordance with paragraphs 3.3 and 3.4 of the Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.*

#### SCHEDULE Regulation 2

##### PART 1

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<b>National Assistance Act 1948()</b>  Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
<b>The Disabled Persons (Employment) Act 1958()</b>  Section 3 (Provision of sheltered employment by local authorities)	
<b>The Social Work (Scotland) Act 1968()</b>	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	



<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
<b>The Local Government and Planning (Scotland) Act 1982()</b>	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986()</b>	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are Integration Functions.
<b>The Adults with Incapacity (Scotland) Act 2000()</b>	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under Integration Functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under Integration Functions.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under Integration Functions
<b>The Housing (Scotland) Act 2001()</b>	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Community Care and Health (Scotland) Act 2002()</b>	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003()</b>	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	



<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
<b>Carers (Scotland) Act 2016</b>	All only insofar as they relate to adults
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (Duty to provide support)	
Section 25 (Provision of support to carers: breaks from caring)	
Section 31 (Duty to prepare local carer strategy)	
Section 34 (Information and advice services for carers)	
Section 35 (Short break services statements)	

# Clackmannanshire & Stirling Integration Joint Board

29 March 2023

Agenda Item 8.3

## Review of IJB Committees Terms of Reference

*For Approval*

<b>Paper Approved for Submission by:</b>	Annemargaret Black, Chief Officer
<b>Paper presented by</b>	Ewan Murray, Chief Finance Officer
<b>Author</b>	Sonia Kavanagh, Business Manager
<b>Exempt Report</b>	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"/>

<b>Purpose of Report:</b>	To consider the updated Terms and References for both the Audit & Risk Committee and Finance & Performance Committee along with supporting workplans.
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Approve the Terms of Reference for both Committees of the IJB</li> <li>2) Agree regular Chair's Report and an Annual Assurance Report will be submitted to the IJB to further strengthen the governance and accountability processes in place.</li> </ol>
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<b>Key issues and risks:</b>	This report sets out the review of how key issues and risks are monitored and scrutinised to ensure that the highest standards of probity and public accountability continue to be demonstrated.
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## **1. Background**

- 1.1. The IJB's Committees are required to review their Terms of Reference on an annual basis. However, due to the pandemic, this had not taken place since February 2019.
- 1.2. The Terms of Reference at that time were updated to reflect the level of financial risk in relation to the sustainability of the partnership and the need to further consider risk management arrangements, and the interdependencies of finance and performance. At that time, it was agreed that the Audit and Risk model along with the Finance/Resource and Performance model appeared the optimal options to complement the evolution of partnership arrangements.

## **2. Wider Governance arrangements/developments**

- 2.1. One area of the planned Internal Audit work for 2022-23 was a review of governance self-assessment and any other annual assurance required. As part of this, the assurances provided by the IJB Committees to the IJB have also been considered and reviewed.

- 2.2. The overall purpose of the IJB is to ensure efficient, effective, and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes. Detailed scrutiny should take place at Committee level, with each Committee providing assurance and escalating key issues to the IJB as required. For this to be achieved successfully, Committees must be clear about their roles and priorities and must monitor their own performance rigorously. Both Committees have reviewed and agreed on their remits (Appendices 1 and 2) to ensure that they are focused on the IJB's priorities and on the risks delegated to them, providing assurances back to the IJB on any risks, actions, and controls for which they are responsible for.
- 2.3. Workplans were also developed to set out the areas of focus and scrutiny and will be reviewed again at the end of the financial year to ensure relevant assurance has been received regarding the core business and specific work areas undertaken by both Committees. This includes:
  - 2.3.1. Finance & Performance Committee - financial governance and scrutiny of the in scope budget for the IJB and HSCP; as well as recommendations to the IJB following review and assessed risk of annual budget proposals, such as options for service delivery and efficiency and savings.
  - 2.3.2. Audit & Risk Committee - internal financial controls, internal/ external audit plans, and internal/external audit reports along with relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.
- 2.4. While minutes are shared with the IJB for noting this is not necessarily an efficient and effective source of assurance. It is proposed a more overt method would provide further assurance. It is proposed that a Chair's Report could be provided and presented by the Chair of the relevant Committee to give a quick and comprehensive summary of the key areas of successes, assurances received, and key issues or emerging risks which need to be highlighted or escalated.
- 2.5. A year-end report will then be submitted to the IJB to confirm they have assessed the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements and considered the annual governance reports and assurances to ensure that the highest standards of probity and public accountability have been demonstrated. It will also provide a broad conclusion on whether the level of assurance provided was acceptable and show how any key risks/concerns highlighted will be reflected in the work plan for the year ahead.

### **3. Conclusions**

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- 3.1. The proposed update to the Committees' Terms of Reference and consideration of a work plan were considered and agreed upon by the Finance & Performance Committee on 1 March and the Audit & Risk Committee on 8 March 2023.

- 3.2. Both Committees agreed with the approach to provide regular Chair’s Report and Annual Assurance reports to the IJB to highlight/escalate any key risks and strengthen the process of assurance.

**4. Appendices**

Appendix 1: Finance & Performance Committee Terms of Reference and workplan

Appendix 2: Audit & Risk Committee Terms of Reference and workplan

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
<b>Implications</b>	
<b>Finance:</b>	None directly arising
<b>Other Resources:</b>	None directly arising
<b>Legal:</b>	Both Sub Committees form part of the Integration Joint Board’s governance structure and assist in the managing and mitigation of risk.
<b>Risk &amp; mitigation:</b>	As per the body of the report
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="https://www.gov.scot/publications/fairer-scotland-duty-guidance-for-public-bodies/pages/1-introduction.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p>



	<p><b>Please select the appropriate statement below:</b></p> <p>This paper <b>does not</b> require a Fairer Duty assessment.</p>
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Appendix 1

**CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE PARTNERSHIP**

**INTEGRATION JOINT BOARD (IJB)  
FINANCE & PERFORMANCE COMMITTEE TERMS OF REFERENCE**

**Constitution**

The IJB shall appoint the Committee. The Committee should agree on the professional advisors it requires on a regular and ad-hoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will normally meet 4 times per annum, however, additional meetings would be scheduled on an ad-hoc basis as determined by the Chair. The Committee will be supported and serviced by the Chief Officer and Chief Finance Officer. The Finance and Performance Committee will report to the Integration Joint Board.

The committee will be held in private. Its considerations and recommendations will be reported to the Integration Joint Board thus becoming public in due course.

**Chairperson**

The Integration Joint Board shall appoint the Chair and Vice Chair of the Committee who will be voting members of the Integration Joint Board.

The Chair and Vice Chair of the Finance and Performance Committee shall not be the Chairs of either the Integration Joint Board or the Audit and Risk Committee.

The Chair and Vice Chair of the Finance and Performance Committee will rotate on a 2 yearly basis.

**Membership**

The Integration Joint Board shall appoint the membership of the Committee. It is proposed the membership consists of eight voting members with two being from each of Clackmannanshire Council and Stirling Councils and four being from NHS Forth Valley.

Substitutions for voting members will be permitted however substitutes will also require to be members of the Integration Joint Board.

The Chief Officer, Chief Finance Officer and Senior Planning Manager will normally attend the committee thus providing an explicit link to the Strategic Planning Group and strengthening the link between strategic and financial planning.

**Quorum**

50% of the voting members being present will constitute a quorum so long as a voting member from each of the constituent authorities are present.

**Functions Referred**

The following functions of the Integration Joint Board shall stand referred to the Finance and Performance Committee –

1. Provide financial governance and scrutiny of the Strategic Commissioning Plan

budget for the Integration Joint Board / Health and Social Care Partnership.

2. Review the draft annual IJB Business Case per the requirements of the Integration Scheme with recommendations to the Integration Joint Board.
3. Review the annual budgets proposals including options for service delivery and efficiency and savings proposals with recommendations to the Integration Joint Board taking into account assessed risk in relation to performance.
4. Ensure that the senior management team maintain effective controls within their services which comply with financial procedures and regulations.
5. Provide oversight and scrutiny of efficiency and savings programmes and, where required, budget recovery plans including relationship with activity and performance and alignment with the Strategic Commissioning Plan priorities.
4. Consider and review the Integration Joint Board's financial strategy in support of the strategic commissioning plan and recommend approval to the Integration Joint Board.
5. Receive reports in new and emerging national policy developments related to health and social care and consider any impact on the financial position.
6. Maintain and oversight and scrutiny role in relation to overall performance of the Partnership against the Strategic Plan, National Outcomes/ Local Delivery Plan / relevant national Targets and the emergent locality plans.
7. Review key performance indicators and targets in respect of the scrutiny function and to assure continuous improvement in delivery of key performance indicators.
8. Receive and consider service performance reviews and, where appropriate, provide assurance on these to the Integration Joint Board.

