

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **21 June 2023 2 pm – 4 pm** at Ceteris, Alloa Business Centre, Alloa and hybrid via MS Teams

Please notify apologies for absence to:
fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

- | | |
|--|--|
| 1. NOTIFICATION OF APOLOGIES | For Noting |
| 2. NOTIFICATION OF SUBSTITUTES | For Noting |
| 3. DECLARATION(S) OF INTEREST | For Noting |
| 4. CASE STUDY – Riverbank Centre & Streets Ahead Coffee Morning (Presented by Annemargaret Black, Chief Officer) | For Noting 2 – 2.05 pm |
| 5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/ EMERGENCY ITEMS | |
| 5.1 ACTION LOG | For Noting 2.05 – 2.10 pm |
| 6. DRAFT MINUTE OF THE INTEGRATION JOINT BOARD MEETING HELD ON 29 March 2023 | For Approval 2.10 – 2.20 pm |
| 7. CHIEF OFFICER UPDATE (Paper presented by Annemargaret Black, Chief Officer) | For Noting & Approval 2.20 – 2.35 pm |
| 8. ANNUAL PERFORMANCE REPORT 2022-2023 (Paper presented by Annemargaret Black, Chief Officer) | For Approval 2.35 – 2.50 pm |
| 9. FINANCIAL REPORT FOR YEAR ENDED 31 MARCH 2023 (Paper presented by Ewan Murray, Chief Finance Officer) | For Assurance 2.50 – 3 pm |

10. COMMISSIONING DELIVERY PLAN **For Approval**
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) 3 – 3.15 pm

11. EQUALITY

11.1 EQUALITY AND HUMAN RIGHTS COMMISSION - For Noting & Approval
AUDIT AND OUTPUT 3.15 – 3.25 pm
(Paper presented by Lesley Fulford, Senior Planning Manager)

11.2 EQUALITY IMPACT ASSESSMENT - For Noting & Approval
MAINSTREAM PROGRESS REPORT 2021-2023 3.25 – 3.35 pm
(Paper presented by Lesley Fulford, Senior Planning Manager)

12. COMMISSIONING FOR CARE (EXEMPT) **For Approval**
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) 3.35 – 3.50 pm

13. ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT **For Approval**
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) 3.50 – 4 pm

14. FOR NOTING

14.1 DECISION LOG **For Noting**

14.2 MINUTES **For Assurance**

- a. Finance and Performance Committee – 01.03.2023
- b. Joint Staff Forum – 27.02.2023
- c. Strategic Planning Group – 16.02.2023
- d. Clinical and Care Governance Group – 23.03.2016

15. ANY OTHER COMPETENT BUSINESS (AOCB)

16. DATE OF NEXT MEETING

27 September 2023 2pm – 4pm



The action log documents actions not covered by IJB report recommendations. Once completed actions are noted at the Board meeting they will be removed and outstanding actions will be rolled forward to the next meeting.

| Meeting Date and Paper Number | Report Title | Action | Responsible Officer | Timescale | Progress/Outcome | Status |
|-------------------------------|------------------------------------|--|---------------------|--|--------------------------------|----------|
| 29.03.2023 8.2 | 2023/24 IJB Initial Revenue Budget | Mr Murray to provide a summary of Directions for a future IJB, following consideration by the Finance and Performance Committee. | Mr Murray | Integration Joint Board 27.09.2023 Finance & Performance Committee 01.11.2023 | | Ongoing |
| 29.03.2023 11 | Any Other Competent Business | Mr Murray to hold a special Audit and Risk Committee meeting to go over the Annual External Audit Plan. | Mr Murray | ASAP | Meeting was held on 17.04.2023 | Complete |

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Board Meeting
held on 29 March 2023

For Approval

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

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 29 March 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 Danny Gibson (Vice Chair), Stirling Council
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
Anthea Coulter, Third Sector Representative, Clackmannanshire
Narek Bido, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Abigail Robertson, Staff Representative, Stirling Council
Lorraine Robertson, Chief Nurse HSCP
Paul Morris, Service User Representative, Clackmannanshire
Robert Clark, Employee Director, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling

Advisory Members

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

In Attendance

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

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

Mr Rennie explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Respects were paid to Morag Mason who had been a Service User representative on the IJB for 6 years. Not only had she played a huge part as a volunteer in Forth Valley for 18 years she had also represented the wider public across many forums and committees. She was an amazing lady and thoughts are with her family and friends.

Apologies for absence were noted on behalf of:

Eileen Wallace, Service User Representative, Stirling
Carol Beattie, Chief Executive, Stirling Council
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

Due to technical difficulties, it was agreed that this would be emailed to the Board members after the meeting.

5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

None.

6. MINUTE OF MEETING HELD ON 01 FEBRUARY 2023

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

Mr Fairbairn explained he raised three points, which had not been reflected, from agenda item 10.1 Strategic Commissioning Plan 2023-2033 which were:

1. The potential to have a board session at early stage of such planning processes.
2. Little mention of the significant challenges facing the health and social care system and how they would be addressed.
3. If the Strategic Commissioning Plan belongs to the IJB, should we remove the HSCP logo?

He explained it was about the completeness of the minutes rather than the substance of the points he raised. The points were responded to by Ms Forrest directly prior to the meeting.

7. CHIEF OFFICER UPDATE

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

Ms Black advised it continued to be a challenging, busy operating environment for leaders and teams across the HSCP and thanked everyone for their ongoing hard work to support the public. Ms Black raised a particular capacity issue that would challenge the HSCP following the recent resignations of Carolyn Wyllie, Head of Community Health and Care who was moving to a new promoted role at NHS Lothian, and Bob Barr, Stirling Locality Manager who was relocating with his family to Australia. Ms Black thanked them for all their contributions over recent years and wished them well for the future. The recruitment process was underway along with the need for temporary cover, to support and ensure services were safe in the interim. The service is currently carrying a lot of risks and it is important to remain as safe as possible.

She noted in particular two papers of great significance for IJB consideration, the 2023/24 Revenue Budget due to the considerable challenges we face going into next year; and the draft 10 year Strategic Commissioning Plan, which had involved significant engagement across Clackmannanshire and Stirling with stakeholders and partners. As previously advised, an associated one year delivery plan to support 2023/24 priorities would be undertaken alongside work on finance, the risk register and performance framework which will commence soon. These will support the delivery of key objectives.

Ms Black informed the IJB that Narek Bido, Chief Executive of Recovery Scotland has expressed an interest in becoming a non voting member of the IJB Audit and Risk Committee. The IJB were asked to approve his appointment, to which they agreed.

The implications for the IJB within the NHS Forth Valley Internal Control Environment Report 2022/23 were being reviewed, led by Ewan Murray, and brought back through the IJB.

Ms Black highlighted the enormous pressures in Forth Valley Royal Hospital and explained that work was ongoing with acute services regarding the whole system working to support getting people home from hospital. She added that oversight arrangements were in place on a pan Forth Valley basis involving both Chief Officers and Chief Executives to look at the whole system performance regarding unscheduled care and the numbers of people delayed in their discharges. Work has continued on the Discharge without Delay programme. As there were several workstreams involved, the work had been prioritised with the Chief Officer from Falkirk IJB and monitored through the Unscheduled Care Programme Board which they co-chaired with the Medical Director. The Heads of Service and Operational Managers were supporting this also.

Another area of the whole system work, as previously explained, was the programme of work Reimagining Care Closer to Home. The programme was about maximising support to people in their own homes and key workstreams had been agreed which include out of hours services. An application for external funding had been submitted to support this work and was ongoing.

In response to a request, Ms Black said that going forward Ms Fulford would include both the number and rate of delays in the report.

Ms Black explained the Integration scheme was due for review. She explained Chief Executives from both Councils and the Health Board had decided to have their own internal process with their respective decision makers to establish what they would prefer in terms of the future IJB model, supported by a revised integration scheme. Ms Fulford had put together a process document with all the areas to be considered as part of that. Work was ongoing and Ms Black, Mr Murray and Ms Fulford would be supporting the Chief Executives in the process. Scottish Government advised there was no set deadline for this work but there were some local governance issues which needed to be addressed.

Finally, Ms Black introduced Dr Jennifer Borthwick, who was the Director of Psychology and Head of Clinical and Care Services for Mental Health, Alcohol and Drugs and Learning Disabilities. As part of the NHS Forth Valley escalation process, Psychological Therapy performance is part of the process as an area for performance improvement. Dr Borthwick had transferred into the HSCP with Specialist Mental Health Services and was now responsible for the management of Community Mental Health and Social Care Services. Going forward she would attend IJB meetings and assist with questions relating to her areas of operational responsibility.

In response to a question raised regarding funding for interim care beds after 31 March 2023. Ms Black explained that whilst the current cost does stop,

residents can access care at home or a preferred care home. Scottish Government had been in touch about funding. Mr Murray explained the challenges faced with regard to the clarification of funding arrangements.

Mr Stuart raised a question about the whole system dashboard development and whether the IJB could have sight of what the indicators look like. Ms Forrest explained the team were currently reviewing the performance framework and suggested a presentation on whole system performance to understand where some of the issues were coming from. Ms Black proposed this be presented at a Finance and Performance Committee meeting to provide more detail and also a deep dive as part of the IJB development programme.

In response to concerns from Ms Coulter regarding guardianship, Ms Black confirmed she was assured there was a tight process in place to ensure people were not delayed in hospital a day longer than they needed to be. A conversation then took place about the national campaign to encourage Power of Attorney and if a local one was required.

Mr Rennie suggested that, given the amount of activity captured in the report and, as colleagues had made a lot of points and suggestions, the IJB were updated regularly of the progress of these, and the work carried out.

The Integration Joint Board:

- 1) Noted the content of the report.**
- 2) Approved the appointment of Narek Bido, Chief Executive of Recovery Scotland to the Audit and Risk Committee.**

8. BUDGET AND FINANCE

8.1 FINANCIAL REPORT

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

Mr Murray explained this Financial Report was previously presented to the IJB Finance and Performance Committee on 1 March 2023. The report set out projections for the first 10 months of the financial year to 31 January 2023. It also set out the projected overspend on the integrated budget of £260,000 and a projected overspend on the set aside budget for large hospital services of just under £3million for the financial year. He noted the set aside financial pressure had been agreed to be met in full by NHS Forth Valley for the current financial year as it has been in previous years.

Due to the time of writing the report Mr Murray verbally confirmed, that based on month 11 updates on the financial projections, he anticipated the integrated budget was forecast to be balanced for the current financial year.

Mr Murray outlined the key financial pressures set out in the report including the demand levels and increasing acuity of care, complex care packages and the prescribing budget. He explained a Development Session on Prescribing was held with the Finance and Performance Committee, which will be followed up in due course with a Development Session for the full Board as this is a growing area for concern nationally.

The ongoing pressures across the entire health and social care system continued to have a material impact on the delivery of savings and would also set the context for the IJB 2023/24 revenue budget.

Following the verbal update in relation to the projection on the integrated budget, Mr Murray advised that recommendation 3 was no longer required. The IJB was asked to note recommendations 1 & 2.

The Integration Joint Board:

- 1) Noted the 2022/23 projection based on Financial Performance for the first 10 months of the financial year.**
- 2) Noted the significant financial issues and pressures, key assumptions, and risks.**

8.2 2023/24 IJB INITIAL REVENUE BUDGET

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

Mr Murray explained the budget set out the proposed balanced initial 2023/24 IJB Revenue Budget for consideration and approval, incorporating material updates on issues affecting the financial position of the IJB and the assessment of risk in the delivery of savings and efficiency plans. The revenue budget should be considered alongside the 2023/33 Strategic Commissioning Plan to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities. Difficult economic conditions had resulted in an extremely challenging set of circumstances and the revenue budget should be regarded as an initial budget.

Mr Murray discussed the details of the report which included an overview of the following:

- 2023/24 IJB Revenue Budget: Proposed payment and set aside budget for large hospitals.
- Budget considerations, the Transforming Care Programme and meeting the budget gap.
- Set aside budget for large hospital services.
- National Care Home Contract (NCHC) update and contract uplifts for care at home and day care providers.
- 2023/24 directions.
- Reserves strategy & projected reserves position at 31 March 2022.

- Medium term financial outlook for IJB.

Due to the amount of information contained in the report, Mr Murray opened to questions before going through the recommendations.

The IJB discussed the financial position and current challenges faced by other IJB Boards and recommended that the financial sustainability risk score should be raised to 25 which is the highest possible score. Mr Murray confirmed the risk register was reviewed regularly and reported to the Audit and Risk Committee. Ms Black provided reassurance that wider engagement took place and considerations were made prior to presenting the budget to the IJB for decision.

Mr Stuart asked for clarification regarding the reserve position, Mr Murray confirmed the clawback of excess Covid earmarked reserves had been actioned by Scottish Government. However, a year end reconciliation process would be completed and if there were a shortfall, there was a mechanism to seek this back through further allocation.

Regarding settlements from Clackmannanshire Council, Stirling Council and NHS Forth Valley, Councillor Earl asked what the position would be if the governments expectations in terms of passthrough of funding were not met by any constituent authority this should be specifically noted by the Board and sought assurance that this would be noted as being an exception, rather than the rule. Ms Bridle explained that there had been variation over the years regarding levels of contribution and each Council had to consider their own affordability each year taking into account variation in levels of contributions to the IJB over a number of years Ms Black explained there had been engagement at officer level and, ultimately, the decision was with each constituent authority as to how much they contributed even if it did not meet Scottish Governments expectations.

The Board were content with the recommendations subject to amendments at recommendations 7,8 and 14 and a summary of Directions at the next meeting. Mr Murray noted these were usually considered by the Finance and Performance Committee, but these would also be brought to a future IJB meeting.

- 1) Approved the initial 2023/24 IJB Revenue Budget to support delivery of the Strategic Commissioning Plan of £243.670m (Section 4.6)**
- 2) Noted the proposed payments and set aside budget for large hospital services from the constituent authorities and that these are compliant with the terms of the Scottish Budget (Section 4)**
- 3) Approved the proposed approach to an initial balanced budget for 2023/24 including deployment of £2m of earmarked reserves (Section 5.4)**
- 4) Noted the core risk associated with the proposed approach (Section 5.5)**

- 5) Agreed that further recurrent options to eliminate the reliance on reserves are brought forward during 2023/24 (Section 5.6)
- 6) Noted the requirement to develop a single overarching delivery plan and agree that a draft plan is brought to the IJB Finance & Performance Committee in May 2023 (Section 5.10)
- 7) Delegated authority to the Chief Officer and Chief Finance Officer in consultation with the IJB Chair and Vice Chair, and IJB Finance and Performance Committee 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)
- 8) Approved the proposal to re-purpose £0.237m of earmarked reserves, on a non recurring basis, to support additional management capacity for strategic change (Section 5.16)
- 9) Approved the proposed approach to transformation funding including allocation of funding to support Locality Networks. (Section 6)
- 10) Noted the update and risks in relation to the National Care Home Contract and approve an uplift of 4.31% on Care at Home and Day Care contracts for commissioned services. (Section 8)
- 11) Noted the recommendation from the Audit and Risk Committee to approve the Reserves Policy and Strategy (Section 10 and Appendix 1).
- 12) Noted the medium term financial outlook for the IJB (Section 11).
- 13) Agreed that a substantive update to the IJBs Medium Term Financial Plan is completed and presented to the November 23 IJB meeting (Section 11).
- 14) Delegated authority to the Chief Officer to issue initial directions for 2023/24 (Section 12).

8.3 REVIEW OF IJB COMMITTEES TERMS OF REFERENCE

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

Both the Audit and Risk and the Finance and Performance Committees are required to review their terms of reference on an annual basis. Mr Murray confirmed that both the Audit and Risk and the Finance and Performance Committee had both approved their Terms of Reference. Work is ongoing to improve planning for the Committees and the Terms of Reference provides visibility on the recommendations for annual reporting.

In line with the recommendations within the last annual internal audit report. The IJB should receive an annual assurance report from the Committee Chairs on the work they provide.

Mr Clark highlighted that the wording for the Chair and Vice Chair isn't consistent in Appendices 1 and 2. Ms Black agreed the papers should be consistent, and therefore amended accordingly and reissued.

The Integration Joint Board:

- 1) Approved the Terms of Reference for both Committees of the IJB, subject to amendments to ensure Chair and Vice Chair roles were clear and which constituent partner can or cannot hold them.**
- 2) Agreed 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.**

9. PERFORMANCE

9.1 STRATEGIC COMMISSIONING PLAN 2023/33

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

Ms Forrest explained the current Strategic Commissioning Plan 2019-2022 had come to an end. It had been agreed, by the IJB and Scottish Government, that the former Plan was carried forward for an additional year due to the impact of the pandemic.

The 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 identified needs of the population.

Ms Forrest highlighted that what became clear was the impact on specific care groups, particularly unpaid carers and people with mental health issues. The engagement activity focused around the newly developing locality planning networks and the work which had been done. with Stirling Rural, Stirling Urban and Clackmannanshire. This included online surveys, community events and online events for each of the Localities. There were also meetings with local interest and peer support groups at a local level as well as some of the commissioned services and colleagues with the third sector. Within the locality planning network, it enabled a better understanding of how people wanted the team to engage with them. A process was then agreed which was about online and in person engagement in partnership with colleagues from the two third sector interface organisations. Overall, it was important to think about how to embed equality, human rights and ecology across all of the work being undertaken, with a focus on a person-centred approach.

The delivery of the ethical commissioning approach, as previously agreed by the IJB, meant delivery of all commissioning activity within a Commissioning Consortium model with all partners and stakeholders having the opportunity to influence service models. This programme was well underway across a range of care groups.

Ms Forrest explained that in terms of the Strategic Commissioning Plan it was not the end, but the start of activity and an integrated performance framework was required to align information and data whilst supporting and training staff to ensure the right information was going into the system. An integrated financial plan was also required to ensure delivery within the financial envelope as the Chief Officer had set out in her earlier report.

Following feedback from colleagues, a section has been included about the National Care Service in terms of the impact of proposed legislation going forward.

Engagement was key to the development of the draft Strategic Commissioning Plan and its implementation. Ms Forrest explained 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 the programme of work with Carers Centres and Third Sector Interfaces. Specific sessions were held with third sector forums to consult with them and begin to develop the Delivery Plan against the key priorities. The draft Strategic Commissioning Plan has been shared formally with Clackmannanshire Council, Stirling Council and NHS Forth Valley for their final comments.

Finally, Ms Forrest confirmed that involvement and participation would not end with the publication of the Strategic Commissioning Plan if approved today, as the Plan sets out continuous engagement and co-production of services throughout the ten-year period.

The IJB agreed it was a very informative and robust Plan and also the collaborative approach regarding commissioning. Councillor Rennie asked whether the Plan should be more explicit regarding trauma informed principles. Ms Forrest agreed, and it would be included in the delivery plan around responding to mental health and addiction, embedding this into community services and approach.

Mr Fairbairn asked how we will ensure the constituent authorities are taking the information into account and how they will be delivering services that we are commissioning from them. How will this work in the short term regarding how the directions are going to work. In addition, he asked whether the Plan should be an IJB document rather than an HSCP document.

Ms Black explained the development of the delivery plan would inform more detailed directions and that the implementation of the delivery plan would be monitored and visible to the IJB. The year one delivery plan which would also feed into the locality plans for Stirling Rural, Stirling Urban and

Clackmannanshire. These year one priorities would also inform the management and leaderships objectives for the year. This would create additional focus on the delivery of priorities.

Regarding branding Ms Forrest explained the IJB are responsible for Strategic Planning and the delivery is done by the HSCP. Mr Rennie agreed that it should remain as the HSCP logo for now as the Plan was being approved, but it would be considered for the future.

The Integration Joint Board:

- 1) Were provided with assurance on the development, engagement and consultation to develop the final draft of the Strategic Commissioning Plan.**
- 2) Were presented with the final draft Strategic Commissioning Plan 2023-2033 for publication if approved.**
- 3) Approved the final version of the draft Strategic Commissioning Plan 2023 - 2033.**

10. FOR NOTING

10.1 Action Log
Noted

10.2 Decision Log
Noted

10.3 Minutes
Noted

- 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)

Mr Murray explained the Annual External Audit Plan was not available for the Audit and Risk Committee in March. Mr Murray has now reviewed the plan and submitted comments to Deloitte. He proposed to have a special single item Audit and Risk Committee to consider the plan.

Mr Murray reported Ashlea Nursing Home in Callander had formally intimated notice of its intention to decommission. Notice was given on 22nd March 2023. The owner cited the current operating climate including staffing shortages, cost of living and inflationary pressures, including energy costs and low occupancy levels as reasons behind the decision. The National Care

Home Contract requested a 13 week period from the date that notice is serviced on which to complete the decommissioning process. Operational and commissioning staff were currently working with the owner to commence this process whilst ensuring the care and wellbeing of the current residents.

Ms Black confirmed that her team had assured her that all options were being looked at to provide care for residents.

Ms Black thanked the IJB for their ongoing support as the operating environment was very challenging at the moment and had been for the last few years. She thanked IJB members for the positive feedback and constructive comments and questions for which she was grateful and was sure the team would be too.

13. DATE OF NEXT MEETING

21 June 2023 2-4 pm

Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 7

Chief Officer Update

For Noting & Approval

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

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

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| Purpose of Report: | To provide the Integration Joint Board with updates and progress on a range of areas not covered in detail in other Board reports. |
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| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the content of the report. 2) Note partners signing up to the National Trauma Training Programme pledge and training is available through National Education Scotland here. 3) Approve Les Sharp as the third sector member representative on the IJB. |
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| Key issues and risks: | Staffing and management capacity challenges continue across the service and in particular social care, as well as risks relating to unmet need in the community. Planning and operational colleagues are working on a demand and capacity paper and will bring forward recommendations on how to mitigate any risks within the service presently. |
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1. [Background](#)

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

- Finance Report for 31 March 2023
- Draft EHRC – Audit and Output
- Draft Equality Impact Assessment - Mainstreaming Progress Report 21/23
- Draft Annual Performance Report
- Draft One Year Delivery Plan
- Draft Commissioning for Care
- Alcohol and Drugs Draft Annual Report

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 continues to face 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 continue to be required including automation to help modernise our approach and levels of intelligence gathering in the service. Much of the data the service has access continues to be developed manually at present which is resource intensive.

- 2.2. Work to refine our whole systems unscheduled care improvements continues to progress including further development of our whole systems performance dashboard, supported by planning colleagues from NHS Forth Valley and key operational leaders. The data collected allows teams to ask questions about what is going on in the system of care and as a measurement tool. Pan Forth Valley Chief Executives and Chief Officers continue to have oversight of the whole unscheduled care systems.
- 2.3. A whole system systems 'deep dive' on unscheduled care was presented to the Scottish Governments Assurance Board on 25th April 2023. The Assurance Board is overseeing NHS Forth Valley level 4 escalation. The presentation was led by NHS Forth Valley Medical Director supported by HSCP Chief Officer and the interim Director of Acute services. It laid out our understanding of why unscheduled care performance had deteriorated and what actions were being taken to improve performance. This work is supported by our whole systems performance indicators. HSCP leaders continue to work closely with acute care colleagues to ensure our approach is joined up, communication is effective, and our improvement responses are in alignment.
- 2.4. A further 'deep dive' collaboration was presented at an NHS Forth Valley Seminar on 9th May 2023 to ensure all Health Board members could see the significant progress we were making collaboratively as systems leaders in this area of priority.
- 2.5. The same 'deep dive' collaboration was delivered today at the IJB seminar to ensure all decision makers understand our challenges and progress on this key area of work.

Vaccinations

- 3.1. NHS Scotland recommends you have the spring booster this year if you:
 - are aged 75 years or over (by 30 June 2023)
 - live in a care home for older adults
 - are aged 5 years (by 1 April 2023) or over and have a weakened immune system

COVID 19 Spring Booster Campaign (24/04/23)

| Cohort | Number Eligible in Spring 2023 | Number vaccinated at 21/5/23 | NHS Forth Valley Uptake at 21/5/23 |
|-------------------------------|--------------------------------|------------------------------|------------------------------------|
| Older People Care Home | 1213 | 1049 | 86.5% |
| Age 75 & Over | 27401 | 20929 | 76.4% |
| 12+ Severely Immunosuppressed | 3727 | 1417 | 38.0% |

| | | | |
|-----------------------------------|--------------|--------------|--------------|
| 12+ Immunosuppressed | 3722 | 1317 | 35.4% |
| 5-11 years Weakened Immune System | 54 | 0 | 0 |
| Total | 36117 | 24712 | 68.4% |

These numbers will have changed since this update.

- 3.2. On 13 April 2023 Scottish Government published their advice for people who were on the Highest Risk List. The COVID-19 Highest Risk List ended on 31 May 2022.
- 3.3. The success of the vaccination programme and the availability of new medicines to treat COVID-19 meant the majority of people on the list are at no greater risk from COVID-19 than the general population. There is strong clinical evidence to support this which meant Scottish Government could end the List.
- 3.4. In this advice for people who have a 'weakened immune system'. The definition of who we mean when we say "weakened immune system" is defined under "immunosuppression" in the [Green Book Chapter on COVID-19, tables 3 and 4](#). This group includes those who have: Chronic conditions such as Respiratory Disease, Heart or Vascular Disease, Kidney Disease, Liver Disease, Neurological disease, Diabetes Mellitus, Immunosuppression, Asplenia or dysfunction of the spleen or severe mental illness.
- 3.5. The vaccination programme for Flu ended on 31 March 2023 and will begin again this winter.
- 3.6. The World Health Organisation (WHO) met on Thursday 4 May and declared Covid-19 no longer represents a "global health emergency".¹ This statement represents a major step towards ending the pandemic and comes three years after it first declared its highest level of alert over the virus. Officials said the virus' death rate had dropped from a peak of more than 100,000 people per week in January 2021 to just over 3,500 on 24 April.

4. Delayed Discharges

- 4.1. 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.
- 4.2. Interim Care funding ended on 31 March and to date has been used to purchase 8 beds for people delayed in their discharge between January and March 2023.

¹ [Statement on the fifteenth meeting of the IHR \(2005\) Emergency Committee on the COVID-19 pandemic \(who.int\)](#)

- 4.3. The latest published data available from Public Health Scotland² (April 2023); states number of delays for standard reasons (health & social care or patient & family related) at census point were 10 people across the HSCP area. With total number of people delayed (including code 9's) standing at 24 people.
- 4.4. Delayed discharge information is collated internally and is up to date operational data. As of 4 June 2023, there were 22 people who are experiencing 'standard delays' (health & social care or patient & family related) compared to 39 people on 9 December 2022 across the HSCP area. This includes 3 people in Forth Valley Royal Hospital. This is down from 39 people experiencing 'standard delays' on 9 December 2022. This performance was delivered in the context of significant and enduring service pressures. Overall, this represents approximately 43% reduction in standard delays from 9 December 2022.
- 4.5. As of 4 June 2023, there were 12 people in NHS beds with special codes, this includes guardianship.
- 4.6. The HSCP teams supporting people out of hospital should be commended for their performance and ongoing focus to improve people's outcomes and reduce whole system service risks and potential impacts on people. 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.
- 4.7. The HSCP team have agreed to an improvement target of a further 10% improvement in the number of people experiencing standard delays by the end of July. This will also support unmet need.

5. National Trauma Training Programme Leadership Pledge

- 5.1. National Trauma Training Programme (NTTP) Leadership Pledge issued a communication which set out an Scottish Government to make a commitment to preventing Adverse Childhood Experiences (ACES) and to supporting the resilience and recovery of all children and adults affected by psychological trauma.
- 5.2. Part of this commitment included investment of over £6 million since 2018, to establish a National Trauma Training Programme, led by NHS Education for Scotland (NES) to support a trauma-informed and trauma-responsive workforce and services across Scotland.
- 5.3. The overarching vision for the National Trauma Training Programme is:

"A trauma informed workforce and services across Scotland, capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances."

²[Delayed discharges in NHSScotland monthly - Figures for March 2023 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland](#)

- 5.4. The Programme provides accessible, evidence-based trauma training resources, including a leadership development component, as well as a team of Implementation co-ordinators to support all sectors of the workforce to embed and sustain trauma-informed practice.
- 5.5. In 2021 a network of senior ‘Trauma Champions’ from across Local Authorities and Health Boards was established to influence change across local areas and ensure sustainability beyond the life of the Programme were created. Across Forth Valley there is a trauma champions steering group with membership from:
- Transforming Psychological Trauma Implementation Coordinator (TPTIC)
 - Resilience Learning Partnership (RLP)
 - NHSFV champion
 - Falkirk HSCP
 - Clackmannanshire and Stirling HSCP
 - Maternity pathfinder champion
 - Falkirk Council - Service managers
 - TI Policy officer - Falkirk partnership
 - OD lead Stirling council
 - Trauma practice co-ordinator- Stirling Council
 - Wellbeing Scotland
 - Clackmannanshire council – vacant
 - Public Protection Learning & Development Advisor Clackmannanshire / Stirling
 - Public health practitioner
 - Includem
 - Justice service manager- Stirling
 - Falkirk and District Association for Mental Health (FDAMH)
- 5.6. As part of the NTTP the Scottish Government ask that leaders of organisations across Scotland signal a commitment to this programme by signing up to a leadership pledge of support which asks that organisations pledge to work with others to put trauma informed and responsive practice in place within the workforce and services, and that this is actively informed by people with lived experience. Recognition that relationships will offer collaboration, choice, empowerment, safety and trust as part of a trauma informed approach and will respond in ways that prevent further harm and reduce barriers so that people affected by trauma have equal access to the services they need.
- 5.7. The Forth Valley Trauma Champion steering group have recommended this to be our pledge:

NHS Forth Valley, Falkirk Health and Social Care Partnership and Clackmannanshire & Stirling Health and Social Care Partnership pledge to commit to developing and improving trauma informed principles and practice for all staff working in the service and all users of the service. We appreciate the importance of relationships that offer choice, collaboration, empowerment, trust & safety.

- *We will ensure staff wellbeing is at the core for our workforce by developing supervision, reflection and connection.*
- *We will continue to develop and improve all patient journeys to ensure they are caring, compassionate and person centred.*
- *We will continue to work in partnership with NHS Education for Scotland to provide training, educational resources and a culture of learning.*
- *We are committed to developing a trauma informed organization.*

5.8. This pledge was tabled at the MH & LD Collaborative forum on 16 March 2023, the forum was in full support of the proposed pledge.

5.9. The IJB are asked to note partners signing up to the National Trauma Training Programme pledge and training is available through National Education Scotland [here](#).

6. IJB Development Sessions

6.1. The development session delivered today was a 'deep dive' whole systems collaboration on unscheduled care as mentioned earlier in this report, we hope you found this informative. The data in the presentation was from the same dates presented to the Scottish Government and NHS Board.

6.2. The September development session will be delivered by the Standards Commission Scotland. If you have any specific items you would like addressed or any questions you would like answered please send these to fv.clackmannanshirestirling.hscp@nhs.scot and these can be provided to the presenter ahead of the session.

Board Membership

6.3. Third sector representative Anthea Coulter will step down from the IJB post the June meeting. Her drive to represent the Third Sector and contribution to discussion will be missed by all members of the IJB. We wish her well.

6.4. The Board is asked to approve Les Sharp as the fourth third sector representative on the IJB as nominated by Clackmannanshire Third Sector Chief Executive Anthea Coulter. Les Sharp was previously on the IJB as an Elected Member, this has been checked and there is nothing to prevent Les Sharp from joining the IJB as a third sector representative.

7. Integration Scheme Review

7.1. IJB members will be aware the process of the Integration Scheme review will commence soon within each constituent authority.

7.2. A meeting was held on 24 May with the Chief Executives of the three Constituent Authorities, Chief Officer and Senior Planning Manager to discuss the Integration Scheme Review and the process required to achieve the review.

7.3. As a result of this meeting all Constituent Authorities have agreed to hold an

internal discussion to agree their position on what, if anything, needs to be changed within the Integration Scheme.

- 7.4. Regular updates to the IJB will be provided.

8. Reimaging Care Closer to Home

- 8.1. This programme will support service providers, including the 3rd 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. A further workshop took place on 8th June 2023 to further progress our priorities and take stock of progress.

9. Workforce

- 9.1. The IJB were informed at the 31 March meeting that two senior managers were leaving their posts moving to new opportunities, the recruitment process for their successors is now under way.
- 9.2. Interim management and leadership capacity has been sourced to meet these capacity gaps and supports for the teams is being established.
- 9.3. As an HSCP, we are facing financial challenges with £4.392m amount in savings to be made in 23/24. As a Senior Management and Leadership Team, it is important that we look to the year ahead and prioritise our workload whilst ensuring efficiency savings are made. Strategic programme improvement capacity has also been sourced and will commence in August 2023 to support this area of work as previously agreed by the IJB at its March meeting. The resource will also support identifying areas of transformation and savings for 2024/25 and also lead a review of a range of governance areas to ensure the IJB Chief Officer and Chief Finance Officer have oversight of all areas of governance.
- 9.4. The Senior Management and Leadership Team are engaged in a programme of leadership and development work supported by an external organisational development provider, who are supporting us to develop our objectives for the next financial year as part of this programme. Some of these objectives are incorporated into the draft year 1 delivery plan being presented to the IJB today.
- 9.5. Please note the team objectives have yet to be finalised and this will be agreed at the June session, which will outline our key action areas, how are we going to measure and what will success look like.

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

- 10.1. The Chief Officer report at the 21 September 2022 it was reported that the Minister for Mental Wellbeing and Social Care had announced the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR).
- 10.2. In a letter received on 6 June 2023, notification was given of a short extension of report publication from June 2023 to September 2023. This short extension will enable the Chair and Vice Chair to give this information full consideration and for the final drafting to be completed.