### Finance and Performance Committee Workplan

	<b>31 May 2023</b>	<b>1 November 2023</b>	<b>20 December 2023</b>	<b>28 February 2024</b>
Scrutiny – Deep Dives	Selected Topic	Selected Topic	Budget Update	Revenue Budget Options
		Draft IJB Business Case		
Standing Items/Reports	Finance report	Finance report	Finance report	Finance report
	Quarterly Performance Report	Quarterly Performance Report		Review of Terms of Reference
Oversight/Assurance				Consider Annual Assurance report for IJB and CO
Relevant emerging National reports	As arising	As arising	As arising	As arising

Appendix 2

**CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD (IJB)  
AUDIT & RISK COMMITTEE TERMS OF REFERENCE**

**Constitution**

The IJB shall appoint the Committee. The Committee should agree on the professional advisors it requires on a regular and adhoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will meet at least twice per annum. The Committee will be supported and serviced by the Chief Finance Officer and a Nominated Risk Management Lead from one of the Constituent Authorities. The Audit Committee will report to the Integration Joint Board

**Chairperson**

The Integration Joint Board shall appoint the Chair and Vice Chair of the Committee who will be one of the voting members of the Committee.

**Membership**

The Integration Joint Board shall appoint the membership of the Committee. It is proposed the membership consists of four voting members with one being from each of Clackmannanshire Council and Stirling Councils and two being from NHS Forth Valley plus two non-voting members.

Substitutions are permitted but must be voting members of the Integration Joint Board and a standing voting member of the Committee must be present.

**Quorum**

50% of the voting members from two constituent authorities being present will constitute a quorum.

**Functions Referred**

The following functions of the Integration Joint Board shall stand referred to the Audit Committee –

1. Assess the adequacy and effectiveness of the Integration Joint Board's internal controls and corporate governance arrangements and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated.
2. Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports; Regularly scrutinise the IJBs Strategic Risk Register and ensure high risks are incorporated within reporting to the IJB by exception.
3. Review and approve the Internal Audit Annual Plan on behalf of the Integration Joint Board, receive reports and oversee and review progress on actions taken on audit recommendations and report to the Integration Joint Board on these as appropriate.

4. Consider the External Audit Annual Plan on behalf of the Integration Joint Board, receive reports, and consider matters arising from these and management actions identified in response before submission to the Integration Joint Board; The Audit Committee may also consider relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.
5. Consider annual financial accounts and related matters before submission to and approval by the Integration Joint Board.
6. The Committee is responsible for ensuring best value for those delegated functions.
7. The Committee is authorised by the Integration Joint Board to investigate any activity within its terms of reference, and in so doing, may seek any information it requires.

**Audit & Risk Committee Workplan 2023-24**

	<b>28 June 2023</b>	<b>20 September 2023</b>	<b>6 December 2023</b>	<b>February date TBC</b>
Standing Items	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register
	Relevant National Reports	Relevant National Reports	Relevant National Reports	Relevant National Reports
				Review Terms of Reference
IJB Accounts	2022/23 Draft IJB Annual Accounts	2022/23 Final IJB Annual Accounts		
External Auditor		External Audit opinion, Management letter and proposed Annual Audit Report(AAR)		External Auditor's Annual Audit Plan 2023/24
Internal Audit	Annual Internal Audit Plan 2023/24	Annual Assurance report. Chief Internal Auditor opinion on adequacy and effectiveness of IJB's governance arrangement and systems of Internal Control	Mid year report on emerging findings from Internal Audit  Internal Audit Progress Report (inc any IA reports) as required/necessary	Internal Audit Progress Report (inc any IA reports) as required/necessary
	Internal Audit Progress Report (inc any IA reports) as required/necessary	Internal Audit Progress Report (inc any IA reports)		
Assurance	Self Assessment 2022-23 Governance			
	2022/23 Draft Governance Statement & Draft BV Statement	Draft Best Value Statement 2022/23		Progress Report on AAR Recommendations
	Review of financial regulations			Consider Annual Assurance report for IJB and CO
		Management Progress Reports as required/necessary	Management Progress Reports as required/necessary	Management Progress Reports as required/necessary
Relevant National reports	As arising since previous meeting	As arising since previous meeting	As arising since previous meeting	As arising since previous meeting

**Audit & Risk Committee Workplan 2024-25**

	<b>June 2024</b>	<b>September 2024</b>	<b>December 2024</b>	<b>February 2025</b>
Standing Items	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register
	Relevant National Reports	Relevant National Reports	Relevant National Reports	Relevant National Reports
				Review Terms of Reference
IJB Accounts	2023/24 Draft IJB Annual Accounts	2023/24 Final IJB Annual Accounts		
External Auditor		External Audit opinion, Management letter and proposed Annual Audit Report(AAR)		External Auditor's Annual Audit Plan 2024/25
Internal Auditor	Annual Internal Audit Plan 2023/24	Annual Assurance report. Chief Internal Auditor opinion on adequacy and effectiveness of IJB's governance arrangement and systems of Internal Control	Mid year report on emerging findings from Internal Audit  Internal Audit Progress Report (inc any IA reports) as required/necessary	Internal Audit Progress Report (inc any IA reports) as required/necessary
	Internal Audit Progress Report (inc any IA reports) as required/necessary	Internal Audit Progress Report (inc any IA reports)		
Assurance	2023-24 Governance Self Assessment			
	2023/24 Draft Governance Statement & Draft BV Statement	Draft Best Value Statement 2022/23		Progress Report on AAR Recommendations
	Review of financial regulations			Consider Annual Assurance report for IJB and CO
		Management Progress Reports as required/necessary	Management Progress Reports as required/necessary	Management Progress Reports as required/necessary
Relevant National reports	As arising since previous meeting	As arising since previous meeting	As arising since previous meeting	As arising since previous meeting

# Clackmannanshire & Stirling Integration Joint Board

29 March 2023

Agenda Item 9.1

## Strategic Commissioning Plan 2023-2033

*For Approval*

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



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

<b>Purpose of Report:</b>	To provide the final draft of the Strategic Commissioning Plan 2023-2033 for agreement and publication.
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) To provide assurance to the Board of the development and consultation on the final draft of the Strategic Commissioning Plan.</li> <li>2) Present final presentation of the draft Strategic Commissioning Plan 2023-2033 for publication.</li> <li>3) We ask the Board to approve the final version of the draft Strategic Commissioning Plan 2023 - 2033.</li> </ol>
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<b>Key issues and risks:</b>	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 draft 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 draft 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 has come to an end. It was agreed, by this Board and with Scottish Government, that the 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, and 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 community events held throughout the villages and towns, online events for each of the Localities. There were also meetings with local interest and peer support groups as well as regular Locality Planning Network meetings within each of the three Localities. This work links the Health and Wellbeing Outcomes, Strategic Commissioning Plan, Integrated Workforce Plan and, the Locality Plans providing the 'Golden Thread' from the grassroots up including communities and wider stakeholders.
- 2.4. Delivery of the ethical commissioning approach, as previously agreed by this Board, means delivery of all our commissioning activity within a Commissioning Consortium model with all partners and stakeholders having the opportunity to influence service models. This programme is well underway across a range of care groups.
- 2.5. There was a need to measure 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.
- 2.6. As part of the IJBs Internal Audit Plan an Internal Audit review was commissioned on the process of development of the draft Strategic Commissioning Plan. This review was initially presented to the IJB Finance and Performance Committee in December 2022 and Audit and Risk Committee in March 2023. The Internal Audit Review provided limited assurance at a point in time along with set of recommendations to improve the process prior to the presentation of the Strategic Commissioning Plan to the IJB for approval.
- 2.7. The Internal Audit work, in relation to follow up on progress with recommendations, was also agreed, action updates and supporting evidence including the project plan; Strategic Needs Assessment; Burden of Disease report; and all of the output from the programme of engagement was provided. In addition, u presentation updates from the Locality Planning

Network Groups and the Strategic Planning Group, and drafts of the Plan itself has been provided to Internal Audit. The IJBs Internal Auditors will update the IJB Audit and Risk Committee at the committee's next meeting as part of routine Internal Audit progress reporting.