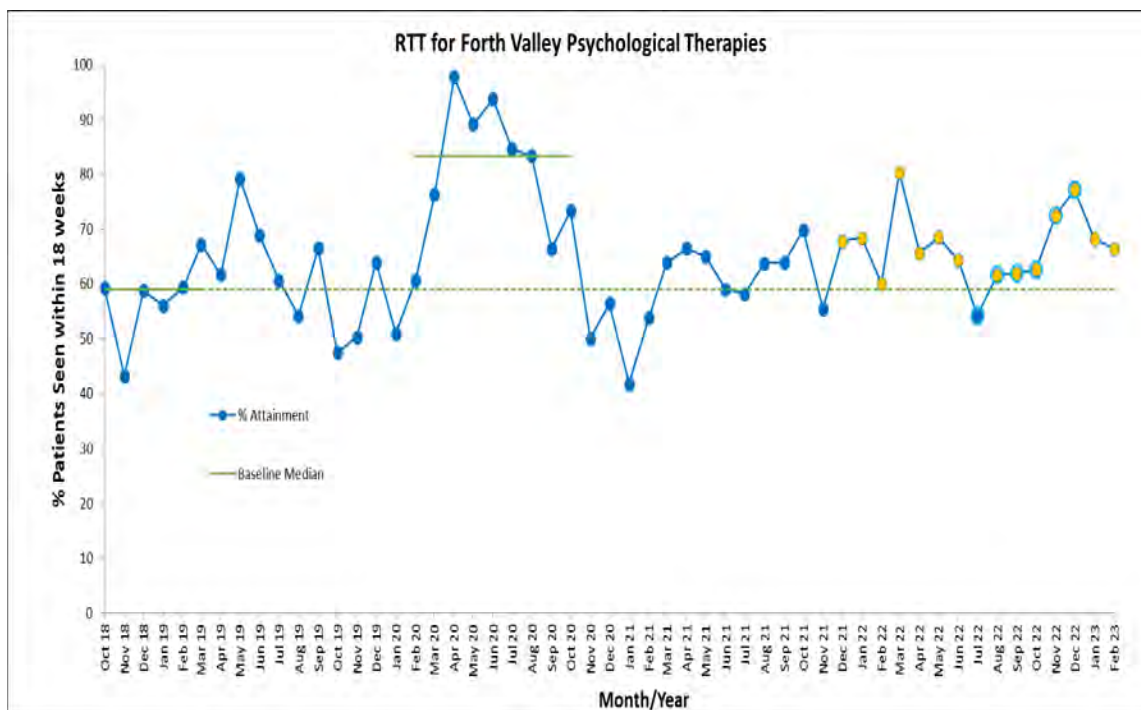
11. Escalation

- 11.1. Progress has been made on the Improvement Plan developed in response to the escalation can be found on NHS Forth Valleys web page [here](#)³.
- 11.2. Scottish Government have identified someone to support the Health Board on progressing integration through the escalation process, this will include engagement with IJBs.
- 11.3. It is proposed that a review of the Ministerial Steering Group for Health and Community Care is carried out during 2023/24. A previous self assessment was carried out by partners in February 2019 and this requires to be updated. The document can be found on page 169 [here](#).

12. Psychological Therapies

- 12.1. 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.
- 12.2. 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. February 2023 RTT (66.4%) indicates slight dip from previous 2 months which is likely to reflect that those starting treatment were those who had been waiting longest.
- 10.3. Trajectory modelling, utilising agreed national assumptions and with support from the Scottish Government, 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.

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



13. Accounts Commission Report: Local Government in Scotland 2023

- 13.1. On 17 May 2023 Audit Scotland published its report on [Local Government in Scotland for 2023](#). This provided an overview of local government and set out that demand and workforce pressures have been deepening after the pandemic and funding is forecast to reduce in real terms. Radical change, through greater collaboration, is urgently needed if councils are to maintain service.
- 13.2. This is of direct relevance to the operating environment of the IJB and to challenges in relation to Adult Social Care and the policy context of National Care Service. The STRIVE programme in Clackmannanshire is drawn as a positive case study.
- 13.3. The report has a number of key messages however specific attention should be paid to:
 - Exhibit 2 on page 11: Adult Social Care. There are signs that the sector is in crisis, with growing backlogs, declining satisfaction and no clear picture of demand or unmet need. Spending increased during the pandemic, continuing the longer-term trend. Homecare hours dropped slightly in 2020/21 before increasing to the highest levels ever recorded in 2021/22. Satisfaction continued to decline, and 2021/22 saw a drop of eight per cent in care services graded 'good' or 'better'.
 - Commentary on the National Care Service including uncertainty, pages 22 and 23.
- 13.4. This report should be considered by Board members when considering papers on proposals for services and how sustainable they can be during the current operating environment.

14. Development Work

- 14.1. Meet The IJB Chair and Chief Officer visits took place with REACH Team AHPs on 22nd May. A further engagement took place on 2nd June to the Health Improvement team. These sessions will continue to be planned for interested teams. Thanks to the teams for the invitations so far.
- 14.2. The Chief Officer and Chief Nurse also visited colleagues in specialist mental health services on 2nd June to hear about a range of work the team are progressing to support outcomes for people.

15. National Care Service

- 15.1. People across Scotland are being invited to have a say on how a new National Care Service should work.
- 15.2. A programme of meetings will take place over the summer, stretching from Dumfries and Galloway to Shetland. There will also be online meetings for anyone who would prefer to join discussions remotely.
- 15.3. Details for all events are now available on the online booking page. The first event will take place in Stirling on 20 June 2023.
- 15.4. To register online click on the link, the list of events planned are below:
 - 20 June - Albert Halls, Stirling
 - 28 June - William Quarrier Conference Centre, Glasgow
 - 14 July - Hilltown Community Centre, Dundee
 - 18 July - Stranraer Millennium Centre, Dumfries and Galloway
 - 26 July - The Corran Hall, Oban
 - 1 August - An Crùbh Community Centre, Skye
 - 8 August - Strathpeffer Community Centre, Highland
 - 17 August - Isleburgh Community Centre, Shetland
 - 22 August - The Inkwel, Elgin
 - 24 August – National online event
 - 29 August – National online event

16. Conclusions

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

- 16.2. Thanks are extended to all HSCP staff, NHS Forth Valley colleagues, Local Authority colleagues, delivery partners, and unpaid carers for their hard work, dedication, and ongoing commitment whilst continuing to work through the pandemic and looking towards recovery.
- 16.3. Service pressures continue to challenge the service while a significant waiting list remains for people awaiting assessment, including Occupational Therapy assessment for aids and adaptations. A recovery plan is in development

17. Appendices

None to note

| Fit with Strategic Priorities: | |
|---|--|
| Prevention and Early Intervention | ☒ |
| Independent Living through Choice and Control | ☒ |
| Achieve Care Closer to Home | ☒ |
| Supporting Empowered People and Communities | ☒ |
| Reducing Loneliness and Isolation | ☒ |
| Enabling Activities | |
| Medium Term Financial Plan | ☒ |
| Workforce Plan | ☒ |
| Commissioning Consortium | ☒ |
| Transforming Care | ☒ |
| Data and Performance | ☒ |
| Communication and Engagement | ☒ |
| Implications | |
| Finance: | None |
| Other Resources: | None |
| Legal: | There are no legal implications arising from this report. |
| Risk & mitigation: | There are no risks arising from the content of this report as it is provided for information purposes. |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. |

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| | <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p> |
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Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 8

Annual Performance Report 2022-2023

For Approval

| | |
|--|---|
| Paper Approved for Submission by: | Annemargaret Black, Chief Officer |
| Paper presented by | Annemargaret Black, Chief Officer |
| Author | Michelle Duncan, Planning & Policy Development Manager |
| Exempt Report | No |

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

| | |
|---------------------------|--|
| Purpose of Report: | To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the delegated functions, and as set out in the Strategic Commissioning Plan 2019/22. Agree draft Annual Performance Report 2022/23. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | The Integration Joint Board is asked to: 1) Approve the Draft Annual Performance Report 2022/23. |
|-------------------------|---|

| | |
|------------------------------|---|
| Key issues and risks: | No issues or risk identifiable until publication of the Core indicator data by Public Health Scotland, due July 2023. |
|------------------------------|---|

1. Background

- 1.1 Health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services.
- 1.2. The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/12) established the legislative framework for the integration of health and social care services in Scotland. Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 1.3. The purpose of the performance report is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulation 2014. [The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukreg/2014/12).

- 1.4 The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership (HSCP).
- 1.5 Under the Public Bodies (Joint Working) (Scotland) Act 2014 Section 42 the Integration Authority must produce an Annual Performance Report (APR) for the reporting period, in this case 1 April 2022 to 31 March 2023. The report must be published by 31 July 2023.
- 1.6 Within the guidance, we are required to publish the Core Indicator set published by Public Health Scotland. This data is standardised and allows us to compare our performance to national trends and with other Partnerships. This data will be published on July 2023, out with the publication timescales set. This Annual Performance report is different to previous, with a focus on the experiences of people with lived and living experience and staff. The analysis on the Core Indicators will be added when published, with analysis.

2. Requirements of the Annual Performance Report

- 2.1 As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 No. 326 the Annual Performance Report must contain the following:
 - An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.
 - Financial planning and performance
 - Best value in planning and carrying out integration functions
 - Performance in respect to Localities
 - Inspection of services
 - Review of Strategic Plan
 - Any other information the integration authority consider relevant to assessing performance during the reporting year in planning and carrying out integration functions.

3. Annual Performance Report

- 3.1 The Annual Performance Report (Appendix 1) reflects on our progress as a HSCP from 1 April 2022 to 31 March 2023.
- 3.2 The Health and Social Care Partnership vision is “to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities”.
- 3.3 We recognise the impact of the COVID-19 pandemic on the care and support needs of the population and the impact on staff. The HSCP, alongside colleagues in our partner organisations across the statutory, third & independent sectors, worked tirelessly to ensure the continued safe and effective provision of health and social care support to people in all our communities.

- 3.4. This report reflects the significant work and efforts of all people who supported the communities of Clackmannanshire & Stirling.
- 3.5. Despite the end of the pandemic, there has not been a return to pre-pandemic trends. Instead, pressures on services have increased upon care and support services at that may last for many years to come.
- 3.6. COVID-19 caused fluctuating demand and capacity across health and social care services. Particularly within Care Homes and Care at Home services, where many of the most frail and vulnerable people within our communities are supported.
- 3.7. COVID-19 also put significant pressure on other areas of care and support for example, unpaid carers. There have been challenges in the delivery of short breaks and respite. Due to ongoing staffing pressures and fluctuating infection rates, the re-opening of respite has focused on the most vulnerable. This year, we have successfully recruited to the Carer's Lead post and Short Breaks Coordinator.
- 3.8. The Annual Performance Report shows that the HSCP achieved a lot in the past year. It also recognises the challenges we continue to face to meet the challenge of the growing and changing level of need in our population, against a backdrop of financial challenge, as well as responding to the flexes in the system caused by the COVID-19 pandemic.
- 3.9. Within the Annual Performance Report, Appendix 2 illustrates the linkages between the Strategic Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards.
- 3.10. As Scotland move out of the pandemic, increased pressures and costs could be experienced. The impacts of this are difficult to forecast at this point. However, we understand that we are resource bound, needs led and are focussed on transforming our services to be efficient, effective and outcomes focussed.

4. Local & National Data Availability

- 4.1. The report uses a range of data to describe and illustrate performance within the HSCP, and when data is used the source will be noted. Local data is gathered within the HSCP and Forth Valley NHS.

National Core Suite of Indicators

- 4.2. We are required to publish the National Core Suite of Integration Indicators. This is published by Public Health Scotland. These indicators are a standard national set of data and allow us to compare our performance with other partnerships and to the national average. National data covers all residents within the HSCP area and all services that have been used. This means that if a resident attended a hospital out with Forth Valley the data will be included

- 4.3. Public Health Scotland have been unable to complete the data set for 2022/23 deadline. We will therefore update the published version when this data is available in July 2023.
- 4.4. The Core Indicators are reported throughout the main body of the report, within the context of our strategic policies, with a summary of the national indicators and trend data for previous years is shown in Appendix 3.
- 4.5. The Core Suite of Integration Indicators are based on Standardised Mortality Ratio (SMR01) returns from the Health Board. Where not all 100% of records have been submitted/published/validated, this affects the data and will be the main reason figures change retrospectively from year to year and month to month. Where completeness is an issue, it has been noted and mainly affects national data only.
- 4.6. Some methodology has also changed within the Health Care and Experience Survey which makes comparison with previous year's data difficult. Again, this has been noted where appropriate.
- 4.7. Local Data Indicators As a partnership, we have a wealth of data collected by our systems within the NHS Forth Valley services, Clackmannanshire Council and Stirling Council. This data provides information on the people supported by our services within Forth Valley, it is not always possible to compare this local data to other partnership or national figures.
- 4.8. The Annual Performance Report is a part of public performance reporting. It is aimed at providing the public with a simple and effective overview of the progress made towards the priorities and how we are performing. It is written in Plain English and efforts to increase accessibility will be made. For example, publication of a Reader friendly plain text version, use of videos.

5. Highlights Progress & Achievements

- 5.1 Without the data for the Core Indicator set, we are unable to analyse the progress against these until July. However, we have used local indicators and the experiences of staff and people with lived and living experience to review the past year.
- 5.2 We have identified the challenges, such as the continued recovery, remobilisation and learning from COVID-19, continued budget pressures, staffing challenges due to national shortages and the impact of the cost of living crisis for supported people and their carers.
- 5.3 We also identify the opportunities and the transformation delivered despite the challenging environment in which we operate. The development and recruitment of the Rapid and Rural Teams. The progress within Hospital Discharge Redesign and decreasing delayed discharges. Establishing the Commissioning Consortium and the significant engagement and planning work

completed, including the Strategic Commissioning Plan, Integrated Workforce Plan and the Locality Planning Networks.

6. Challenges

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

7. Conclusion

- 7.1 The Annual Performance Report shows what we have achieved over the past year. It also addresses the ongoing challenge we face of delivering high quality services to a growing level of need with significant financial challenges.
- 7.2 The Integration Joint Board is asked to approve the Draft Annual Performance Report 2022/23. The final report will be published on the website following any feedback from the IJB, or the publication of more appropriate or relevant data.

8. Appendices

Appendix 1 – Draft Annual Performance Report 2022/2023

| Fit with Strategic Priorities: | |
|--|---|
| Care Closer to Home | <input checked="" type="checkbox"/> |
| Primary Care Transformation | <input checked="" type="checkbox"/> |
| Caring, Connected Communities | <input checked="" type="checkbox"/> |
| Mental Health | <input checked="" type="checkbox"/> |
| Supporting people living with Dementia | <input checked="" type="checkbox"/> |
| Alcohol and Drugs | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Technology Enabled Care | <input checked="" type="checkbox"/> |
| Workforce Planning and Development | <input type="checkbox"/> |
| Housing and Adaptations | <input type="checkbox"/> |
| Infrastructure | <input type="checkbox"/> |
| Implications | |
| Finance: | The management of performance is critical to managing the overall budget of the Integration Joint Board. |
| Other Resources: | None. |
| Legal: | Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board’s Integration Scheme. |
| Risk & mitigation: | Strategic Risk Register. |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider (‘pay due regard’ to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> |

| | |
|--|---|
| | This paper <u>does not</u> require a Fairer Duty assessment. |
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Annual Performance Report 2022-2023

Message from the Chair

Welcome to our seventh Annual Performance Report, which reflects the progress and delivery responsibilities of Clackmannanshire and Stirling Health and Social Care partnership over another challenging year.

Pandemic recovery continues including challenges with workforce recruitment, including social care and key professions in mental health. We have also faced the biggest cost of living crisis and financial sustainability risks in a generation which continues into 2023-24. However, the vision remains - to enable people in Clackmannanshire and Stirling to lead full and positive lives within supportive communities.

Our key focus remains on prevention and public protection and the delivery of sustainable services. We strive to support people to remain independent and safe in their own homes, so they can keep their connections with friends and family and maintain optimal quality of life and have maximum choice and control.

The report illustrates that, despite the challenges, we made a difference to thousands of people's lives in 2022-2023 and that is a result of the resilience and dedication of health and social care staff, Third Sector colleagues and a range of partners.

I would also acknowledge the debt we all owe to the army

Message from the Chief Officer

I want to express my sincere thanks to HSCP staff alongside colleagues in our Third and Independent sectors who have worked tirelessly to ensure the safe and effective provision of community health and social care and support across our communities. I also want to acknowledge the pressures you have been under while trying to recover from the Pandemic and I am keen to have ongoing engagement with you about the way we can sustain our services for the future while supporting your wellbeing.

This report reflects some of the significant work and efforts of all people who worked alongside the communities of Clackmannanshire & Stirling throughout the last year. We have seen improvements in progressing key pieces of transformational work which will continue into 2023-24 and we will be providing opportunities to engage with you on this going forward.

This seventh Annual Performance Report evidences that there is much to be proud of, however, it also shows that the HSCP continues to meet the challenge of the growing population and increasing levels of complex needs in our population, against a backdrop of significant financial challenges now and going into the future.

I hope you enjoy reading about our progress, in partnership with our communities.

of unpaid carers in Clackmannanshire and Stirling who look after loved ones every day.

Going forward, we will face difficult choices as public finances are under pressure and people's needs are becoming more complex. That is why it is important that we keep listening and engaging with the communities we serve to ensure that we prioritise what is important to you within our available resources.

I hope you enjoy reading about our progress achieved in partnership with our communities.



**Annemargaret Black, Chief Officer
Clackmannanshire & Stirling
Integration Joint Board**



Allan Rennie

**Chair Clackmannanshire & Stirling
Integration Joint Board**

Contents

| | Page |
|--|------|
| Section 1 Introduction | 5 |
| Section 2 Care Closer To Home | 13 |
| Section 3 Primary Care Transformation | 19 |
| Section 4 Caring Connected Communities | 20 |
| Section 5 Mental Health | 25 |
| Section 6 Supporting People with Dementia | 27 |
| Section 7 Alcohol & Drugs | 29 |
| Section 8 Adult Protection 7 | 30 |
| Section 9 Localities | 31 |
| Section 10 Finance, Best Value and Governance Risk 9 | 33 |
| | |
| Appendix 1 Strategy Map | 37 |
| Appendix 2 National Core Indicators | 39 |
| Appendix 3 Inspections | 41 |
| Appendix 4 Unscheduled Care | 42 |

Introduction and background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, to review what we have achieved against the priorities set out in the Strategic Commissioning Plan.

The purpose of the Strategic Commissioning Plan is to set out the vision and future of health and social care services in Clackmannanshire and Stirling; how this links with the priorities set out by engagement with communities; create clear priorities for the area; and link to the national Health and Wellbeing Outcomes set by the Scottish Government.

This is the seventh Annual Performance Report for Clackmannanshire & Stirling Integration Joint Board (IJB) where we reflect on the last year 2022/2023 and look at the progress made in delivering the priorities set out in the Strategic Commissioning Plan 2019-2022. This document is a review of service delivery across the HSCP including outcomes for citizens, key achievements, effective partnership working and challenges. As well as reporting on the significant programme which has been delivered to modernise and transform services in light of the impact of COVID-19 and challenging financial position over the past year.

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

Partnership Vision

To consider the meaning of this vision, a collaborative exercise was carried out with members of our Strategic Planning Group and wider citizens the output was then recorded by a graphic artist. The diagram below illustrates what the vision means for delivery of care and support and for communities across Clackmannanshire and Stirling. This Rich Picture was been used in the development of the Strategic Plan, guiding discussions, setting priorities and agreeing next steps with our communities.



Strategic Commissioning Plan and Priorities

The Strategic Plan 2019-2022 was extended until 31st March 2023 due to the COVID-19 pandemic. As such, this Annual Performance Report focusses on reporting against the extended Strategic Plan and agreed priorities, however throughout 2022, work was underway to develop the new Strategic Commissioning Plan 2023-2033.

This report looks at our progress towards the priorities of 2019-2022 shown in this figure: in this report, we will look at what we have achieved over the past year.

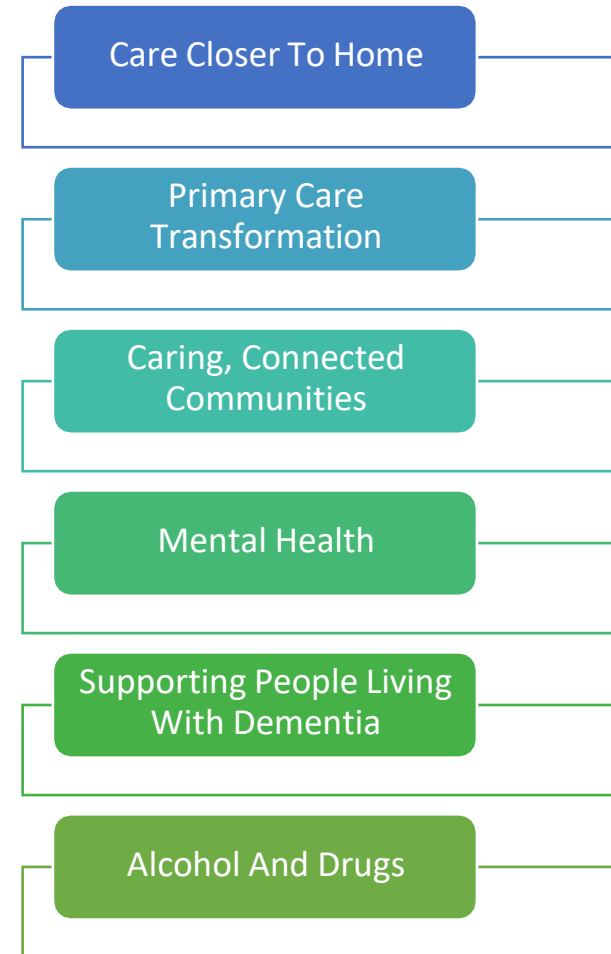
Setting our Priorities

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of Strategic Plans. Stakeholders include the public, service users, supported people, unpaid carers, staff, providers, third sector and independent sector.

This creates the opportunity for continuous engagement and conversation around community health and social care across Clackmannanshire and Stirling, focused on co-production, co-design and co-delivery of community health and social care in the area.

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

The Strategic Plan Priorities



Overview of Clackmannanshire & Stirling

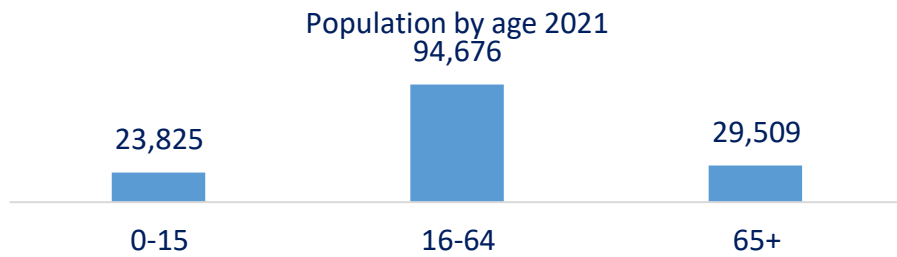
Our Population



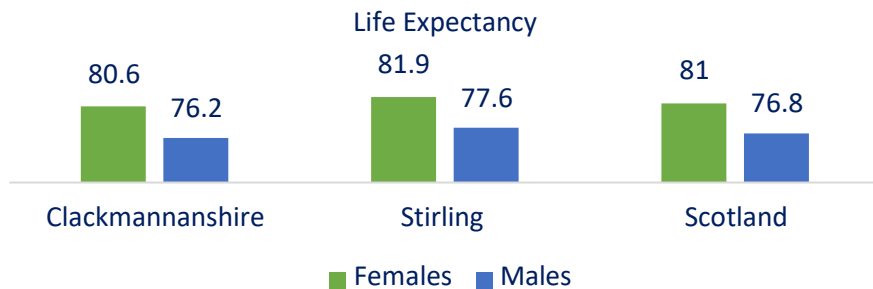
145,010

people live in Clackmannanshire & Stirling

51,540 Clackmannanshire
93,740 Stirling



Currently, 20.4% over a fifth of the population is aged 65+, this is expected to increase significantly by 2038.



Female life expectancy is higher than male life expectancy. Stirling has higher life expectancy for both females and males compared to Scotland. Clackmannanshire has lower life expectancy for both females and males compared to Scotland.

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.
- In Clackmannanshire & Stirling, 25,884 people (17.8% of the population) live in 20% most deprived areas of Scotland (SIMD 2020).

How we measure our performance

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

The Annual Performance Report sets out how well local people's outcomes have been met; laying out and measuring the impact of the changing model of care, and support being delivered for the people of Clackmannanshire and Stirling.

The Strategic Priorities form the focus of this Annual Performance Report, drawing attention to day-to-day performance as well as to areas of good practice and areas where there has been improvement.

To provide a wider context, Appendix 1 lays out how the current Strategic Plan 2019-2022 priorities link with the National Health and Wellbeing Outcomes and the National Health and Care Standards.

In Appendix 2 we also map our progress against these outcomes using [national core indicators](#).



Challenges

The delivery of care and support across all sectors including HSCP, independent and third sectors is influenced by many factors as well as challenges within the current operating environment, the task is to work together to resolve this and continue to provide high quality care and support.

Some of the challenges and opportunities through 2022-2023:

- Continued recovery, re-mobilisation and learning from COVID-19
- Continued budget pressures;
- Continued staffing challenges due to national shortages within particular staff groups and professions;
- The impact of the cost of living crisis for supported people and their carers, and staff;
- Flexibility of the delivery of care and support;
- Service modernisation and transforming care;
- Predicted demographic changes and burden of disease
- Resilience of communities and workforce;
- Place based activity, environmental impacts and early intervention and prevention;
- Engagement, participation and empowerment of communities;
- Supporting and delivering change with partners and stakeholders;
- Tackling the impact of COVID-19 on health inequalities and well-being

We continually review our environment and how they may impact on the services we deliver and the people within our communities and plan to reduce the impact where possible.

COVID-19 Pandemic

In March 2020, the COVID-19 pandemic started to significantly impact our communities and services. Very quickly, we had to change the way we delivered our services. People who receive care and support at home, who live in care homes, those in hospital and those with complex needs were most vulnerable to COVID-19.

Those vulnerable had to 'shield', with reduced or no contact to people from outwith their household. We ensured that prescriptions were delivered safely to their homes. We worked with partners and community organisations to ensure food and household supplies were delivered.

We had to use face masks, test regularly and if we had any symptoms, we couldn't go to work, even if we felt ok, such was the risk to the people we care for. This meant there were high levels of absence and this placed even more pressure on the staff.

There were reduced hospital appointments and if someone needed treatment, they had to go alone and there were no visitors for people who had to stay in hospital. We utilised all available resources to deliver the vaccination programme.

We are still feeling the impact of COVID-19 to this day, and realise this is likely to continue well into the future. Our workforce showed immense resilience throughout the pandemic, we recognise the strain and pressure of the pandemic and the increase in demand over the past year while services resumed on our staff and resources.

We learned a lot, and despite the pandemic, we continued to develop our service provision through investment and transformation.

Winter Planning

During winter there is an increase in demand for health and social care services with the associated colds and flus, vomiting bugs and respiratory (breathing) conditions affects patients and staff. This places a significant strain on health and social care services. Hospitals get fuller and more people want to see their GP, this can mean people wait longer for care. Planning for the winter is important to reduce the impact of the anticipated increase in demand.

On 27 July and 7 October 2022 the HSCP senior managers and clinical leaders devised proposals for the HSCP to implement to support the health and social care services during winter.

There are some of the actions detailed in the Winter Plan.

Support for Carers

We recognise the important work Carers do and we rely on them. We know we need to support carers in order to prevent crisis through breakdown. A Carers' Investment Plan was developed and agreed by the Carers Planning Group. We have a new Carers Lead and a Short Breaks Co-ordinator. Recovery funding was approved by Senior Leadership Team to be given to the carers centres to support them in their recovery.

Interim Care home placements

We have an agreement with Care Home providers who will support us with short term stays for people ready to leave acute hospital, but in need of some level of health or social care before they are ready to go home, or into a homely setting, but there is no space in a Community Hospital or where the package of care is being set up.

This has supported the discharge profile and supported more people to be discharged from hospital, while also helping Care Home providers utilise their vacant beds.

Care at home

The Commissioning Team continue to secure an average of 75 new packages of care monthly across the partnership which includes hospital discharges, Intermediate Care Discharges, Re-ablement discharges and supporting those at greatest need in the community to prevent them from becoming discharges. We have implemented meetings with our external providers to develop geographical patch-based working, which provides some efficiency gains and release capacity back into the system.

Development of Rural Care at home Team and RAPID response team

The HSCP has had significant challenges commissioning care at home in the rural areas of Stirling. The IJB commissioned investment to develop an in-house rural team to work beside our existing independent providers.

Throughout 2022/23 we have delivered a huge recruitment campaign with videos, posters, social media, job fairs and events. People in the rural communities were encouraged to apply. The teams includes managers, care coordinators, resource planners, care support workers, Occupational Therapists and Physiotherapists.

Hospital at home

The Hospital to Home team support frail, elderly patients, and those with complex health problems in the community. District Nursing and care support workers provide the care that someone would receive in hospital with oversight by doctors.

We have increased the number of hospital at home beds from 25 to 50. This helps prevent admissions to acute hospital, which reduces the burden on acute hospital and is also better for the people receiving hospital at home, as they are likely to do better at home than in a hospital setting.

Opportunities and Transformation

Throughout 2022/23 we have pushed through an ambition programme of transformation. The Transforming Care Board has a developing agenda and portfolio of work. From May 2022 to May 2023 a total of nine projects.

- We established the HSCP Commissioning Consortium.
- Transformed Carer Support through Carers Investment Plan.
- Developed and recruited to the new RAPID Response Service.
- Created and recruited a new Rural Care at Home Team.
- Health Improvement was delegated to the HSCP from NHS Forth Valley.
- We commissioned service for all wheelchair services.
- Locality Planning Networks were developed and flourish.
- We redesigned our Hospital Discharge process, significantly reducing delayed discharges and length of stay on wards.
- Published our Strategic Commissioning Plan and Integrated Workforce Plan

Further to this we have:

Seen general improvement to Care Home Grades across all localities. This has been achieved by working closely with Care Home provides and our CHART team. We have developed a better and more transparent relationship with providers.

Although nationally recruitment to health and social care is challenging, we have improved recruitment.

Our waiting list for people after assessment and awaiting care was reduced.

We received significantly less complaints from previous years and more compliments.

We have carried out more staff engagement sessions, asking about how we can help and support them and showing how we value their work and continued effort. Staff feel more engaged and informed as a result.

We have improved Trade union engagement – developing open lines of communication with management.

Priority 1: Care closer to home

What Closer to home means:

Our services support people to live full and independent lives in their home or homely setting, by enabling people to live how they want to live confidently. Where someone needs more support, we help recovery and reablement, and reduce or avoid hospital stays where appropriate. This includes finding alternatives to admission to hospital and discharging people from hospital efficiently when they are ready to leave.

Jordan's Story with ReACH Team

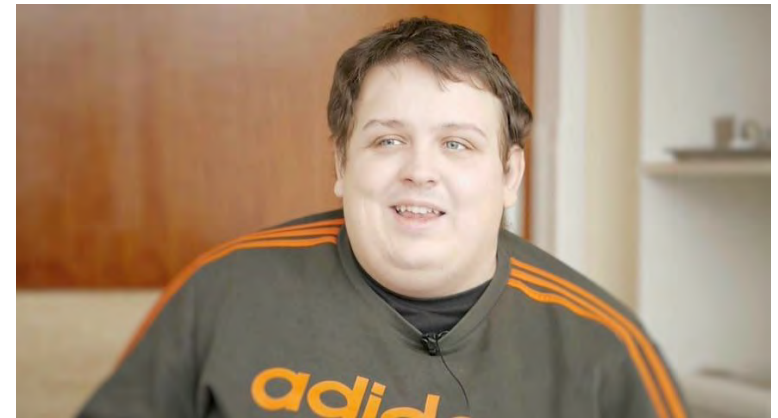
Jordan had a brain haemorrhage and stroke on his 24th birthday, only five weeks after the birth of his girl. At first, he couldn't sit in a chair or dress himself. The hospital team helped him get to a point where he was ready to go home, but there were some things he still needed help with.

The ReACH Team helped him to recover further at home and achieve the things that were important to him. Fiona assessed him to see what he could do in his home environment. Together they devised a plan, including going to the gym twice a week.

Jordan really wanted to be able to hold his little girl, to be a dad and care for her. He wanted to pick her up and get strength in his arms. He also used a stick to walk, and really wanted to take her a walk in her pram, and Fiona and the ReACH team helped him achieve this.

"Most people think the NHS is like all the doctors and the surgeons saving lives, not at all, the people in ReACH Team saved my life. They didn't keep the heart pumping, but they kept me alive. Kept me living, not just surviving. I can be a dad now".

"My destiny is in my hands, it wasn't but people helped put it back in my hands"
"I didn't know what the future's gonna hold, but now I do"



"I reached my goals with the ReACH Team, they've given me my life back"

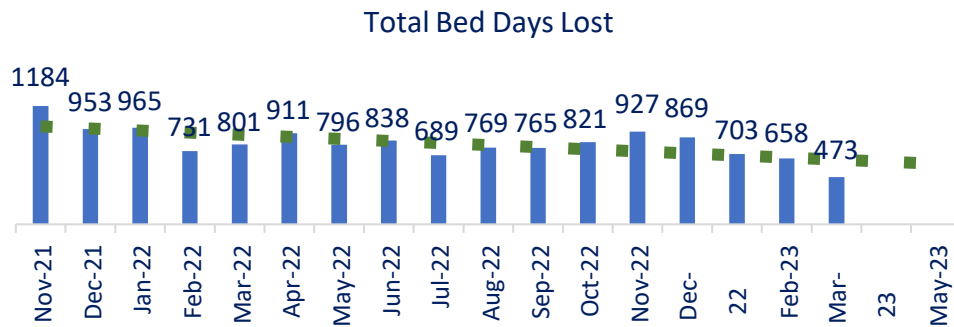
Watch Jordan tell his story by clicking [HERE](#)

Priority 1: Care closer to home

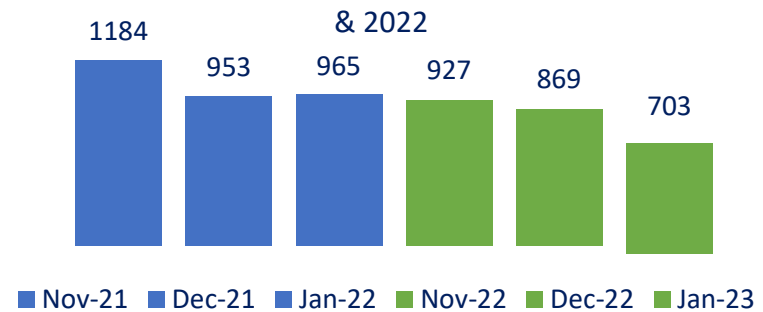
Reducing Delayed Discharges by changing Hospital Discharge

A delayed discharge is when someone is assessed as ready to go home after being admitted to hospital, however, they are unable to leave because where they are going is not ready. For example, sometimes a person needs social care, or adaptations to their home or they are moving into a care home. How long someone stays in hospital can have a big impact on them, from how they move, their confidence and how they are recovering from or living with a condition. We aim and have been able to reduce the delayed discharges. Delays in hospital can not only lead to poor outcomes for the person who is delayed, but this can cause hospital beds to be unavailable for someone who needs acute treatment.

The HSCP reviewed the process of supporting people home or to a homely setting, as part of the national Discharge without Delay programme, and started to identify ways we could increase the 'flow' of people using a collaborative approach bringing all the different teams and resources to plan the discharge of people. This work started in November 2021, however, throughout 2022/23 we have been working to further improve the way we work to reduce delayed discharges even further.