- 2.8. In order to refresh our approach, partners agreed to develop fundamental principles for the new draft 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. Feedback on the draft has been received and amendments made to reflect suggestions now presented in the full draft.
- 2.10. In order to be able to deliver the priorities within the Strategic Commissioning Plan, there is a requirement for additional work to be completed following agreement of the draft Plan. Work is underway already to develop a robust Delivery Plan to set out the key actions and activities, which will meet the outcomes for people and communities, this will include ongoing significant work linked to transformation, modernisation and service improvement.
- 2.11. In order to be able to measure outputs from the Delivery Plan, a refreshed Integrated Performance Framework is being developed which will form the basis of the Annual Performance Report in line with the requirements of the Public Bodies Joint Working Act.
- 2.12. Review of the Revenue Budget has been undertaken in parallel with the development of the draft Strategic Commissioning Plan, the Financial Plan is reflected in the financial papers being presented as part of the Board meeting and will be presented in detail at the next IJB meeting.
- 2.13. A Risk Register is being developed to ensure the identification and mitigation of any potential risks associated with the IJB's ability to be able to deliver on the priorities of the draft Strategic Commissioning Plan.
- 2.14. It is also worth noting that the proposed Scottish Government National Care Service Bill is currently at Stage 1. The Bill proposes to establish a National Care Service which will allow Scottish Ministers to transfer social care responsibility from local authorities to a new national service. The Scottish Government is seeking views and evidence before voting on whether the Bill should continue. This is expected in June 2023.
- 2.15. The draft Strategic Commissioning Plan acknowledges the process of the development of the NCS; the impact and our commitment to be involved in the development of the NCS in a way that reflects the longevity of the plan. The draft Plan will be updated based on the decision of the Scottish Parliament on whether the Bill will continue.

### 3. Involvement and Timescales

- 3.1. Engagement has been key to the development of the draft Strategic Commissioning Plan and its implementation. Key groups representing a range of community groups and specialist services such as housing and community development as well as key partners have been pivotal to supporting this programme of work; both Carers Centres and Third Sector Interfaces. Specific sessions have been held with third sector forums to consult with them and begin to develop the Delivery Plan against the key priorities. The draft Plan has been shared formally with Clackmannanshire Council, Stirling Council and NHS Forth Valley for their final comments on the Plan.
- 3.2. It is also worth noting that this involvement and participation does not end with the publication of the draft 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 Strategic Commissioning Plan is presented to the Board for approval.
- 3.4. Once finalised and published, the agreed 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. The finalised version is presented to the Board with final amendments based on the final stage of consultation. 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 Strategic Commissioning Plan 2023-2033  
5.2 Draft Equality Impact Assessment

<b>Fit with Strategic Priorities:</b>	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
<b>Enabling Activities</b>	
Technology Enabled Care	☒

Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
<b>Implications</b>	
<b>Finance:</b>	There is a need to ensure that the Plan is deliverable within the current financial envelope – needs led and resource bound.
<b>Other Resources:</b>	None.
<b>Legal:</b>	The Public Bodies Act (2014) sets out the legal requirements to produce, consult, approve, publish and review a Strategic Commissioning Plan.
<b>Risk &amp; mitigation:</b>	There are no risks arising from the content of this report.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does</u></b> require a Fairer Duty assessment.</p>



# 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](http://www.gov.scot) Independent Review of Adult Social Care in Scotland. Feely 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).

If you have any comments please contact:

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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
1.	✓	✓	✓	✓	✓
2.	✓	✓	✓	✓	✓
3.	✓	✓	✓	✓	
4.	✓	✓	✓	✓	✓
5.	✓	✓	✓	✓	✓
6.		✓	✓		
7.	✓	✓	✓		
8.	Enabling Activities				
9.					

## 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?

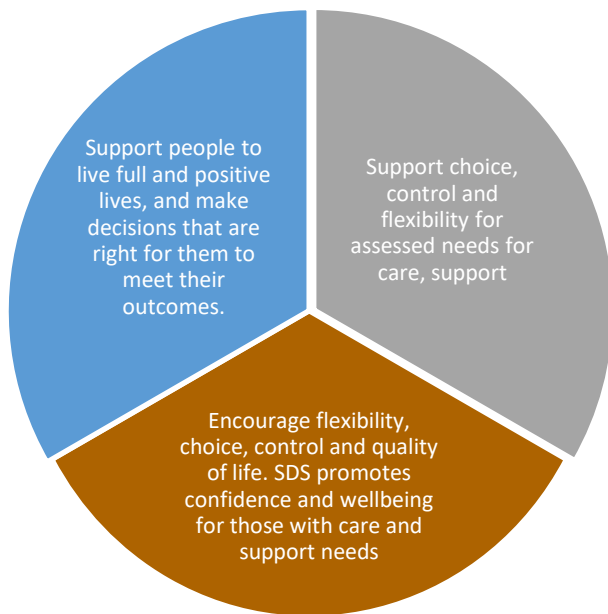
- Supporting ecological awareness in strategic planning across the whole system.
- Actively inviting ecological discussion as part of community engagement, to better understand how communities and individuals perceive the role of ecology and living environment in their own self care, health and wellbeing.

## 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](http://clacksandstirlinghscp.org)



## Enabling Activities – How we do this.

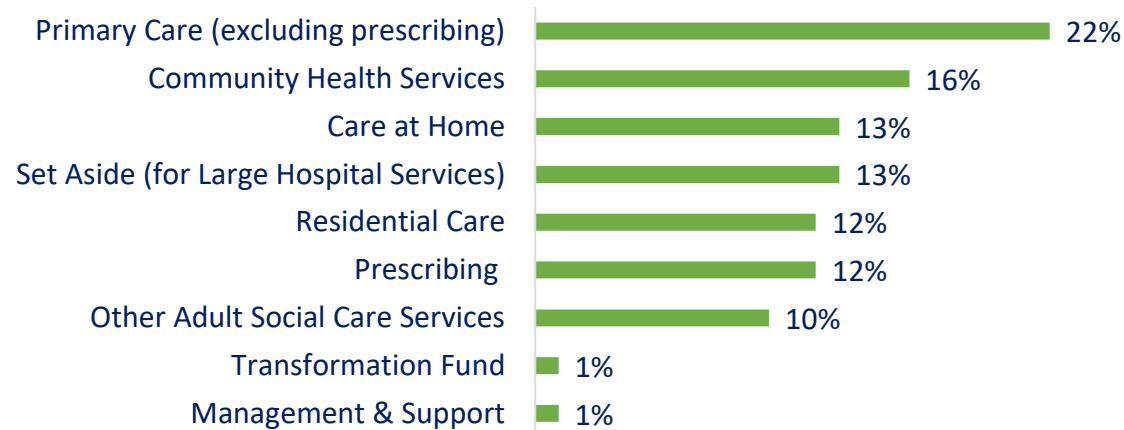
Enabling activities describes the practical and organisational conditions that create the conditions that help the delivery of services. There is a need to understand the resources (budget, staff, equipment and systems), who are our partners and stakeholders (service users, their families and carers, 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.

Services by % of budget



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.

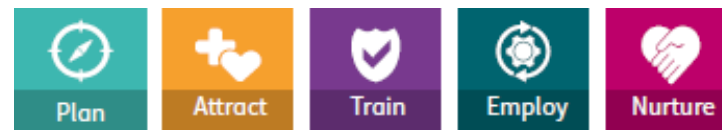
An updated medium term financial outlook and Delivery Plan accompany this Strategic Commissioning Plan. These aim to ensure that we are able to deliver our vision and recognise the considerable transformation and service design needed to achieve this. Integrated financial planning and alignment of investment 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 (SAAtSD)

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 SAAtSD

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.