Comparing bed days lost during peak months 2021 & 2022



'Daily Flow' meetings were established, where staff from a range of teams come together to look at the people who are due for discharge and they work together to ensure the services are in place for that person when they are ready. Better use of Intermediate Care (a step down from Acute Hospital), with focus on reablement, including Occupational Therapy and Physiotherapy, helps people make that step back home where needed.

The impact of the Hospital Discharge Redesign is further demonstrated in the reduction of bed days lost during the winter of 2022/23 compared to 2021/22. A total of 603 less bed days were lost in the winter of 2022/23 compared to the previous winter 2021/22. In March 2023, the lowest level of bed days lost was reached and this is predicted to continue to reduce.

Priority 1: Care closer to home

Hospital Admissions

We aim to avoid hospital admissions to Acute Hospital services where we can, this allows the Acute Hospital to deal with people who need specialist health care and treatment.

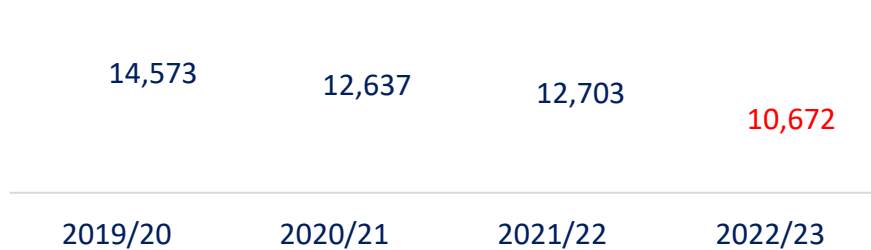
The average daily emergency admissions has also decreased this year. This figure allows us to see approximately how many emergencies colleagues in acute hospital are dealing with, and helps us plan the person's pathway when they have been treated.

The number of emergency hospital admissions have reduced since 2019/20 from 14,573 per financial year to 10,672 in 2022/23.

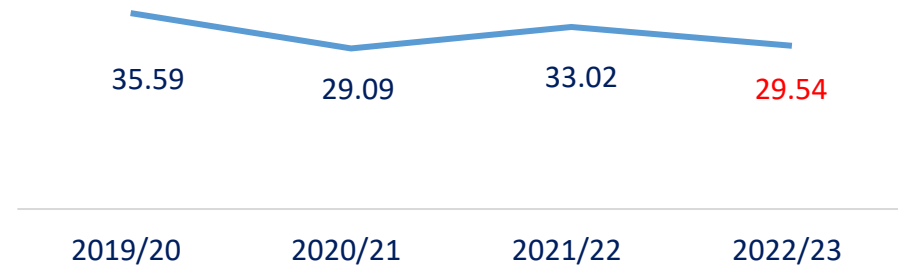
In 2022/23, Clackmannanshire and Stirling had a rate of 12,935 emergency admissions to hospital, this is higher than the Scottish rate of 11,120 per 100,000 population. So while we are working to reduce emergency admissions, we have more to do.



Number of Emergency Admissions to Acute Hospital (age 18+)



Average daily emergency admissions (all ages)



Note: Figure in red is provisional figure as Public Health Scotland will report the full year in July 2023

Priority 1: Care closer to home

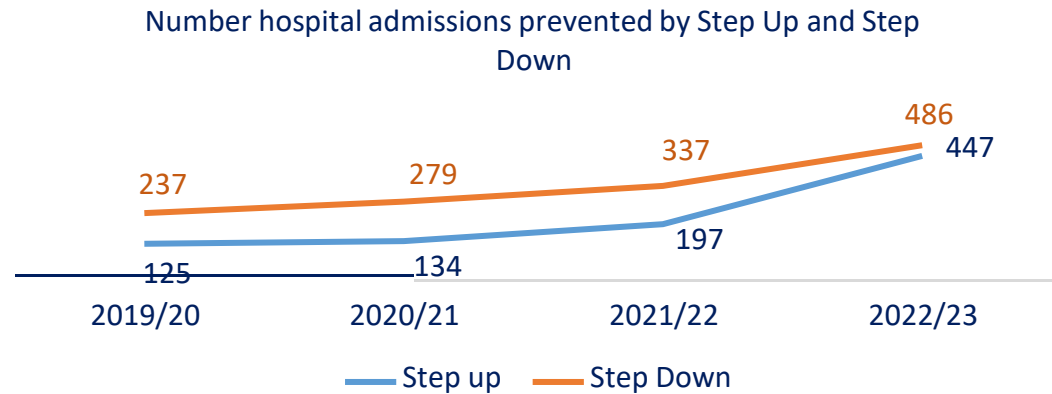
Preventing Hospital Admissions

We have two ways we can prevent hospital admissions:

Step up is where we provide people with care when they are still living at home. This helps to stabilise people, give care needed and maintain their confidence and independence.

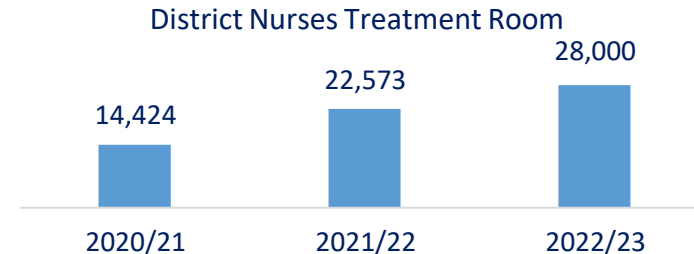
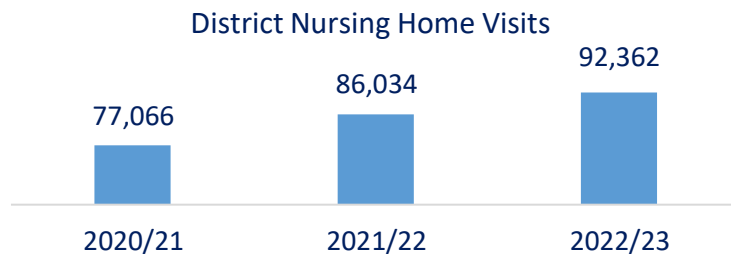
Step Down, helps people who have recently been in hospital. They are moved out of the Acute hospital setting into a more homely setting, for example the Bellfield Centre, where there is more focus on rehabilitation, and getting you ready to go home. Strength, movement, confidence and independence building is key here.

Long hospital stays can lead to reduced mental wellbeing and physical weakness and reduced confidence, particularly in older or frail people. It is important that people get the treatment they need, using Step Up and Step Down, helps improve the outcomes for people. The chart above shows that from 2019/20 to 2021/22 we have gradually increased the number of hospital admissions avoided through Step up and Step Down options. In 2022/23 we really worked hard and increased this is a faster rate.



District Nursing

District nurses provide support to people and their families in the patient's own home. District nurses support people who need some level of health care to stay at home. The charts below show that over the past three years, we have increased the number of home visits our district nurses by over 15,000. Patients have presented for double the number of visits to treatment rooms within the community. Supporting an early intervention and community treatment model of care. Therefore supporting people to stay out of hospital and in their own homes or a homely setting.



Priority 1: Care closer to home

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them.

It is goal focussed and involves intensive therapeutic work. There is a focus on a person's strengths and abilities and what they can do safely, rather than focus on what they cannot do anymore.

Reablement can support people recovering from an illness or accident and may prevent acute hospital admission, delay an admission to long-term care, supports timely discharge from hospital and maximises independent living and can reduce the need for ongoing care.

There are a large range and variety of reablement activities; such as washing, dressing, preparing drinks and snacks, as well as mobility exercises linked to moving around the home or outdoors, resulting in building confidence to function independently and socialise.



| | 2021/22 | 2022/23 |
|--|---------|---------|
| Number of people receiving reablement support (31st March) | 165 | 224 |
| Number of people left reablement | 104 | 136 |
| % of people who required no care after reablement | 34% | 29% |
| % of people who required reduced care after reablement | 26% | 24% |

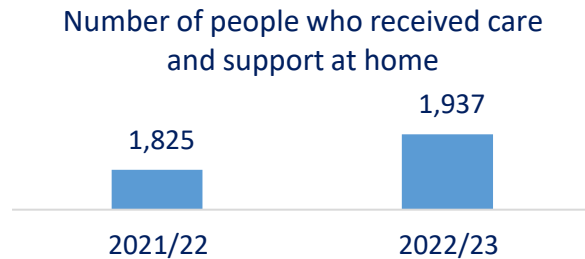
The number of people receiving reablement support has increased by 35% from 2021/22 to 2022/23.

The table above shows that 53% of people leaving Reablement services in 2022/23 either required no support care or reduced care.

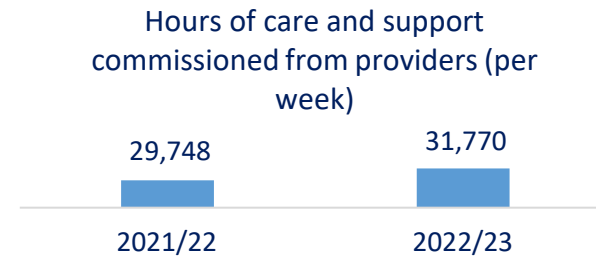
Planning Care and Support/Packages of Care

Care and support plans are for anyone who needs care or cares for someone else. Following an assessment where you outline what is important to you a care and support plan details the type of support you need, how much support is needed and how this will be provided (Self-Directed Support options). The aim of the plan is to help you stay as independent as possible, have as much control over your life as possible and help you to do the things you enjoy.

Planned Care in Place in People's own Homes across the Partnership



During 2022/23 the number of people who received care and support in their own homes increased by 6% from 2021/22.



At the same time the number of hours of care and support commissioned from providers increased by 7% from 2021/22.

Waiting list for Care and Support

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however with the challenges in terms of demand and staff shortages (experienced nationally), this is a challenge we face. Below outlines the volume of the waiting list and some of the actions take to deal with them. This is an important area for the Partnership as we know that behind each of these numbers there is a person and family struggling.

The waiting list was at its lowest on 7 March 2023 when 80 people were waiting for 551.25 hours of care and support per week. By June 2022 when 168 people without care already in place were waiting for 1,414 hours of care and support per week. The Partnership recruited staff to increase the size of the internal provision in Stirling. This allowed more people to be discharged from hospital and then assessed at home. Since then, the waiting list as continues to improve (as of June 2023).



142 people on average without care in place waiting for a package of care and support across the Partnership. The waiting list was almost all older adults.



In 2022/23 the waiting list for care and support fell around November 2022 from 160 people to 80 people in March 2023.

In 2021/22 the NHS opened two new care homes and recruited many people.

Priority 3: Primary Care Transformation

What Primary Care Transformation means:

Primary Care can be the first point of contact for many people in the health and social care system. It includes GPs, community pharmacy, community nurses, dentists and opticians. There is an ambitious programme to transform how primary care is delivered, bringing the different disciplines and teams together to ensure the right service is available at the right time for people and to reduce wider systems' pressures on services.

How GP services are changing.

Often a patient needs to see a GP to access health and social care, however, this is changing, over the past few years, there have been changes to the way patients can access services.

More and more people with complex needs are managing their conditions with support in their own homes and away from hospital. The role of GP surgeries is changing to meet this new change in community health and social care. This continuing transformation of primary care helps us provide a better service for people.

Multi-disciplinary teams include health professionals into GP practice teams to help get the right care at the right time. This expanded team includes physiotherapists, mental health nurses, advanced nurse practitioners, primary care pharmacy and community pharmacy. This means that reception services can direct and signpost to the most appropriate service. These services can organise blood tests, x-rays and make referrals to secondary care (hospital services).

There continues to be work required to ensure multi-disciplinary teams are embedded across communities and integrated teams of social work, social care and community health practitioners are delivering within locality areas for the people of Clackmannanshire and Stirling.

Kathleen tell us more about the changes to GP Practices [HERE](#)



Priority 4: Caring, Connected Communities

What Caring Connected Communities means:

Caring is natural to humans and connects us to each other. Anyone can become a carer at any time in their lives. Supporting carers in their roles is key to health and social care partnership and we recognise the role they play in supporting people with health and social care needs. Support within our communities is important to people's sense of wellbeing and belonging. People want to stay in their communities and we know that loneliness and isolation can have a detrimental impact on people's health and wellbeing. We work with the Third Sector to develop and provide community supports.

Kate's Story

Kate is 29, she enjoys drama and swimming and has Cerebral Palsy. In the last year, she had three carers who help her with things like getting out of bed, showered and dressed. They help her with food and getting out and about.

Prior to the pandemic, Kate had four carers and personal assistants (PAs) who supported her to be independent. Kate can't get all the care she needs, agencies are struggling to recruit care staff.

Kate tells us what is important to her, she shares 'what makes a good day', and lists the things she misses most. If Kate had a PA she could get her life back and Jacqueline could be her Mum, she misses her Mum just being a Mum.

With a personal assistant, Kate would have some things in common with someone her own age, have someone to talk to and do the things she enjoys doing like going to the cinema and shopping. She would love to find a carer that wants to go nightclubbing with her.

Kate lives with her mum. She doesn't want her mum helping her to go to the toilet and feeding her. She wants her mum to be her mum and not her carer.



“I want to keep my mum as my mum, I don't want to see her as my carer as well”

Watch Kate tell her story [HERE](#)

Priority 4: Caring, Connected Communities

Rapid Team

Over the past year, we have created the new Rapid Team, transforming how we support people to avoid being admitted into hospital and making the move from hospital to homely setting quicker and more efficient.

The Rapid Team brings together the existing Reablement Team and Crisis Care Team into one multi-disciplinary team. The Rapid Team also includes the Hospital To Home team who support earlier discharges from hospital while people wait for their package of care support to be implemented.

We know that hospital admissions can be stressful and we know you are much better to be in your own home. Reablement services help people regain or retain their skills and confidence so they can learn to manage again after a period of illness.

Referrals come into the Rapid Team who can quickly identify the best pathway for that individual, for example, if someone needs care support at home, physiotherapy or adaptations to their home. Our assessments are carried out with the person in their own home or homely setting, where they are more relaxed and familiar, so the assessment is more accurate.

We have recruited approximately 50 people to the team, ranging from care support workers, occupational therapists and physiotherapists. The staff all work close together to support and facilitate both discharges from hospital and preventing admissions to hospital.

It allows us to work more flexibly to meet the needs of people as we can adapt to the different multiple needs of people (we are working together) multidisciplinary teams.

They team are dynamic and love what they are doing, they embrace every day and can see the difference they are making on day to day life for both the individuals and their families.



“This team is making a real difference to people’s lives”.

Locality Manager Judy tells us about the new Rapid Team [HERE](#)

Priority 4: Caring, Connected Communities

Adult Social Care

Adult social care covers a wide range of activities to help people are older or living with disability or physical or mental illness live independently and stay safe and well. Adult social care covers all forms of personal and practical support for adults who need extra support to stay healthy, play a part in their community and lead as fulfilling a life as possible. It is delivered by the voluntary sector (charities/not for profit), independent providers, through social care and health services and people arranging their own support through Personal Assistants. It includes many types of support and help, from care homes, day services, outreach and crisis support, to an individual's own home.



| | |
|---|-------|
| Clients receiving help with personal care | 1,756 |
| Clients receiving help with non-personal care | 1,345 |
| Clients with a community alarm | 3,013 |
| Clients receiving equipment | 4,255 |

Unpaid Carer's

We have two Carers centres [Stirling Carers Centre](#) and [Central Carers](#) (who cover Clackmannanshire and Falkirk). They are funded by the Partnership to support carers in their caring roles and also carry out Adult Carer Assessments. The Carers Centre's also offer information and advice for carers as well training and workers across the Partnership. They also represent the interests of carers in a number of forums.

Clackmannanshire and Stirling Health and Social Care Partnership are committed to supporting Carers who have been significantly impacted by the pandemic. There have been challenges with delivering short breaks and respite as a result of the pandemic. In 2022 we recruited a new Carer's Lead who has started to review the current Carer's Strategy and reviewing the Carers Support Framework in the coming year.

Carer Support Plans helps you think about the support you might need as a carer, now and in the future. It helps determine who can best provide the support you need, whenever you need it, so you don't reach crisis point. In 2022/23, 540 plans were completed by the Carers Centre and Adult Social Care completed 216.



**657 Adult Support Plans
for carers were completed
in 2022/23**



Click on the logo for more information from the Carers' Centre

Priority 4: Caring, Connected Communities

Morgan's experience with Self-Directed Support

Morgan is a young man with a love of cars and socialising. He has a car with lights and a sound system that he just loves.

Morgan has chosen to receive his budget through SDS Option 1 and employs personal assistants (PAs). Morgan and his family recruit the PAs themselves and have built up a team that know Morgan well. The support that is in place is both lifesaving and life maintaining.

Morgan is able to live the life he wants, be responsible for himself, and have control and independence.

Before he used SDS Option 1, his care was provided a company with care support workers. Due to shifts, Morgan had to arrange his life around appointments and visits. Sometimes he would be out with his friends and had to be home for 11.00pm, which wasn't cool, he was 25.

He wanted his independence. With SDS he was able to directly recruit personal assistants. They have built good relationships, they know each other and now Morgan can do what he enjoys.

The SDS lead within the partnership and Forth Valley SDS helped Morgan and his family identify what was important to him and what was available. Through the support of his PA's, Morgan has been to weddings, car shows, raves, go out for dinner and enjoy the occasional beer.

The PA's are trained to a very high standard, receiving between 8 and 12 weeks training and are signed off by a nurse. They deal with Morgan's breathing machine, clean and dress him, look after him when he is ill and manage his medication (there are 45 medications in a week). He's built a relationship with them and is much happier.