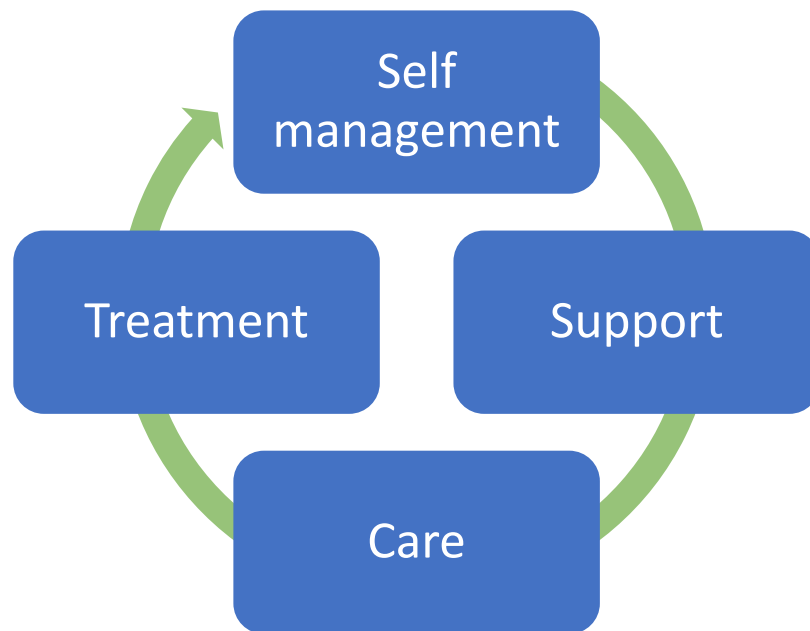


## Model of Care

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	<b>21.1</b>	<b>67.8</b>
Stirling	8.9	0.0	0.0	<b>24.8</b>	<b>53.8</b>

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

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Unplanned admissions</li> <li>3. Accident &amp; Emergency performance</li> <li>5. End of life care</li> </ol> | <ol style="list-style-type: none"> <li>2. Occupied bed days for unscheduled care</li> <li>4. Delayed discharges</li> <li>6. The balance of spend across institutions and community services</li> </ol> |
|---|--|



## 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.

## 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 Integration Joint Board 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)

IJB Strategic Commissioning Plan covering 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  
Senior Leadership Team members  
Access Panels  
Liz Rowlett, Partnership Integration Engagement Officer

#### Q6: Main person completing EQIA's contact details

Name:

Lesley Fulford

Telephone Number:

07929374335

Department:

Strategic Planning

Email:

[Lesley.fulford@nhs.scot](mailto:Lesley.fulford@nhs.scot)

## Q7: Describe the main aims, objective and intended outcomes

The Integration Joint Board Strategic Commissioning Plan sets out the key delivery priorities for 2023-2033 that will be delivered by the Health and Social Care Partnership

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

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
Killearn	Cornton	Dollar
Aberfoyle	Bannockburn	
	Cowie	

An Online Survey on Citizen Space which ran from 30<sup>th</sup> September – 14<sup>th</sup> 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 and has been completed supported by 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 draft 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 made available. In response to the recommendations, an

action plan was devised and implemented to the completion of writing the draft Strategic Commissioning Plan. This has been led by Head of Strategic Planning and Health Improvement and Chief Finance Officer.

The Clackmannanshire and Stirling Alcohol and Drugs Partnership Lead has led the development of fundamental principles of the draft 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 IJB, is to deliver all commissioning activity within a Commissioning Consortium model. The approach is reflected across the delivery of the priorities of the draft Strategic Commissioning Plan, led by the 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 draft Strategic Commissioning Plan through membership of the following groups: Strategic Planning Group, Locality Planning Groups, Carers Planning Group and Carer’s Forum, Alcohol & Drug Partnership and sup-groups, Self-Directed Support Steering Group, Dementia Friendly Communities,



Commissioning Providers Forums, 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 draft 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 ( <b>do not leave this area blank</b> )
<b>Age</b>	x			<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</p>

			<p>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>
<p><b>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</b></p>	x		<p>The draft Strategic Commissioning Plan &amp; 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>

				Easy read and video versions of the Strategic Commissioning Plan and Locality Plans will be produced when approved by the IJB.
<b>Gender Reassignment</b>			x	IJB are anticipating a neutral impact.
<b>Marriage and Civil partnership</b>			x	IJB are anticipating a neutral impact.
<b>Pregnancy and Maternity</b>			x	IJB are anticipating a neutral impact.
<b>Race/Ethnicity</b>	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>
<b>Religion/Faith</b>			x	IJB are anticipating a neutral impact.
<b>Sex/Gender (male/female)</b>	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 draft 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>
<b>Sexual orientation</b>			x	<p>The draft Strategic Commissioning Plan &amp; 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>
<b>Staff (This could include details of staff training completed or required in relation to service delivery)</b>	x			<p>The draft Strategic Commissioning Plan &amp; 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>The HSCP has developed a workforce plan in partnership with staff, unions and partners.</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</p>
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				and draft Strategic Commissioning plan.
Homeless	x			There is a Strategic Housing Forum in place whose members have been engaged in developing priorities for the next 10 years as it relates to health and social care.
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 locality plan 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.
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**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.

<b>Date EQIA Completed</b>	09/01/2023				
<b>Date of next EQIA Review</b>	09/01/2033				
<b>Signature</b>				<b>Print Name</b>	Lesley Fulford
<b>Department or Service</b>	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](mailto: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:



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.

<b>Meeting Date and Paper Number</b>	<b>Report Title</b>	<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Outcome</b>	<b>Status</b>



Date of IJB	Report Title	Author	Presenter	Exempt	Decision
<b>01 February 2023</b>	Chief Officer Update	Lesley Fulford	Annemargaret Black	N	1) Noted the content of the report.
<b>01 February 2023</b>	Finance Report	Ewan Murray	Ewan Murray	N	1) Noted the 2022/23 projection based on Financial Performance for the first 9 months of the financial year. 2) Noted the significant financial issues and pressures, key assumptions and risks. 3) Discussed, considered and approved 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) Noted 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) Agreed 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
<b>01 February 2023</b>	Budget Update and IJB Business Case	Ewan Murray	Ewan Murray	N	1) Noted 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) Noted the impact of the Scottish Draft Budget on the assumptions within the business case. 3) Noted the revised estimated financial gap of £7.018m for financial year 2023/24. 4) Did not approve the proposed approach of 50% of the gap being met by savings and 50% from other service and policy options. A special budget seminar to be held prior to the meeting in March 2023 to scrutinise further. 5) Noted ongoing work to develop the budget and agree that a substantive update is presented to the Finance and Performance Committee on 1 March 2023.
<b>01 February 2023</b>	Quarter 3 Performance Report	Carol Johnson and Ann Farrell	Annemargaret Black	N	1) Reviewed the content of the report. 2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approved quarterly reports that are normally presented first at the Finance & Performance Committee and subsequently at the available Board meeting.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
<b>01 February 2023</b>	Strategic Commissioning Plan 2023-2033	Michelle Duncan	Wendy Forrest	N	1) Provided assurance to the Board of the approach to develop the draft Plan. 2) Agreed to continue to seek feedback from stakeholders and partners on the draft before final publication in March 2023. 3) Asked officers to provide final version to the Board in February prior to publication in March 2023.
<b>01 February 2023</b>	Locality Planning	Lesley Shaw	Wendy Forrest	N	1) Considered and approved the direction of the three draft Locality Plans - which align to the priorities of the Strategic Commissioning Plan (2023-2033). 2) Approved 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.
<b>01 February 2023</b>	IJB Development Sessions	Lesley Fulford and Kelly Higgins	Lesley Fulford	N	1) Noted the development sessions proposal.



**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 21 December 2022 at 2.00pm in the Board Room, Carseview House and  
via MS Teams**

**Present:**

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)  
Councillor Rosemary Fraser, Stirling 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  
Kirsty Stanners, Chief Officer - Finance, Stirling Council  
Lindsay Sim, Chief Officer – Finance, Clackmannanshire Council  
Lesley Fulford, Senior Planning Manager, HSCP  
Sandra Comrie, Business Support (Minutes)

**Chair's Welcome and Introductory Remarks**

Councillor Wendy Hamilton welcomed everyone to the meeting.

**1. Apologies**

Councillor Martha Benny, Clackmannanshire Council  
Carolyn Wyllie, Head of Community Health and Care

**2. Declarations of Interest**

None

**3. Matters Arising/Urgent Business Brought Forward by the Chairperson**

None

#### **4. Minute of Meeting held 02 November 2022**

The minute was approved subject to the following amendments:  
John Stuart was marked as an apology in error and Lesley Fulford was marked as in attendance in error.

*It was agreed that agenda item 5 would be presented after item 6.*

#### **6. Internal Audit Review of Strategic Commissioning Plan**

Ewan Murray, Chief Finance Officer presented this paper to the Committee.

Mr Murray explained that this item was brought to the Committee as the next Audit and Risk Committee meeting was not until March 2023. Due to the development and importance of the Strategic Commissioning Plan and following discussion with IJB's Internal Auditors, it had been agreed to bring the review to this Committee for visibility and assurance of the management responses to recommendations made. The review took longer than anticipated to complete, however it should be viewed as a "point in time" report. As the report was still be presented to the Audit and Risk Committee in March with further updates, it has been brought to this Committee for noting.

Mr Murray asked that the Committee specifically note the management responses to the recommendations within the report and the associated timescales, as they illustrated that some matters had already been addressed (including the presentations to Strategic Planning Group and this Committee). He also noted the further work that would be concluded prior to the presentation of the draft plan to the IJB on 1 February and final approval of the Plan by the IJB in March 2023. Mr Murray explained that the oversight of progress on the 8 recommendations in the Strategic Commissioning Plan sat with the Audit and Risk Committee.

The Committee discussed the recommendations including the role and remit of the Strategic Planning Group and the scrutiny role of the Audit & Risk Committee to monitor progress.

##### **The Finance & Performance Committee:**

- 1) Noted the Internal Audit report including management responses and timescales.

#### **5. Draft Strategic Commissioning Plan and Localities**

Wendy Forrest, Head of Strategic Planning and Health Improvement provided a presentation to the Committee.

Ms Forrest explained there was a requirement to look at both the national and local responsibilities. With the locality planning processing being new it was important that a programme of work was designed to show the procurement and commissioning

requirements, showing that quality and safety play a huge part. The delivery of the Strategic Commissioning Plan sat with the Strategic Planning Group, and she along with Ewan Murray, Chief Finance Officer were trailing the principles of needs led and resource bound to set the plan within the financial and economic realities of available budget. Ms Forrest covered the following points in her presentation:

- Strategic Commissioning Process
- The future of community health and care
- The priorities
- The principles
- Human rights in strategy & practice
- Development of the new Strategic Commissioning Plan
- Stakeholders involved to support engagement and participation
- Timeline up to publication deadline

Ms Forrest added that the team were constantly thinking about data and how to best measure successes, for which they have received a lot of positive feedback.

Ms Black noted that priorities need to be kept at the forefront and the Strategic Commissioning Plan provided a single agenda where roles and responsibilities were clear for people to see. She provided additional information on the Strategic Planning Group, who are responsible for the strategic planning across Clackmannanshire and Stirling and the importance of a wide range of stakeholders to be involved. She added that it was important to invest in the third sector as this would provide further support from other community groups and services.

Ms Forrest confirmed that the team were looking at carers support in the discharge planning process and the advocacy service along with SDS Forth Valley to broaden the work they could provide. It was essential to have a commissioning consortium approach which helped to improve and redesign the current services and support provided.

The Committee discussed the plan and the challenges around the engagement and collaboration required. It was also noted that the integrated workforce plan was also important to support this and ensure staff were supported and developed. Ms Forrest confirmed attraction and retention of staff was difficult at the moment and the team are looking at ways to improve this including working with other colleagues about how to expand recruitment opportunities with external partners. Ms Black added that although inductions were provided to new members of staff, it would be good to have regular staff team building events in place.

## **7. Budget Update**

Ewan Murray, Chief Finance Officer provided the presentation to the Committee.

Mr Murray presented the 2023/24 Budget Update and Development to the Committee, which covered the following:

- 22/23 Financial Position

- Scottish Draft Budget – Economic Context
- Scottish Draft Budget – Context & Key Points
- Scottish Draft Budget – NHS Settlement
- Scottish Budget – NHS to IJBs
- Scottish Budget – Councils to IJBs
- IJB Budget Context
- Key Assumptions – IJB Business Case
- 23/24 IJB Business Case & Budget Strategy
- Next Steps
- Risks
- Conclusions

Mr Murray explained the importance of needs led, resource bound approach and noted the significant financial challenges ahead. This included the costs of demand, pay and prices; core assumptions and the revenue budget and delivery plan based on resource envelop while identifying saving and efficiencies.

Lindsay Sim, Chief Officer Finance, Clackmannanshire Council and Kirsty Stanners, Chief Officer Finance, Stirling Council presented the budget briefings for Clackmannanshire Council and Stirling Council to the Committee. This presentation covered:

- Financial Context
- Indicative Funding Gap & Assumptions - Clackmannanshire Council
- Indicative Funding Gap & Assumption – Stirling Council
- Closing the Gap
  - Savings Proposals
  - Increased Income
  - Reserves

Ms Stanners explained that 2023-24 looks like one of the worst years for funding and both Council's faced huge pressures ahead. The Committee agreed that difficult decisions would be needed regarding services and their sustainability.

Following on from questions from the Committee, Mr Murray explained that as 75% of the IJB spend was due to workforce, the IJB would need to consider the future workforce implications in detail. The Committee discussed the economies of scale and the potential to support the situation, impact of industrial action and prescribing optimisation. The importance of planning for the next year without compromising the medium-term plan was noted along with the need for money to lose its identity and be devolved into the services themselves. Ms Black advised this would be considered as part of the Integration Scheme review due.

Ms Hamilton explained she required more time to look at the information contained in the presentations as it was such a vast and difficult subject. Due to recent announcements by COSLA about Local Council budgets, it was important to think about how this information was communicated to both staff and the public. In the meantime, Ms Hamilton thanked Mr Murray, Ms Sim and Ms Stanners for their presentations.

## **8. Financial Report**

It was agreed by the Committee that, due to timing, this paper would be deferred to the next Committee meeting.

## **9. Decision Making Matrix**

It was agreed by the Committee that, due to timing, this update would be deferred to the next Audit and Risk Committee meeting.

## **10. 2023/24 IJB Draft Business Case**

Ewan Murray, Chief Finance Officer presented this paper to the Committee.

Mr Murray explained that the report provided the Committee with an update on 2023-24 Revenue Budget Development whilst satisfying the requirements of the Integration Scheme regarding the IJB Business Case to determine future funding requirements to deliver the Strategic Plan. He went over the key points within the IJB 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

On the back of the considerations Mr Murray and Ms Black would write formally, on behalf of the IJB, to the Chief Executives of the constituent authorities to meet the requirements of the Integration Scheme. The focus was on identifying options to close the financial gap whilst managing the costs of services.

### **The Finance & Performance Committee:**

- 1) Considered the 2023/24 Budget update and IJB Business Case
- 2) Noted the level of complexity and uncertainty affecting budget considerations.
- 3) Approved 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) Noted the next steps and further budget development work required prior to the IJB considering the 2023/24 Revenue Budget for approval.
- 5) Noted that key points from the Scottish Draft Budget on 15 December will be covered within the accompanying presentation to committee.

**11. Learning Disability Transformation Redesign of Day Services**

It was agreed by the Committee that, due to timing, this presentation would be deferred to a future Committee meeting.

**12. AOCB**

**13. Date of Next Meeting**

Wednesday 01 March 2023

## Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Thursday 1 December 2022 @ 10 am via Teams

### Present:

Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)  
Wendy Forrest, Head of Strategic Planning & Health Imp, HSCP (WF)  
Kelly Higgins, Senior OD Adviser, HSCP (KH)  
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)  
Karren Morrison, Unison Banch Secretary FV (KM)  
Bob Barr, Locality Manager, Stirling, HSCP (BB)  
Pam Robertson, Co-Chair JSF, Secretary, Clackmannanshire Unison, (PR) (Chair)  
Andy Kane, Clackmannanshire UNISON  
Linda Guy, HR Manager, NHS Forth Valley (LG)

### 1. Welcome and Introductions

Pam Robertson chaired the meeting in the absence of the Joint Chair. All were welcomed to the meeting.

### 2. Apologies for Absence:

Apologies for absence were intimated on behalf of:  
Annemargaret Black, Chief Officer, HSCP (AB)  
Nicola Cochrane, Service Manager, MH & LD, HSCP (NC)  
Sonia Kavanagh, Business Manager, HSCP (SK)  
Amie McIntosh, Senior HR Business Partner, Stirling Council (AMcl)  
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)  
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)  
Nicola Brodie sub for Karen Morrison, Unison, NHS Forth Valley (KM)  
Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)  
Vicki Leonard, GMB, Scotland Organiser (VL)

### 3. Minute of Meeting of 6 October 2022

This minute was approved. No matters arising from note of meeting

### 4. Matters Arising

Pam Robertson advised she will be retiring two weeks' time, and Andy Kane will be taking over as Clackmannanshire UNISON Branch secretary. Andy attended today's meeting as an observer.