For support, advice and a free downloadable information pack : <https://sdsforthvalley.org>



“Being able to be responsible for myself and be myself, and aye, I'm chuffed and happy to be able to live my own life and dae as I please, when I please basically.”

Hear Morgan tell his story [Here](#)

Priority 4: Caring, Connected Communities

How we are improving Self-Directed Support

When a person has been assessed as eligible for support there is a duty to offer four choices in relation to how support will be facilitated. The four options as follows:

- Option 1: Direct Payment is made to the individual, who can use it any way they choose as long as it secures the outcomes agreed between the person and their allocated worker as set out in their support plan.
- Option 2: Directing the available support – when an individual chooses their support and provider but the local authority or local organisation maintains the control of the budget. In order to make an informed choice, individuals should be made aware of all the resources that are available to achieve their support plan.
- Option 3: Services arranged for the person by the local authority – budget and support is managed by the local authority with the individual.
- Option 4: A mix of the three above.

Over 2022/23 we have delivered the SDS Project Plan with support from the SDS Steering Group. This plan reviewed and refreshed our approach to SDS across Clackmannanshire and Stirling.

We have increased engagement with the development of regular Staff Forums and we have delivered comprehensive training on SDS with HSCP staff with SDS Forth Valley. We also have a dedicated supported persons' forum.

We are in the process of developing an asset based assessment tool and case example have been developed and consulted upon.



Contact SDS Forth Valley for support, training and advice by clicking on the logo.



169
HSCP staff received SDS
refresher training in 2022/23 to
improve awareness and
knowledge

Priority 5: Mental Health

What Mental Health means:

Mental health and wellbeing is as important as physical health and wellbeing. There has been significant change as to how we deliver mental health services, there has been a redesign of existing services and developing additional resources to meet increasing demand, and in response to the impact of the COVID-19 pandemic.

Lyndsey's experience with Mental Health Nurse Service

Lyndsey, lives with Bipolar Disorder, she tells us why accessing the support of the mental health nurse (Stacey) at her local GP practice made such a difference.

The person-centred approach allowed early intervention and prevented deterioration in Lyndsey's mental health.

Lyndsey was able to build a relationship with her Mental Health Nurse, Amy, who was able to push her when she needed pushing and to support when she needed supporting. From working with Amy, Lyndsey was able to understand the way she felt, build support networks with family and friends and knew how to manage her mental health.

During the pandemic, Lyndsey had three bereavements in the family, but due to lockdown, the tools Lyndsey previously relied on weren't available. She couldn't go to a family member and take time with them, she wasn't able to be with her support network. She knew she needed help, so she contacted the Mental Health Nurse.

"I knew what I needed, I just didn't know how to access it".

Lyndsey wanted to keep working as this gave her routine and focus which helps her. Lyndsey had an appointment with Stacy who helped her go through some significant changes in her life and offered an impartial perspective, knew her illness and gave her the support she needed in time. Stacy stayed with Lyndsey all the way through, until she was settled.



"I was able to speak to someone and tell them exactly how I felt. They understood my life"

Watch Lyndsey tell her story [HERE](#)

Priority 5: Mental Health

Primary Care Mental Health Team

The Primary Care Mental Health Nursing Service is based in 52 GP practices across Clackmannanshire and Stirling. With 29 Mental Health Nurses offering short-term interventions for people with stress, anxiety, low mood and suicidal thinking. When a patient phones their GP practice, they can ask for the mental health nurse directly and reception can book you an appointment. Reception may ask you a few questions, to make sure they are directing the patient to the right person.

At the appointment with the Mental Health Nurse, there will be an assessment and then a treatment plan will be developed and agreed. This may include some education around symptoms and how they are affecting the patient, from there the patient and the Mental Health Nurse may look at self-help with support. The Mental Health Nurse can also refer to other mental health services, including secondary care and crisis services.

There is also signposting information within HSCP and third sector services to help identify the right resource; help with goal-setting and providing tools and strategies to help you manage health and wellbeing. Pharmacy practitioners can help with a review of medications and arrange prescriptions for people as required. These services reduce pressure on GPs and help patients access the right care at the right time.



“Our aim is to match the person with the best step for them, we do this in consultation with you”

Learn more about Mental Health Nurse service by clicking [HERE](#)



In 2022/23 there were 334 admissions to hospital for Mental Health Acute Support



In 2022/23 there were 183 mental health referrals to Adult Social Care



8.4% of long term Care Home clients have mental health problems.

Priority 6: Supporting People living with Dementia

We aim to support people living with dementia to live well within their own communities following diagnosis as well as reducing the amount of time people with dementia spend in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with Dementia, their family, carers and support

Town Break

Town Break is a local charity that supports people living with Dementia and their carers. They have trained, supportive and committed staff and volunteers, and work with other organisations to help support people with dementia.

There are currently 17 services running and they are located within the communities. In a typical year, Town Break support 250 people and their families affected by a form of dementia.

Town Break run social clubs where people meet to have fun, talk to others and get the help that focusses on what they need. Town Break provide warm and friendly expert advice through support groups to provide post diagnostic support. They offer structured support, for example music, art, walking and physical activity. All these things are important to keep the person connected to their community.

The groups give people a chance to meet new people and get peer support and people enjoy the social aspect, especially the home baking.

Learn more about Town Break [HERE](#)



“It’s very important to get support early for somebody with a diagnosis of dementia and the family, because it affects everyone”



Priority 6: Supporting People living with Dementia

Living with dementia can be challenging and stressful for the person and their family. We provide support to help along with organisations like Town Break and the Carer's Centre within the community.

Adult Social Care can help with providing carers to help with washing and dressing, meals, equipment and adaptations to your home, signpost to local groups and specialist providers.

The main thing to remember is you are not alone, and help and advice is available.

In 2022/23 322 people with dementia were referred to Adult Social Care for support. People with Dementia make up 46%, almost half, of referrals to Adult Social Care.

Below, we look at the different ways we support people with Dementia at home.



Home Care



46% of new referrals in 2022/23 for home care, have dementia.

Equipment



10% of people newly referred for equipment like hand rails have dementia.

MECS



13% of people referred in 2022/23 for Mobile Emergency Care Service to help monitor and people remotely have dementia.

Respite Care



14% of people newly referred in 2022/23 for respite care have dementia.

Care Homes



36% of people in Care Homes have Dementia.

Priority 7: Alcohol & Drugs

We aim to improve outcomes by supporting people with complex social and health issues around alcohol and drug use, with their support network.

Catriona & Scottish Families Affected by Alcohol & Drugs

Catriona had no experience of addiction when she met her husband eight years ago, when he was in recovery. He had always been open about his recovery, the 12 step programme and the support network of friends and contacts. However, when the pandemic hit and they were in lockdown, he relapsed. This was new to Catriona, and through lockdown they were unable to use the normal supports. His relapse was short, but the impact was big. She didn't know how to support him so she started to reach out for groups and organisations that could help her.

Catriona wanted to be a positive influence in his recovery and she found Scottish Families Affected by Alcohol & Drugs. Jillian was able to help Catriona understand what her husband was going through and what she could do to help. They both found it reassuring that Catriona had support to help her, while he focused on his recovery. This also gave Catriona advice and there was always someone to speak to, who understands and without judgement.



“It’s such a great asset and we’re really fortunate to have it”

Watch Catriona speak about Scottish Families Affected by Alcohol & Drugs [HERE](#)

Medication Assisted Treatment (MAT) Standards Implementation

This year, we implemented the MAT Standards. The aim of MAT Standards is to reduce drug related harms and risk of death. This is done by enabling safe, accessible and high-quality treatment and support nationally. The standards aim to directly impact the current drug related death crisis being experienced in Scotland.

The first year of MAT Implementation work has been completed. This has gathered a large amount of data which was submitted to Public Health Scotland. The first year of MAT Implementation has demonstrated the enormous efforts by staff and partners across the substance use care system to work together to improve services. This data show this work is valued by people who use services, and has highlighted areas for future development.

Planning for Year two of MAT Implementation has already begun, and we await further guidance from Scottish Government and Public Health Scotland on reporting requirements. In many instances people receive a MAT Standard level of care already, or would do with adaptations to the delivery of clinical services. This awareness is informing both the MAT Implementation planning and Commissioning Consortium process.

For more information click here www.gov.scot/publications/mat-standards-scotland-access-choice-support/

Section 8 Adult Support & Protection

Adult Support & Protection (ASP) offers support and protection to adults who may be at risk of harm. It aims to balance people's rights and take action, where necessary, to support and protect adults at risk of harm (this includes adults in community, residential and hospital settings)

The Act, defines 'adults at risk' as individuals, aged 16 years or over, who:

- are unable to safeguard themselves, their property, rights or other interests;
- are at risk of **harm**; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, **are more vulnerable to being harmed than others who are not so affected.**

When a concern is reported (called a referral or AP1), we will undertake initial inquiries to agree what action is required. This information helps make the best decision with the involvement of the adult concerned. It may lead to immediate action or a more planned response.

Clackmannanshire and Stirling Adult Support and Protection Committee provides oversight and scrutiny of local policies and procedures and ensures that residents in Clackmannanshire and Stirling are safe.



2,203

Adult Support & Protection referrals were received between 1 April 2022 and 31 March 2023



144

Investigations commenced under the Adult Support & Protection Act



25.7%

Investigations were due to physical harm

14.6 %

Investigations were due to financial harm



75.3%

of people supported at home said they felt safe (National Outcome Indicator)

Section 9 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 the Strategic Commissioning Plan, contributing to the response to system pressures and desired outcomes of communities.

Engaging our localities

We have three Locality Planning Networks for each area, Clackmannanshire, Rural Stirling and Urban Stirling. These were launched in 2021, and throughout 2022/23 they became better established. We have a statutory requirement to have Locality Planning Networks.

In 2022/23 the Locality Planning Networks are a chance to improve local networks and relationships between local services, community supports and the third sector.

The Locality Planning Networks provide a 'grass roots' approach for professionals, communities and individuals to inform service design and improvement for their local area.

The groups meet bi-monthly and over 2022/23 worked to produce Locality Plans to be implemented over the next three years.

The plans were created using data from the Scottish Burden of Disease and the Strategic Needs Assessment as well as community engagement within each of the communities. Engagement included online sessions in the evenings, drop in sessions within the communities and local groups, and online surveys. HSCP Officers also met with groups such as the recovery communities, refugees, Forth Valley Sensory Centre, Clackmannanshire Older Adults Forum and Balfron Lunch Club, as well as community councils.

The Locality Planning Networks have been really good at helping reconnect people with their communities, and to link organisations together following the pandemic. The engagement has helped to understand the value of the community support and groups within each of the local areas.

Working closely with third sector colleagues at Stirling Voluntary Enterprise and Stirling Council's Community Learning and Development Team has been integral to achieving this.

More information on Localities and how to participate can be found here <https://clacksandstirlinghscp.org/>



Section 10 Finance, Best Value, Governance and Risk

Annual Financial Statement

The Integration Joint Board will continue to use the funding available to the partnership to improve services for people and pursue our Strategic Commissioning Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Commissioning Plan priorities and key performance indicators will continue to improve and evolve.

Financial Performance

The funding available to support delivery of the Strategic Commissioning Plan comes from Clackmannanshire and Stirling Councils and NHS Forth Valley and funding from Scottish Government.

This forms the Integrated Budget and the Set Aside budget for Large Hospital Services. The IJB then directs partners to deliver and/or commission services on its behalf.

For the financial year ended 31 March 2023 the IJB achieved a net underspend on the Integrated Budget of £1.076m. We are then allowed to transfer this into the IJB reserves. This is like savings to help mitigate any future financial risks.



£251m total
IJB Budget 2022/23



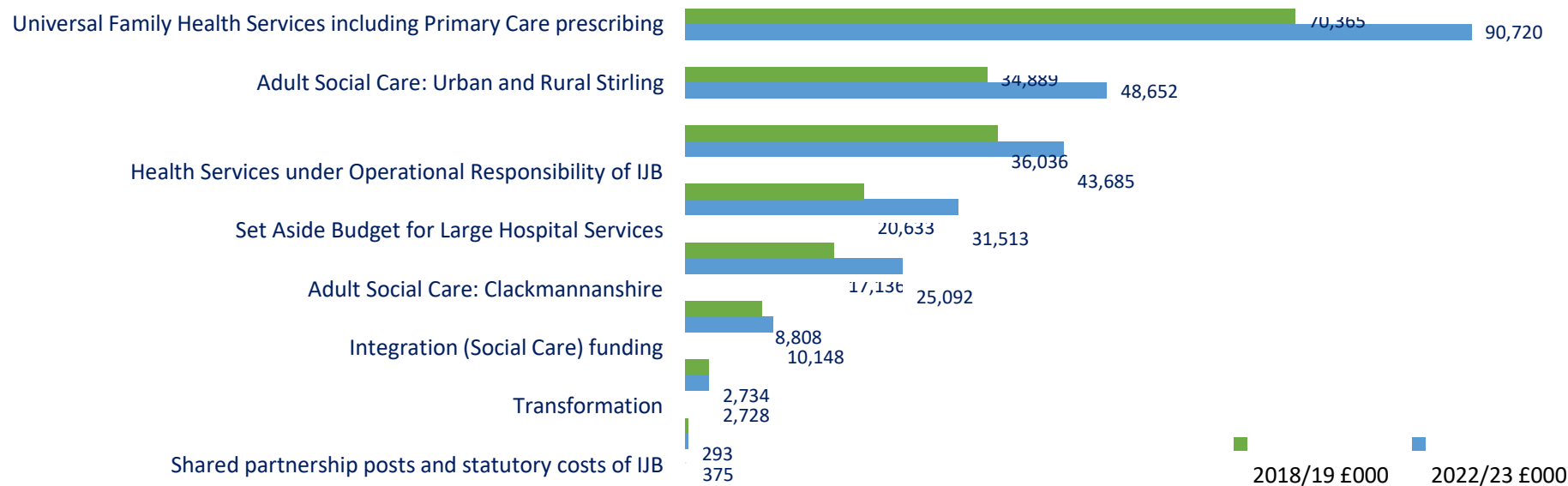
£1.076m underspend
transferred into Reserves

The expenditure of the IJB for 2022/23 and the previous 5 years is summarised in the table and graph below. As the IJBs spend profile changes over a number of years we will attempt to illustrate the effect of this graphically to provide evidence of alignment with strategic priorities and outcomes – this will be an evolutionary process over time. These figures are subject to statutory audit and it might be useful to read the content of the IJBs Annual Accounts alongside this report. The IJBs Annual Accounts are published here: [Clackmannanshire and Stirling HSCP – Finance \(clacksandstirlinghscp.org\)](https://www.clacksandstirlinghscp.org)

Clackmannanshire & Stirling Health and Social Care Partnership Budget by Service Area

| CSHSP Budget by Service Area 2018/19 to 2022/23 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|--------------|--------------|--------------|--------------|--------------|
| | £000 | £000 | £000 | £000 | £000 |
| Set Aside Budget for Large Hospital Services | 20,633 | 22,007 | 23,588 | 24,736 | 31,513 |
| Adult Social Care: Clackmannanshire Locality | 17,136 | 16,129 | 17,266 | 21,583 | 25,092 |
| Adult Social Care: Urban and Rural Stirling Localities | 34,889 | 37,736 | 36,804 | 42,447 | 48,652 |
| Health Services under Operational Responsibility of IJB | 36,036 | 36,129 | 37,774 | 39,774 | 43,685 |
| Universal Family Health Services including Primary Care Prescribing | 70,365 | 76,594 | 82,090 | 83,691 | 90,720 |
| Integration (Social Care) Funding | 8,808 | 8,838 | 23,072 | 13,168 | 10,148 |
| Shared Partnership Posts & Statutory Costs of IJB | 293 | 284 | 300 | 317 | 375 |
| Transformation | <u>2,734</u> | <u>2,202</u> | <u>2,454</u> | <u>2,521</u> | <u>2,728</u> |
| Total Expenditure | 190,894 | 199,919 | 223,349 | 228,237 | 252,914 |

CSHSCP Budget by Service Area (£millions)



Best Value, Governance & Risk

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing Outcomes set by the Scottish Government. Put in a more simple way, the Board identify our priorities and plan how we will deliver our services, improve outcomes for people and support people to live independent lives with the care and support they need.

The governance framework are the rules, policies and procedures that ensure the IJB is accountable, transparent and carried out with integrity. The IJB had legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling.

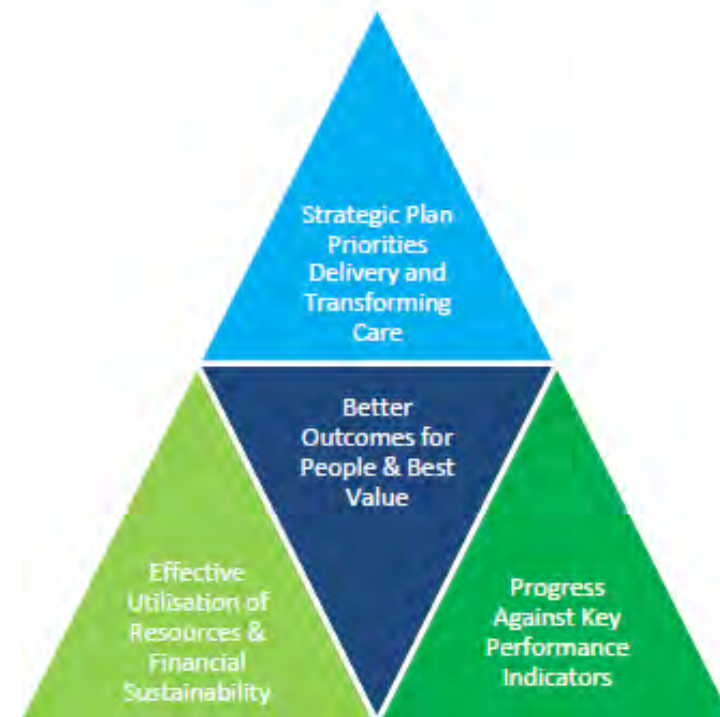
The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance a key element of demonstrating Best Value.

We monitor Best Value through:

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

The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

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



Appendix 1 - Strategy Map

Our Strategic Plan on a Page

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

All Priorities have the National Health and Care Standards at the centre.

I experience high quality care and support that is right for me

I am fully involved in all decisions about my care and support

A have confidence in the people who support and care for me

I have confidence in the organisation providing my care and support

I experience a high quality environment if the organisation provides the premises.



How our priorities link with the National Health and Wellbeing Outcomes

| National Health and Wellbeing Outcome | Care closer to home | Primary Care Transformation | Caring, Connected Communities | Mental Health | Supporting people with Dementia | Alcohol & Drugs |
|--|---------------------|-----------------------------|-------------------------------|---------------|---------------------------------|-----------------|
| 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. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



Appendix 2 - National Core Indicators

*Note this data and analysis will be published in July 2023

The national core indicators are a requirement of the Annual Performance Report.

| | Ref | Indicator | 2013/14 | 2015/16 | 2017/18 | 2019/20 | 2021/22 | 2023/24 |
|--------------------|-------|--|-------------------------------------|---------|---------|---------|---------|-------------------------------|
| Outcome Indicators | NI-1 | Percentage of adults able to look after their health very well or quite well | 95.5% | 94.6% | 93.6% | 93.6% | 91.7% | Bi-annual Data reported 2024. |
| | NI-2 | Percentage of adults supported at home who agreed that they are supported to live as independently as possible. | 84.1% | 81.7% | 81.9% | 76.1% | 72.5% | |
| | NI-3 | Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided. | 79.1% | 76.4% | 73.5% | 74.4% | 64.3% | |
| | NI-4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated. | 71.3% | 72.9% | 76.5% | 68.8% | 61.7% | |
| | NI-5 | Total % of adults receiving any care or support who rated it as excellent or good | 80.3% | 77.6% | 77.6% | 75.2% | 67.8% | |
| | NI-6 | Percentage of people with positive experience of the care provided by their GP practice | 86.6% | 86.7% | 86.6% | 78.8% | 67.3% | |
| | NI-7 | Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 84.7% | 77.1% | 79.4% | 79.1% | 79.2% | |
| | NI-8 | Total combined % carers who feel supported to continue in their caring role | 39.6% | 32.4% | 38.3% | 29.7% | 25.6% | |
| | NI-9 | Percentage of adults supported at home who agreed they felt safe | 82.9% | 81.6% | 86.0% | 83.5% | 75.3% | |
| | NI-10 | Percentage of staff who say they would recommend their workplace as a good place to work | No data from Public Health Scotland | | | | | |

The 'outcome' indicators above are normally reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government. Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot

| | Ref | Indicator | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | |
|-----------------|---------|--|---|---------|---------|---------|---------|--|---------|---|--|
| Data Indicators | NI-11 | Premature mortality rate per 100,000 persons aged under 75 years | | 389 | 379 | 371 | 429 | 459 | 440 | This data is due to be published by Public Health Scotland in July 2023 | |
| | NI-12 | Emergency admission rate (per 100,000 adult population) | | 10,012 | 10,323 | 10,451 | 13,206 | 11,777 | 12,814 | | |
| | NI-13 | Emergency bed day rate (per 100,000 population) | | 111,864 | 113,000 | 113,435 | 109,221 | 95,437 | 105,470 | | |
| | NI-14 | Readmission to hospital within 28 days (per 1,000 population) | | 105 | 107 | 105 | 130 | 153 | 130 | | |
| | NI-15 | Proportion of last 6 months of life spent at home or in a community setting | | 86.9% | 86.9% | 87.8% | 88.2% | 91.0% | 89.6% | | |
| | NI-16 | Falls rate per 1,000 population aged 65+ | 14.2 | 16.0 | 19.7 | 20.8 | 23.5 | 20.2 | 23.6 | | |
| | NI-17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 82.0% | 88.3% | 96.2% | 93.4% | 91.0% | 91.1% | 87.0% | | |
| | NI-18 | % of adults with intensive care needs receiving care at home | 69.7% | 70.0% | 66.7% | 66.7% | 69.8% | 71.2% | 68.6% | | |
| | NI-19 | Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) | 640 | 723 | 503 | 579 | 665 | 448 | 743 | 804 | |
| | NI-20 | % of health and care resource spent on hospital stays where the patient was admitted in an emergency | - | 20.7% | 22.7% | 23.7% | 23.0% | No longer reported by Public Health Scotland | | | |
| | NI-21 | % of people admitted to hospital from home during the year, who are discharged to a care home | No data published by Public Health Scotland | | | | | | | | |
| | NI - 22 | % of people who are discharged from hospital within 72 hours of being ready | No data published by Public Health Scotland | | | | | | | | |
| | NI - 23 | Expenditure on end of life care, cost in last 6 months per death | No data published by Public Health Scotland | | | | | | | | |

Appendix 3 - Inspections

Registered services owned by the Partnership are inspected annually by the Care Inspectorate, there were 7 registered service inspections during 2022/2023. Additional information and full detail on inspections can be found at the Care Inspectorates website www.careinspectorate.com. Since 1 April 2018, the new [Health and Social Care Standards](#) have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a [new framework for inspections](#) of care homes for older people.

| Registered Service | Date Inspection Completed | How well do we support people's wellbeing? | How good is our leadership? | How good is our staff team? | How good is our setting? | How well is our care and support planned? | Recommendations | Requirements | Areas for improvement |
|---|---------------------------|--|-----------------------------|-----------------------------|--------------------------|---|-----------------|--------------|-----------------------|
| Menstrie House | 04/05/2022 | Adequate | Adequate | Adequate | Good | Adequate | 0 | 2 | 5 |
| Menstrie House | 06/10/2022 | - | Weak | - | - | - | 0 | 2 | 5 |
| Menstrie House | 06/12/2022 | - | Very good | Very good | - | - | 0 | 1 | 2 |
| Ludgate House Resource Centre Care Home Service | 09/08/2022 | Very good | Very good | - | - | - | 0 | 0 | 1 |
| Bellfield Centre Care Home Service | 12/10/2022 | Good | Adequate | Good | Very good | Good | 0 | 0 | 5 |
| Stirling Council Reablement and Tec Services Housing Support Service | 24/11/2022 | Very good | Very good | - | - | - | 0 | 0 | 0 |
| Clackmannanshire Reablement and Technology Enabled Care Service Housing Support Service | 8/12/2022 | Very good | Very good | - | - | - | 0 | 0 | 0 |

Source : Care Inspectorate

Appendix 4 - Unscheduled Care – MSG Performance Measures (update to follow)

To support the delivery of the National Priorities Partnerships we completed a self-assessment and improvement action plan as well as agreeing local targets for the following key areas: Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).

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



| Indicator |
|---|
| Number of Emergency Admissions |
| Number of unscheduled hospital bed days (Acute) |
| Geriatric long stay |
| Mental Health |
| A&E Attendances |
| Delayed discharge bed days (18+) All reasons |
| % of last 6 months of life spent in community (all ages) |
| Proportion of 65+ population living at home (supported and unsupported) |

Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 9

Financial Report for Year Ended 31 March 2023

For Assurance

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

| Directions | |
|--------------------------|-------------------------------------|
| 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"/> |

| | |
|---------------------------|--|
| Purpose of Report: | To present the Integration Joint Board with an overview of the financial performance and draft financial position for 2022/23 financial year subject to statutory audit for assurance. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the Economic Outlook per Scottish Governments Medium Term Financial Strategy published in May 2023. 2) Note the net underspend on the Integrated Budget of £1.076m and the overspend in relation to the Set Aside budget for Large Hospital Services of £3.511m which has been met in full by NHS Forth Valley (figures subject to statutory audit). 3) Note the reserves position at 31 March 2023 including the reasons for a material residual Covid earmarked reserve and provision made for transitional payments to GP Practices. 4) Approve the issuing of final directions for financial year 2022/23 reflecting the draft outturn positions. 5) Note that it is envisaged that projections at Quarter 1 will trigger the requirement, per the Integration Scheme, to prepare a financial recovery plan and, in anticipation of this, agree that initial potential recovery options be presented to the IJB Finance and Performance Committee in August 2023. |
|-------------------------|---|

1. Background

- 1.1. The Integration Joint Board approved its 2022/23 Revenue Budget on 24 March 2022.
- 1.2. The Board and the Finance and Performance Committee have been receiving financial monitoring reports throughout the year.
- 1.3. Through routine financial reporting the Board have been kept informed of the financial position and risks throughout the year including the levels of uncertainty. This has continued to be high complex and fluid during financial year 2022/23.

- 1.4. Financial reports should be read in conjunction with Performance Reports to give a rounded view of financial performance and overall Partnership performance.
- 1.5. The complexities of reaching a draft final position including those in relation to Covid and significant additional Scottish Government allocations in the later part of the financial year and resultant impact on reserves has meant the year-end financial closure has been later than anticipated. Further review of year end processes is required to make improvements for future years, and this will be further discussed through the Finance Working Group including the Directors of Finance/Chief Finance Officers from the constituent authorities.

2. Economic Outlook

- 2.1. An economic outlook for public expenditure and therefore the future funding position of the IJB is regularly reported via financial reports to the IJB.
- 2.2. The economic conditions we operate within continue to be challenging, turbulent and uncertain with high inflation, pay and contract pressures and constrained resources being key features.
- 2.3. The latest intelligence from Scottish Government is contained with 'Scotland's Fiscal Outlook – The Scottish Government's Medium-Term Financial Strategy (MTFS)' published on 25 May 2023.
- 2.4. The MTFS set out an outlook which was described by the Deputy First Minister and Cabinet Secretary for Finance as 'amongst the most challenging since devolution' along with the strategy to address the challenges to sustainability of the public finances being anchored in three pillars:
 - strengthening how we manage public spending to ensure public money is fully focused on delivering government objectives, underpinned by necessary reform and prioritisation to maximise the impact of our available resources and capital investment
 - Increasing focus on economic policies and actions with the greatest potential to grow and strengthen Scotland's well-being economy and to grow the tax base to support the funding of our vital public services.
 - Ensuring a strategic approach to tax policy, which considers the longer term impacts of our tax choices on individuals and our competitiveness, and which has been developed through clear engagement with stakeholders.
- 2.5. The modelling within the MTFS indicates spending requirements could exceed central funding projections by £1bn in 2024/25 (2%) rising to £1.9bn in 2027/28 (4%).
- 2.6. This sets a challenging economic outlook for future Scottish Government policy and spending priorities and difficult choices for both Scottish Government and individual public bodies going forward.

- 2.7. The MTFS also detailed that refreshed multi-year spending envelopes will be published alongside the Budget for 2024/25 anticipated to be in December 2023. This should assist with medium term financial planning.

3. 2022/23 Draft Final Financial Position

- 3.1. This financial position for 2022/23 (subject to statutory audit) is a net underspend on the Integrated Budget of £1.076m and an overspend of £3.511m on the Set Aside budget for large hospital services. The overspend on the Set Aside budget was met in full by NHS Forth Valley within an overall balanced financial position for the NHS Board as previously agreed with the IJB.
- 3.2. This outturn is an improvement on the position verbally reported to the IJB in March along with the presentation of the 2023/24 initial revenue budget.
- 3.3. As a result of the net underspend position on the Integrated Budget there is an impact on the IJBs general reserves. The general reserves position will increase from £3.323m to £4.399m in line with the requirements of the integration scheme.
- 3.4. The outturn for the Set Aside budget was a financial pressure of £3.511m which is a significant increase from the previous year reflecting the costs of a health and social care system under sustained and enduring pressure. The financial pressure on the Set Aside budget relates to cost pressures in:
- Accident and Emergency Services £0.773m
 - General Medicines £0.374m
 - Geriatric Medicines £0.977m
 - Rehabilitation and Respiratory Medicine £1.199m
 - Mental Health inpatients services £0.188m

These set aside specialities have seen notable increases in financial pressure and material increased demand, complexity and/or activity.

- 3.5. At present the financial pressure associated with the Set Aside budget is met by the NHS Board. Early dialogue with NHS Forth Valley with regard to 2023/24 is required alongside ensuring appropriate information is available to understand the drivers of expenditure and financial pressures and put in place appropriate set aside arrangements for the future. This matter will also require to be considered as part of the review of the Integration Scheme.

4. Reserves & Covid Funding Position

- 4.1 The Integration Joint Board agreed the extant reserves policy and strategy as part of the Initial Revenue Budget for 2023/24 post consideration and recommendation from the Audit and Risk Committee on 8 March 2023.

The key elements of the reserves policy and strategy are:

- A prudential reserves target of 2.5% of budgeted expenditure; (c£6.3m) and

- A minimum general or contingency reserves level of 1% of budgeted expenditure (c£2.5m)

It can be observed from the table below that both general and overall reserves levels are above target. Given the future financial risk profile of the IJB the general reserves level should not be a matter of concern. Indeed CIPFA guidance on reserves for local authorities suggests a prudent general reserves level of 1-2% therefore the current level is not out with the upper end of that range. There may also be a need to further review reserves policy and strategy when the Medium-Term Financial Plan is reviewed and will undoubtedly set an increasing financial risk context for the coming years.

Earmarked reserves at 31 March 2023 are significantly but temporarily inflated by a remaining balance of Covid earmarked reserves which is considered later in this paper.

Many of the earmarked reserves are anticipated to be expended during the course of 2023/24 and the utilisation of the remaining covid funding will be discussed further with Scottish Government. It is therefore anticipated that overall reserves levels will reduce considerably towards target over the course of the year. A full analysis of the reserves position at 31 March 2023 is attached at Appendix 2 to this report giving full transparency.

A full review of earmarked reserves will be conducted over the summer months and updates, any issues requiring Board consideration and an initial projected reserves position at 31 March 2024 will be incorporated into the report to the September IJB meeting.

- 4.2 Total Reserves at 31 March 2023 are £22.726m which is higher than the projected reserves estimated within the 2023/24 IJB Revenue Budget.

The main reasons for this are:

- There was a net underspend on the Integrated Budget resulting in £1.075m increase in general reserves.
- There are £5.341m of Covid reserves remaining (further explanation below)
- The service pressures reserve is £1.5m higher than projected
- MH Recovery and Renewal reserves were not required to be deployed in 22/23 as projected but are required to match costs in 23/24 (£0.554m)
- Funding for Band 2-4 Healthcare support workers was clarified relatively late in the financial year (£0.775m)
- The NHS Board provided funding at year end to support Prescribing Invest to Save and Estimated costs for Transitional Payments to GP Practices in 2023/24 supporting approaches to mitigating mutual areas of financial risk (£0.353m)
- Projected spend against some smaller earmarked reserves was lower than projected.

- 4.3 The IJBs reserves position at 31 March is summarised in the table below.

Clackmannanshire & Stirling Integration Joint Board
Financial Year 2022/23
Carry Forward Reserves at Year Ended 31 March 2023

| | Actual £000 |
|---|--------------------|
| General Reserves | 4,398 |
| | <hr/> 4,398 |
| Earmarked Reserves | |
| Leadership & Transformation Funding | 2,066 |
| Invest to Save Fund | 500 |
| Service Pressures (from Winter Funding) | 3,512 |
| Primary Care Transformation | 794 |
| ADP/Drug Related Deaths | 342 |
| Community Living Fund | 512 |
| Covid Funding | 5,341 |
| MDT Funding | 705 |
| Management Capacity to Deliver Strategic Change | 237 |
| MH Recovery & Renewal | 554 |
| B2-4 Healthcare Support Workers | 775 |
| Pcip Transitional Payments | 153 |
| Prescribing Hscip Invest To Save | 200 |
| Other Earmarked Reserves | 2,638 |
| | <hr/> 18,328 |
| Total Reserves | <hr/> <hr/> 22,726 |

- 4.4 With specific regard to the remaining Covid reserves balance this has emerged for 3 main reasons.
- There was an over accrual brought forward from 2021/22 in relation to social care provider support payments (approximately £1.5m).
 - Social Care provider support claims at 31 March 2022 were accrued in full however the robust due diligence processes in reviewing claims in line with national guidance reduced payments due (approximately £2.0m).
 - The issues detailed in the points above were exacerbated by long term absence of staff who were key to the process during the year and a backlog of due diligence and claims processing which was cleared in the later part of the financial year.
 - Actual covid costs in 2022/23 were less than projected at the last review in January 2023 including some projected costs that did not crystallise. This includes defensible costs of exceptional demand attributable to covid, significant reduction in claims for social care provider support in the later part of the year (£1.8m).
 - Continued effort to reduce reliance of covid funding to mitigate future financial risk.
- 4.5 Given the material balance the Chief Finance Officer had an initial discussion with Scottish Government Finance on 18 May to disclose the matter. At this point in time the extant position is the funding should continue to be held in an IJB Earmarked Covid reserve pending further discussion on utilisation. No plans

to expend any of the funding should be made at this point in time and the outcome of further discussion on the matter with Scottish Government finance will be reported to the IJB Finance and Performance Committee in August 2023. It is understood that we will not be the only partnership with a material balance of Covid funding.