### H & S Group TOR

**Item deferred to next meeting.** JS advised it is her understanding that the issue is around amendments made to the ToR at the H&S Forum in April 22, and to date no decision were there. This item needs to go back to a future H&S meeting for clarity, thereafter and update can brought back to this meeting.

**Action Judy Stein**

## **Bellfield Issues Update**

KH provided an update, advising she has spoken with Lisa Woodbridge, Stirling Council OD Lead who advised she was unaware of any outstanding issues. If anyone is aware of any staff members who are still experiencing problems, please forward names directly to Lisa Woodbridge, as support is there if required.

LT advised that not all domestic staff, have been set up within Stirling Council's IT system, these staff members have no email addresses or access to computers. KH advised that a stock of ipads are being delivered to the Bellfield for staff use. KH will liaise with Lisa Woodbridge and take this forward with the domestic staff.

### **Action Kelly Higgins**

KH confirmed she will also be able to provide staff with an update around the new uniforms.

In the absence of Stirling HR colleagues, JS provided an update around overtime issues, advising a meeting has taken place with Avril Magill and Martin Shields, which took the staff through the overtime process. JS advised if anyone has specific issues to bring these to their line manager who can take these forward.

## **5. Management Update/Service Pressures**

**WF** provide an update advising staff and services continue to be under pressure within acute and community.

Currently the HSCP has 5 delayed discharges within NHS FV with a total of 17 delays across the whole system. Colleagues across operational services are working hard to keep people in a homely setting with personal choice.

A Care Closer to Home event has been organised for 12 December, which will be a show and tell about what we are doing across our services. All welcome to attend to plan how we ensure effective planning for intermediate care support.

An Integration Joint Board (IJB) paper on delegation of functions has been taken to both Falkirk and Clackmannanshire & Stirling respective IJB's along with the NHS FV Board meeting. The transition of Specialist Mental Health, Addiction Services, Health Improvement and Primary Care is now underway. Meetings have been taken place with HR colleagues to ensure smooth transition across the whole system where services are being coordinated by each HSCP.

The new Carers Lead, Jennifer Kennedy commenced in post on 29 November, Jennifer will take forward this agenda behalf of the HSCP. Trade union colleagues are welcome to attend the HSCP Carers Planning Group.

## **6. NHS Forth Valley Board Escalation**

**WF** provided an update, advising on 23 November 2022, the Cabinet Secretary for Health & Social Care, Humza Yousaf, confirmed in a statement to the Scottish Parliament that NHS Forth Valley has been escalated to Stage 4 of the NHS Scotland Performance Escalation Framework.

As a result, an Assurance Board will be established which will bring together direct formal oversight and engagement from Scottish Government to deliver on a whole system Improvement Plan which is to be developed by the NHS Forth Valley Executive Leadership Team. The first meeting will be held on 1 December 2023,



with the chair being appointed by Scottish Government who is Christine McLaughlin.. Other members will be appointed by Scottish Government as the Plan develops.

The Plan will look to set out actions in response to leadership, governance, culture and improved performance in a number of service areas. These include un-scheduled care, GP out-of-hours services, Psychological Therapies and Child and Adolescent Mental Health Services (CAMHS).

- Putting patients first – everyone who uses our services should expect to receive consistently high standards of care and treatment.
- Supporting our staff by ensuring that they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible.
- Working in partnership – building and sustaining a culture of collaboration with partners based on trust and respect, learning, and sharing of best practice.

**WF** advised that a briefing had been sent to all IJB representatives on 28 November 2022. A further Healthcare Improvement Inspection Report is due to be published on 8 December 2022.

Discussion took place, with all being appreciative that this is a moving feast, but commented that there is more information within the public press than has been circulated by NHS Forth Valley. The TU's raised concerns advising that the issues raised by the Scottish Minister directly affect their members. The TU's requested a separate meeting be arranged to discuss the issues raised by Scottish Government to enable full and frank discussion to understand what this mean for staff and what process will be put in place.

WF advised currently that the HSCP has shared all the information currently available and further updates can be provided and there will be a further update at the next meeting.

## **7. COVID 19 Update**

Nothing specific, communications on going around encouraging all to ensure staff take up the vaccinations within social care settings.

## **8. National Care Service Update**

No specific update, debate and discussion continues at a national level.

## **9. OD & Wellbeing Update**

**KH** provided an update advising £10k has been received from Inspire Scotland to support wellbeing initiatives until March 2023. Three focused meetings have been arranged for staff to advise what they wish to spend the money on, unfortunately attendance was poor. Engagement now taking place within team meetings which is working much better. KH will keep gathering information/ideas, then take these back to staff for final agreement. This money is non-recurring and needs to be spent on well-being for staff.

KH advised that OD are still working within the Bellfield Centre, with a meeting taking place in January to agree our an Improvement Plan going forward, this will be a multi-agency response.

Work will be undertaken with the LD service in early January pulling together a programme of work.

KH advised there has been a positive shift resulting in all 3 OD Leads and herself working more closely together.

**10. Update on Business Case**

No update.

**11. Service Updates  
Stirling Locality**

A written report had been provided, which was for noting

**Clackmannanshire Locality**

A written report had been provided, which was for noting

**Mental Health & Learning Disability**

A written report had been provided, which was for noting

KM wished to highlight a reference to industrial action on the first page which stated this will have no impact on the service; how does she know this? This is an inaccurate statement within the report. JS explained she feels this is more around the teacher's strikes and how this has an impact on staff due to child care arrangements.

**Action: WF advised she will take KM point on board, WF to ask NC to go back and revisit language in the report.**

**Hospital, Reablement & District Nursing**

A written report had been provided, which was for noting.

**12. STANDING ITEMS**

**H & S Partnership Group Minutes**

Minutes are attached for noting

**13. AOCB**

**TU Facility Time**

Discussion took place around pressures staff are currently working under. Facility Time is a key factor to allow TU's the ability to participate in meeting, working groups and engagement with members. If adequate Facility Times is not given, this then weakens participation time and participation is key.

KM echoed LT statement and wants to support LT on this, advising there is more work for TU reps, with a lot of demands around attendance at meetings, with fewer reps. This can have an impact on services. Demands on TU reps at the moment is huge. PR requested that TU Facility Time was taken back to respective HR colleagues to review.

**Action: HR colleagues to take TU Facility Time back to relevant organization for review and provide update a future meeting.**

LT advised she is seeking to raise this with COSLA, advising we are not the only HSCP with this issue. TU Facility Time has never been reviewed since the

conception of the IJB. **LT** feels there needs to be due consideration by employers, given the raise of work load meetings. **AR** advised this is also being raised as part of the National Care Service agenda going forward.

The members of the meeting thank Pamela Robertson for her leadership and hard work over the years, and wished her all the very best going forward, she'll be missed.

- 13. Date of Next Meeting(s)**  
TBC for 2023

## Strategic Planning Group

Minute of meeting held on 14 December 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
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
Carolyn Wyllie	Health and Social Care Partnership Head of Community Health and Care
Linda Riley	Service User Representative
Hazel Meechan	NHS Forth Valley Public Health
Agnes McMillian	Falkirk and Clackmannanshire Carers service
Lesley Shaw	Health and Social Care Partnership Service Improvement Manager
Stevie Irvine	Police Scotland
Jessie Anne MacDonald	Public Involvement Co-ordinator NHS Forth Valley
Marjory McKay	Strathcarron Hospice
Michelle Duncan	Health and Social Care Partnership Planning and Policy Development Manager
Anne Knox	Interim CEO Stirling Voluntary Enterprise & Third Sector Interface
Margaret Silver	Care Representative
Helen Duncan	CEO Town Break
Ann Farrell	Health and Social Care Partnership Principal Information Analyst
Carol Johnson	Health and Social Care Partnership Principal Information Analyst
Caroline Robertson	Health and Social Care Partnership Locality Manager
Joanne O'Suilleabhain	Principal Public Health Officer /Keep well programme Manager
Hazel Meechan	NHS Forth Valley Public Health
Jennifer Kennedy	Health and Social Care Partnership Carers Lead
Stephen Clark	Head of Housing Stirling Council
Marie Valente	Chief Social Work Officer Stirling Council
Judy Stein	Health and Social Care Partnership Locality Manager
Liz Rowlett	Third Sector/HSCP Partnership Officer
<b>In attendance</b>	
Fiona Norval	Minute taker / PA
<b>Apologies</b>	
Lorraine Robertson	Health & Social Care Partnership Chief Nurse
Annemargaret Black	Health and Social Care Partnership/IJB Chief Officer
Janette Fraser	NHS Forth Valley Head of Planning
Lesley Fulford	Health and Social Care Partnership Senior Planning Manager
Elaine Lawlor	Substance Use Co-ordinator NHS FV
Emma Mitchell	Health and Social Care Partnership Self Directed Support Lead

**1. Welcome from Chair, Apologies & Declarations of Interest**

Allan Rennie welcomed all to the Strategic Planning Group

Apologies noted above and there were no declarations of interest.

**2. Draft Minute of meeting held on 12 October 2022**

The note of the meeting held on the 12 October 2022 the meeting was approved as an accurate record.

**3. Matters Arising & Rolling Action Log**

Action Log was updated.

Jennifer Kennedy, Carers Lead was welcomed into her new role.

**4. HSCP Workforce Plan Scottish Government – For Noting (Kelly Higgins)**

Kelly Higgins provided an update advising the deadline for submission to Scottish Government was met. The plan was presented to the Integration Joint Board, who requested a couple of comments to be added. Once this has been completed the report will be published and the link shared with the group.

A meeting has been arranged for Monday 19 December with key stakeholders to go through document and the action plan to agree how this will be implemented and progressed. This plan is a fluid document and at the heart of the document is working together and reviewing as and where possible.

Anthea Coulter and Narek Bido will meet quarterly to ensure the third sector section is regularly reviewed and meeting the needs of requirements of the Guidance.

Action: Kelly Higgins to share link with group of published Integrated Workforce Plan
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**5. HSCP Strategic Commissioning Plan, Localities Planning & Locality Working (Wendy Forrest) - Discussion draft Strategic Commissioning Plan draft**

Wendy Forrest introduced Michelle Duncan who has been drafting the Strategic Commissioning Plan and will provide an update on where we are. The purpose of this is about every one having the opportunity to influences for the IJB over the next ten years.

Michelle Duncan took the meeting through the presentation and advised she would welcome any feedback, on the draft priorities and would bring the draft Plan to the meeting in February 2023.

Alan Rennie advised this is an important document and would welcome any comments from anyone to be forwarded on to Michelle.

Discussion took place with an ask that we include the ADP work and if prevention could also be added, as a separate area of work. It was noted there was no reference to the Fair Work Convention, Michelle Duncan will pick this up with Abigail Robertson to ensure this is added.

Action: It was noted there was no reference to the Fair Work Convention. Michelle Duncan will pick this up with Abigail Robertson to ensure this is added
---

Discussion took place around the National Health & Wellbeing Improvement Outcomes Wendy Forrest advised that, the National Outcomes have been mapped against local priorities.

This is a public document with a requirement to demonstrate tangible outcomes, which will show if it is successful. The impact and performance will be reported within the Annual Performance report.

A session will be held to review the priorities as they currently are, to ascertain what we mean around these and match some of our successes measured within the Annual Performance Report. Where we will look to review, this will be a constant cycle. This is a 10 year plan with an Implementation Plan that sits alongside this.

Marie Valente advised that Children Services are also undertaking a Three Year Service Plan and there may be some links/read across which they will bear in mind and take the learning.

Wendy Forrest agreed it is helpful to read across both, advising the HSCP is also working with colleagues to align to Health Improvement Strategy and Healthcare Strategy, and cross working is always welcomed and supports effective delivery.

Members of the group asked that Locality Planning networks align, this needs to be more explicit in the plan.

Discussion took place around the previous and current financial challenges and all agreed this will be particularly over the lifetime of the Plan. It is good to see a plan that is realistic around what is achievable and who/what we plan and focus our funding. It was agreed that this Plan needs to be a living document particular as this one has a 10 year life cycle. Going forward this plan will assist how we manage expectations and manage finances.

Allan Rennie thanked the team and welcomed this draft, which has made him reflect and undertake more research.

Action: Please feedback any thoughts/comments on Plan to Michelle Duncan – [duncanmi@stirling.gov.uk](mailto:duncanmi@stirling.gov.uk)

## 6. HSCP Locality Networks Clackmannanshire, Stirling Urban & Stirling Rural (Lesley Shaw) Discussion on locality plans

Lesley Shaw shared a presentation and provided an update and overview on what has been achieved since the last Strategic Planning Group:-

- Completed engagement process & collated findings
- Reported / shared findings  
Presentations: Strategic Needs Assessment & Burden of Disease
- Agreed Locality Themes (2023-2026)
  - Communication & Signposting
  - •Early Intervention & Prevention
  - •Care Closer to Home
  - •Supporting Carers
  - •Mental Health & Wellbeing
  - •Alcohol & Drugs
- Action Planning Sessions - agreed outcomes

A 3 year Locality Plan will be produced for each area, which will enable us to be flexible and be able to adapt as the needs change within each locality.

Action: Lesley Shaw to share collated finding from the engagement process
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Allan Rennie thanked Lesley Shaw for this presentation and update provided.

Discussion took place advising that meetings are ongoing with colleagues across localities focused on community health and care services .

Locality plans and priorities are the same within Strategic Commissioning Plan, which align across the NHS and the 2 Councils. The HSCP is working as a whole system to integrate care and support, which should in the long run provide more person centred care. It is important for this work, that we understand that none of this work sits in isolation and re need to work together.

This is an exciting opportunity for us all to start to look at all these plans together rather than in silos. Michelle Duncan is currently working on a visible diagram, which will show the drawing together of the connectivity.

Action: Visible diagram to be shared at the February 23 meeting – Michelle Duncan.
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## 7. HSCP Annual Performance Report, (Carol Johnson & Ann Farrell)

Ann Farrell shared a presentation and provided an updated, advising this is a public facing document, containing hyperlinks to various information in more detail.

Also included within the Annual Performance report:-

- Care Closer to Home
- Primary Care Transformation
- Caring Connected Communities
- Mental Health
- Supporting People with Dementia
- Alcohol & Drugs
- Links between the Strategic Plan and National Health and Well Being Outcomes and the National Health and Care Standards
- National Core Indicators
- Adult Protection
- Finance, Best Value and Governance
- Inspection reports in period
- Unscheduled Care data

This document sits on the HSCP web site and can be accessed via the undernoted link:

<https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2022/12/Annual-Performance-Report-2021-22.pdf>

The report would have been published in July 2022 but due to the Coronavirus Act, this date was delayed to November 2023.

Allan Rennie thanked Ann for the presentation, and commented that the Performance Indicators are interesting, advising they are there or there about in relation to the National Indicators.

Ewan Murray commented that there is a lot of work within this document, with good style of presentation which makes it very readable and digestible for a public audience.

Discussion took place around admissions of over 75yr with the majority being coded as having falls. Carolyn Wyllie advised that the HSCP does collect data around this and know how many leave hospital generally and how many have returned to the 3 localities.

The HSCP has just appointment a Falls Lead position and they will provide support in the community to prevent future falls, reaching with the FV to get people back home. This officer will work with the Scottish Ambulance Service colleagues within the Localities and the Community with a view around to preventing unnecessary hospital visits

Action: Presentation on our capacity across our services, including supporting people across our localities, numbers of providers and hours of care to be brought to February 23 meeting – Lesley Fulford
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## **8. HSCP Commissioning Consortium – Dementia, Carers and Mental Health (Jennifer Baird)**

Jennifer Baird provided an update on activity since the last Strategic Planning Group, advising that following on from the dementia presentation that showed the proposed model of care at the last meeting, a short life working group has been set up to produce a collaborative plan around the funding. This will be brought back to this group in February to work through prior to submission to a future Integration Joint Board.

Action: ADP & Dementia Commissioning Consortium Plan to be brought to February 23 meeting – Jennifer Baird.

A meeting will be arranged in January to progress a commissioning of carers services, discussions will be held with both Carer Centres.

Mental Health Consortium will be arranged for late January/early February 2023. Preparatory work ongoing around this as we wish to see where cross overs are with ADP. Officers are working closely to ensure we are considering mental health and addiction services together as they are interlinked.

## **9. HSCP Winter Planning (Carolyn Wyllie)**

Carolyn Wyllie shared a short presentation and provided an update:-

- The HSCP Winter Plan for 22 / 23 was developed in line with the 8 Priority Actions as directed by Scottish Government.
- The Forth Valley area in totality received £0.528m of Winter Funding for financial year 2022/23.
- As an HSCP, we began our Winter Plan engagement and consultation in July 22.

### **What is working well:-**

#### **Daily Flow**

- The HSCP holds a daily flow meeting at 9.15am –attended by all services which support the capacity and flow of care across our whole system. This began as a Bronze Command Meeting during Covid however collectively it was agreed to keep this meeting in place due to the benefits of shared communication and joined up working between acute and community.
- Information from this meeting is collated and disseminated across the whole system for oversight and review.

#### **Hospital Discharge Redesign**

- The HSCP is creating one access point for acute colleagues.
- The shared priority is to reduce bed days lost to delay and support each patient journey and to deliver care at the right time & in the right place (developing and delivering improved patient pathways).
- Staff based on acute site linking with acute and Falkirk HSCP colleagues.

Allan Rennie informed the group that there has been significant good work going on there and collaborative work and teams is to be commended

## **10. Financial update (Ewan Murray)**

Ewan Murray provided a brief update, advising it is clear that the whole health and social care system is continuing to experience exceptional levels of demand. Constraints on capacity, particularly workforce, mean that not all service demand is being met and unmet need continues to be significant.

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

22/23 Finance Position:

- Projection @ M7 Overspend on Integrated Budget of £0.429m. Prescribing to further worsen at Month 8 by £0.337m. Review of accruals as part of budget recovery options will offset this by circa £0.2m
- Exceptional Covid demand impact est. at £0.887m being defended – Integrated budget project net balanced
- Set aside £3.420m projected overspend. Includes Covid driven costs, contingency capacity, ED costs etc.

## **Needs Led Resource Bound**

Looking forward, working on 23/24 budget planning, will be based on an assumption base of inflation of around 7.2%. Work on going with significant element of strengthening financial and operational management arrangements across the HSCP. These arrangements were reintroduced by means of monthly virtual meetings from August 2020 and are co-chaired by the Chief Finance Officer and Head of Service for Community Health and Care. The arrangements continue to evolve, and the reporting framework has recently been reviewed to focus on key operational issues.

As a HSCP we need to find ways of living within our needs and this will be challenging, as some of this costs are driven by the significant demand of on going pressures which will be challenging through the winter months and beyond.

## **11. Any other business**

HSCP Newsletter – sign up link below.

<https://clacksandstirlinghscp.us20.list-manage.com/subscribe?u=15a1e14089324cd5e4b1ae1c9&id=f5086388b6>

Joanne Osuilleabhain highlighted to the group the Keep Well service is available to all communities to provide 1-1 person centred, health assessments, focusing on early identification/ intervention of diseases & for prevention. Our central tel number is 01786 434044. We target and reach several priority population groups, particularly people living in deprived communities. Also, related to items on today's agenda, we work closely with Carer support services. Any carer is welcome to receive a health assessment. Please get in touch if you wish further information.

## **12. Date of Next Meeting –16 February 2022 @ 2pm**

Proposed topics for future meetings:

February 2023

- HSCP Model of care for hospital team & discharge planning team (Barry Sneddon)
- HSCP Model of care for mental health (Nicola Cochrane)
- HSCP Carers Investment Plan (Jennifer Kennedy)
- HSCP Self – Directed Support (Emma Mitchell)
- The Promise (Marie Valente)
- No-one Left Behind Delivery Plan (Joanne O’Suilleabhain)

**Minute of the Clinical and Care Governance Group meeting held on Thursday 24 November 2022, at 2.00pm, via Microsoft Teams**

**Present:**

James King, GP Clinical Lead and Locality Coordinator, HSCP (Chair)  
Lorraine Robertson, Chief Nurse, HSCP (Vice Chair)  
Sharon Robertson, CSWO, Clackmannanshire Council  
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley  
Carolyn Wyllie, Head of Service  
Nicola Cochrane, Service Manager MH & LD  
Caroline Robertson, Locality Manager  
Shiona Hogg, AHP Manager  
Barry Sneddon, Clinical Nurse Manager  
Joanne Sweeney, ASP Lead Officer  
Lesley Fulford, Senior Planning Manager

**In Attendance:**

Sonia Kavanagh, Business Manager (Minute)

**Terms of Reference – remit, responsibility, workplan and assurance**

Carolyn Wyllie advised further work was required and this would link with the wider work and review around the Strategic Risk Register as agreed by the IJB; including alignment of specific risks to the IJB sub committees and this group to provide appropriate governance and assurances.

**1. WELCOME AND APOLOGIES FOR ABSENCE**

James King welcomed everyone to the meeting. Apologies for absence were noted on behalf of Bob Barr, Judy Stein and noted that Marie Valente was attending from 3pm

**2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 28 JULY 2022**

**The Clinical and Care Governance Group:**

- Approved the draft minute as an accurate record.

**3. MATTERS ARISING FROM THE MINUTE**

None were noted.

## **4. CLINICAL AND CARE GOVERNANCE REPORTS**

### **4.1 Clackmannanshire Locality, CHART and Care Homes**

Caroline Robertson provided an update including the positive feedback from the Care Inspectorate regarding the improvements at Menstrie House and noted in particular the challenges around staffing and recruitment which was impacting on staff morale. Carolyn Wyllie suggested this was discussed further outwith the meeting with Sharon Robertson and Ewan Murray, the Chief Finance Officer, to understand the reasons and approval required.

### **4.2 Integrated Mental Health Service and learning Disabilities**

The reports provided relevant details and updates.

### **4.3 Reablement, TEC, Community Nursing and Hospital**

The report provided relevant details and updates.

In Judy Stein's absence Carolyn Wyllie highlighted an inspection of the Bellfield by the Care Inspectorate. Feedback from staff and users had also been very positive however, due to changes in training systems a full management overview was not possible and a Grade 3 was given for Leadership due to the lack of evidence triangulation. Further details were provided within the report at Item 5.5.

### **4.4 Stirling Locality**

The report provided relevant details and updates.

### **4.5 AHP**

Shiona Hogg highlighted a significant increase in Speech & Language and ReACH new referrals as other services continued to resume and people were presenting with more complex needs. A brief update was provided on staffing and financial budgets including the service for wheelchairs and prosthetics.

In response to a query regarding the increase on Speech and Language referrals, Shiona explained there was also an increase in demand from care homes which although impacted the small team was positive as recognised the support available and improved multi-disciplinary working.

### **4.6 Delayed without Discharge and CCHC**

Barry Sneddon provided a verbal update including the challenges due to vacancies and long-term absences and the budget pressures due to the additional beds and supporting staffing model at CCHC.

He noted this was week 4 of a test of change regarding the Hospital Discharge team on site with acute colleagues, with positive feedback being received. A

review meeting was taking place the following week to review the data and metrics around the progress which would then inform the Business Case and new posts required to provide a 7 day service.

#### **4.7 Adult Support and Protection: Lead Officer report and Progress Update on ASP Improvement Plan**

Carolyn Wyllie introduced Joanne Sweeney as this was her first meeting and would be providing updates to the Clinical and Care Governance Group going forward regarding ASP and the Improvement Plan.

Joanne advised that the Adult Support and Protection Committee had met for the first time on 17 November 2022 to discuss national and local developments as well as the data and performance regarding investigations, Adult Protection Referrals (AP1s) and staff training etc. A new ASP Threshold Guidance specifically for care homes was also due to be launched with the Early Indicator of Concern Framework at the end of November regarding the ASP referral reporting process and procedure.

She also highlighted that a Short Life Working would be established to specifically track and ensure implementation of the ASP Improvement Plan's agreed actions.

In response to a query regarding how to publicise and disseminate the new ASP Guidance for GPs and Primary Care Teams, Dr King advised there was protected learning time for primary care staff called CREATE and to contact David Herron.

#### **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. ITEMS FOR OVERSIGHT AND ASSURANCE**

- 5.1 Noted the Non-Clinical Claims report: end of October 2022**
- 5.2 Noted the HSCP Complaints: NHSFV and Local Authorities**
- 5.3 Training Compliance: NHSFV**
- 5.4 Noted the Standards and Review report: July – August 2022**
- 5.5 Noted the Bellfield Centre Care Inspectorate report**

### **6. PROPOSED DATES FOR 2023/24**

### **7. AOCB**

### **8. DATE OF NEXT MEETING**

**Thursday 26 January 2023 at 2pm**