- 4.6 The reserves position of the IJB at the start of the financial year, as documented in the 2021/22 accounts was £28.248m meaning reserves will have decreased by £5.522m in year and this will be reflected in the Comprehensive Income and Expenditure Statement (CIES) within the IJBs annual accounts as a deficit for the year.
- 4.7 Regular updates on reserves will be incorporated into quarterly financial reporting during 2023/24. The issues above have also highlighted a need for reviewing the controls and information informing quarterly reserves projections. This will be discussed further in regular meetings with the HSCP SLT and Finance Officers to achieve required improvements and better clarity and ownership.
- 4.8 £2.0m of the service pressures funding was required to support an initial balanced budget within the 2023/24 Initial Revenue Budget. The balance of this funding is anticipated to be required to support service pressures including winter pressures during 2023/24.

5. Savings and Efficiency Programme Delivery

- 5.1 At the time of writing work was ongoing to finalise quantification and confirmation of savings and efficiencies delivered in year. This is complex task requiring service data and is particularly clouded in this financial year by fortuitous financial savings through part delivery of key business cases and challenges with recruitment and retention across many areas of the partnership's services. At this point it would be reasonable to assume saving delivery in relation to the Integrated Budget of around 72% as set out in the financial report to the March IJB meeting.

6. Directions

- 6.1. As part of established year end processes final directions are issued to the constituent authorities reflecting final values.
- 6.2. The IJB are therefore be asked to approve the issuing of final 2022/23 directions to the constituent authorities in line with normal protocol at the June meeting.

7. Conclusions

- 7.1. The draft 2022/23 financial position as detailed in this report is an improved position in both outturn and reserves levels from the position reported to the IJB in March.
- 7.2. Whilst the efforts to achieve this position should be recognised analysis to date does not show it materially changes the assumptions and level of savings delivery set out in the Initial Revenue Budget. Many of the plans have lead-in times and some of the additional resources within reserves are likely to be required to bridge some of this in the current financial year. The scope for this will be incorporated into the review of reserves detailed within this paper.
- 7.3. Given the above, turnover in key management posts, reliance on reserves balances, economic and market risks and ongoing significant ongoing cost pressures in relation to areas such as Prescribing, Contingency Bed Capacity at Stirling Health and Care Village and use of Temporary Workforce solutions it is highly likely the requirement for a financial recovery plan per the terms of the Integration Scheme will be triggered on the basis of the first substantive financial report of the year based on Quarter 1 financial performance. The Quarter 1 financial report and initial potential options for financial recovery will be presented to a Special Meeting of the IJB Finance and Performance Committee in August 2023 with the IJB receiving further updates at the September 2023 meeting.

8. Appendices

Appendix 1 – Overview Summary

Appendix 2 – Reserves Analysis @ 31 March 2023

| Fit with Strategic Priorities: | |
|---|--|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting Empowered People and Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input checked="" type="checkbox"/> |
| Workforce Plan | <input checked="" type="checkbox"/> |
| Commissioning Consortium | <input checked="" type="checkbox"/> |
| Transforming Care | <input checked="" type="checkbox"/> |
| Data and Performance | <input checked="" type="checkbox"/> |
| Communication and Engagement | <input checked="" type="checkbox"/> |
| Implications | |
| Finance: | Per body of report. |
| Other Resources: | As referenced in the report. |
| Legal: | The report references the Annual Accounts process which is a statutory duty of the IJB. |
| Risk & mitigation: | Financial Resilience is a key risk detailed within the Boards Strategic Risk Register. Financial planning and reporting is part of the mitigation approaches to assist in managing these risks. |
| Equality and Human Rights: | The content of this report does not require an EQIA |
| Data Protection: | The content of this report does not require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p> |

Appendix 1

Clackmannanshire & Stirling Integration Joint Board
 Financial Year 2022/23
 Financial Position for Year Ended 31 March 2023

| | £000 | Notes |
|--|----------------|-------|
| NHS Forth Valley | | |
| Set Aside Budget for Large Hospital Services | 31,513 | 1 |
| Set Aside Expenditure | 31,513 | |
| Expenditure | | |
| Operational and Universal Services | 147,282 | |
| Share of Costs of Statutory Partnership Posts & Associated Costs | 187 | |
| Total Expenditure | 147,470 | |
| Income | | |
| Payment | 147,282 | |
| Contribution to Statutory Costs | 187 | |
| Transfers from IJB Reserves | (8,551) | 2 |
| Total Income | 138,918 | |
| Stirling Council | | |
| Expenditure | | |
| Total Expenditure on IJB functions | 48,652 | |
| Share of Costs of Statutory Partnership Posts & Associated Costs | 112 | |
| Total Expenditure | 48,765 | |
| Income | | |
| Payment | 48,652 | |
| Contribution to Statutory Costs | 112 | |
| Transfers to IJB Reserves | 87 | 2 |
| Total Income | 48,852 | |
| Clackmannanshire Council | | |
| Expenditure | | |
| Total Expenditure on IJB functions | 25,092 | |
| Share of Costs of Statutory Partnership Posts & Associated Costs | 75 | |
| Total Expenditure | 25,167 | |
| Income | | |
| Payment | 25,092 | |
| Contribution to Statutory Costs | 75 | |
| Transfers to IJB Reserves | 2,943 | 2 |
| Total Income | 28,110 | |

| | | |
|--------------------------------------|----------------|--|
| Summary (Excluding Set Aside) | £000 | |
| Total Expenditure | 221,402 | |
| Total Income | 215,880 | |
| Net Decrease in IJB Reserves | (5,521) | |

Notes:

- 1: Set Aside treated in line with previous years with allocation adjusted to match expenditure
- 2: Reserves are summarised as follows:

| | |
|---|----------------------|
| | £000 |
| General Reserves from Operational Underspends | 4,398 |
| COVID Earmarked Reserves | 5,341 |
| Other Earmarked Reserves | 12,987 |
| Total Reserves | <u>22,726</u> |

Appendix 2

Clackmannanshire & Stirling Integration Joint Board
 Financial Year 2022/23
 Carry Forward Reserves as at Year Ended 31 March 2023

| | Originating Constituent Authority | Reserve Detail | Carry Forward Balance £000 |
|--|-----------------------------------|----------------|----------------------------|
| General Reserves | | | |
| General Reserve | NHS Forth Valley | General | 599 |
| General Reserve | Clackmannanshire Council | General | 1,949 |
| General Reserve | Stirling Council | General | 1,850 |
| General Reserves Total | | | 4,398 |
| Earmarked Reserves | | | |
| Transformation Fund | NHS Forth Valley | Earmarked | 1,377 |
| Leadership Fund | NHS Forth Valley | Earmarked | 423 |
| Invest to Save Fund | NHS Forth Valley | Earmarked | 500 |
| Mental Health Strategy (Action 15) Board Funding | NHS Forth Valley | Earmarked | 23 |
| Primary Care Premises | NHS Forth Valley | Earmarked | 164 |
| GP Out of Hours (OOH) Fund | NHS Forth Valley | Earmarked | 361 |
| Alcohol & Drugs Partnership | NHS Forth Valley | Earmarked | 30 |
| Drug Related Deaths Funding | NHS Forth Valley | Earmarked | 251 |
| GP subcommittees for GP contract | NHS Forth Valley | Earmarked | 44 |
| Mental Health Innovation Fund | NHS Forth Valley | Earmarked | 138 |
| Scottish Living Wage | NHS Forth Valley | Earmarked | 237 |
| Community Living Change Fund | NHS Forth Valley | Earmarked | 512 |
| District Nursing Posts | NHS Forth Valley | Earmarked | 87 |
| Perinatal And Infant Mental Health | NHS Forth Valley | Earmarked | 50 |
| Alcohol & Drugs - National Drugs Mission (Cs) | NHS Forth Valley | Earmarked | 61 |
| Covid19 Further Funding (Cs) | NHS Forth Valley | COVID | 2,750 |
| Mh R&R Facilities Projects (Cs) | NHS Forth Valley | Earmarked | 355 |
| Mh R&R Fund - Phase 2 Dementia Post Diagnostic Services (Cs) | NHS Forth Valley | Earmarked | 105 |
| Mh R&R Fund - Primary Care Services (Cs) | NHS Forth Valley | Earmarked | 44 |
| Workforce Wellbeing - Primary Care And Social Care (Cs) | NHS Forth Valley | Earmarked | 51 |
| Primary Care Improvement Fund | NHS Forth Valley | Earmarked | 218 |
| Gp Practice Exclusion Incident Audit | NHS Forth Valley | Earmarked | 11 |
| Electric Speed Adjusting Hand Pieces | NHS Forth Valley | Earmarked | 30 |
| Ventilation Improvement Allowance | NHS Forth Valley | Earmarked | 75 |
| Winter 300 Remobilisation Of Nhs Dental Services | NHS Forth Valley | Earmarked | 57 |
| Emergency Covid Funding For Eating Disorders | NHS Forth Valley | Earmarked | 88 |
| Mh R&R Fund - Psych Therapies | NHS Forth Valley | Earmarked | 49 |
| Primary Care Digital Improvement | NHS Forth Valley | Earmarked | 54 |
| Service Pressures Reserve | NHS Forth Valley | Earmarked | 864 |
| Winter 300 - National Recruitment Campaign For B2-4 | NHS Forth Valley | Earmarked | 775 |
| Long Covid Support Fund | NHS Forth Valley | Earmarked | 47 |
| Mh Outcomes Framework - General | NHS Forth Valley | Earmarked | 163 |
| Mh Outcomes Framework - Innovation Fund | NHS Forth Valley | Earmarked | 16 |
| Learning Disability Health Checks | NHS Forth Valley | Earmarked | 49 |
| Winter 300 - Care @ Home Integrated Care Fund Mdt | NHS Forth Valley | Earmarked | 705 |
| Global Sum & Correction Factor | NHS Forth Valley | Earmarked | 22 |
| Nhs Board Funds (Pms) | NHS Forth Valley | Earmarked | 25 |
| Pcip Transitional Payments | NHS Forth Valley | Earmarked | 153 |
| Prescribing Hscp Invest To Save | NHS Forth Valley | Earmarked | 200 |
| Primary Care Pay Earmarked Reserves | NHS Forth Valley | Earmarked | 306 |

| | | | |
|----------------------------------|--------------------------|-----------|---------------|
| Autism Strategy | Stirling Council | Earmarked | 23 |
| Drug & Alcohol Recovery Support | Stirling Council | Earmarked | 578 |
| See Hear Funding | Stirling Council | Earmarked | 76 |
| Dementia Friendly | Stirling Council | Earmarked | 27 |
| Appropriate Adult | Stirling Council | Earmarked | 68 |
| Self Directed Support | Stirling Council | Earmarked | 32 |
| Old Age Isolation | Stirling Council | Earmarked | 27 |
| Service Pressures Reserve | Stirling Council | Earmarked | 1,992 |
| MHO Training Grant | Stirling Council | Earmarked | 34 |
| Drug Rehab - Adults | Stirling Council | Earmarked | 88 |
| SDS Core | Stirling Council | Earmarked | 81 |
| Mental Health Recovery | Stirling Council | Earmarked | 49 |
| Telecare Fire Safety | Stirling Council | Earmarked | 17 |
| Telecare Analogue to Digital | Stirling Council | Earmarked | 2 |
| Housing - PSHG | Stirling Council | Earmarked | 85 |
| Wellbeing Fund | Stirling Council | Earmarked | 24 |
| Hospital Discharge Team | Stirling Council | Earmarked | 265 |
| | | | |
| Aids for Daily Living | Clackmannanshire Council | Earmarked | 117 |
| Mental Health Recovery & Renewal | Clackmannanshire Council | Earmarked | 25 |
| Service Pressures Reserve | Clackmannanshire Council | Earmarked | 656 |
| Covid Earmarked Reserve | Clackmannanshire Council | COVID | 2,592 |
| | | | |
| Earmarked Reserves Total | | | 18,328 |
| | | | |
| Total Reserves | | | 22,726 |

Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 10

Commissioning Delivery Plan

For Approval

| | |
|--|--------------------|
| Paper Approved for Submission by: | Annemargaret Black |
| Paper presented by | Wendy Forrest |
| Author | Michelle Duncan |
| Exempt Report | No |

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

| | |
|---------------------------|---|
| Purpose of Report: | To present the HSCP Strategic Commissioning Plan, draft Strategic Delivery Plan and Operational Delivery Plan to the Integration Joint Board for approval. To note as complete the previous Strategic Improvement Plan. |
|---------------------------|---|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the draft Strategic Delivery Plan and ask officers to progress the actions and activities. 2) Approve the draft Operational Delivery Plan and ask the Chief Officer to have oversight of progress and commence engagement with Clackmannanshire and Stirling Councils and NHS Forth Valley on the Plan. 3) To note as complete the previous Strategic Improvement Plan that was in place and progression and updates of the new draft Strategic Delivery Plan, taking note of actions carried over. 4) Seek for officers to provide a six monthly updates to the Integration Joint Board against the actions outlined in the Strategic Delivery Plan. |
|-------------------------|---|

1. Background

- 1.1. The overarching priority for the IJB is to commission services to improve the health and well-being of the people of Clackmannanshire and Stirling. The Strategic Commissioning Plan 2023-2033 sets out the vision, principles, strategic themes and priorities of the HSCP over the next ten years.
- 1.2. The Strategic Commissioning Plan was approved in March 2023, and sets out an ambitious programme of service review, re-design across community health, and care services, in partnership with local communities, carers, providers, wider stakeholders and communities of interest.

2. Development of draft Strategic Delivery Plan and draft Operational Delivery Plan

- 2.1. The draft Strategic Delivery Plan details the work around activity and infrastructure that needs to be in place to support the delivery of the Strategic

Commissioning Plan 2023-2033. The aim of the Strategic Delivery Plan in the first year is to establish the core elements of the governance infrastructure,

- Medium Term Financial Plan
- Strategic Risk Register
- Integrated Performance Framework
- Communication, Engagement and Participation Strategy
- Service Planning.

- 2.2. The Strategic Delivery Plan also closes off the previous the Strategic Improvement Plan. The Strategic Improvement Plan is a legacy document including actions against recommendations made in Healthcare Improvement Scotland Care Inspectorate Joint Inspections (Adults) in 2018 focusing particularly on the integration of community health and social care services and approach to commissioning of local services. The outstanding activity is to progress a housing strategy across HSCP services and wider housing sector across both local authority areas.
- 2.3. The draft Operational Delivery Plan details the work officers will carry out in year 1 to achieve the actions and priorities identified within the Strategic Commissioning Plan which will also form the HSCP Senior Management and Leadership Team objectives for 2023/24 and in some cases beyond. This is available in Appendix 2.
- 2.4. With the approval of the Strategic Commissioning Plan 2023-2033 and new Strategic Themes, the Strategic Improvement Plan has been re-drafted to reflect the actions that are completed and those activities that are now reported through the Transforming Care Board Plan.
- 2.5. The draft Strategic Delivery Plan describes the key areas of focus for the first year and in some cases beyond year one; the reporting structures and accountability for each area of activity providing clarity for all partners to see the progress and updates on areas of work.
- 2.6. Senior Management team members, wider teams, communities and partners participated in development work around key objectives for the delivery of the Strategic Commissioning Plan 2023-2033. The Senior Management Leadership Team are meeting on 22nd June 2023 to further refine the draft Operational Delivery Plan and to engage on this as a team. The Plan will therefore come back to IJB as a finalised plan to next meeting following June 2023 IJB.

3. Conclusions

- 3.1. This draft Strategic Delivery Plan provides clarity on the delivery of the strategic priorities as well as describing the complexity of the whole system and the need for officers to work with partners and across boundaries. This Plan also aligns to the Transforming Care Plan, the Self-Directed Support Plan, Carers Delivery Plan, Adult Support and Protection Improvement Plan, Commissioning Consortium and Medium Term Financial Plan.

- 3.2. This draft Strategic Delivery Plan has not only been about creating new activity and transformational change but also galvanises and continues to create the conditions to deliver against the requirements of the Public Bodies (Joint Working) Act and the commitments already agreed by the Integration Joint Board.
- 3.3 The local vision remains and is to enable the people of Clackmannanshire and Stirling to live full and positive lives within supportive communities. The HSCP will continue to progress this vision by working together with a range of partners and stakeholders and promoting wellbeing. By delivering against the actions laid out in the draft Strategic Delivery Plan and draft Operational Delivery Plan , the HSCP will create the conditions to meet the aspirations of the Integration Joint Board who agreed the Strategic Commissioning Plan 2023-2033 in March 2023.

4. Appendices

Appendix 1: Strategic Delivery Plan

Appendix 2: Operational Delivery Plan

Appendix 3: Strategic Improvement Plan finalised version.

| Fit with Strategic Priorities: | |
|---|--|
| 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 | ☒ |
| Enabling Activities | |
| Medium Term Financial Plan | ☒ |
| Workforce Planning and Development | ☒ |
| Commissioning Consortium | ☒ |
| Transforming Care | ☒ |
| Data & Performance | ☒ |
| Communication & Engagement | ☒ |
| Implications | |
| Finance: | Aligned to Finance papers presented within the meeting. |
| Other Resources: | Will be met within existing resources |
| Legal: | No implications |
| Risk & mitigation: | Risk of not delivering on the Plan – organisational and financial risk |

| | |
|--|--|
| <p>Equality and Human Rights:</p> | <p>The content of this report <u>does not</u> require a EQIA</p> |
| <p>Data Protection:</p> | <p>The content of this report <u>does not</u> require a DPIA</p> |
| <p>Fairer Duty Scotland</p> | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty Scotland assessment.</p> |

Strategic Commissioning Plan 2023-2033

Strategic Delivery Plan 2023

The Delivery Plan sets out the actions and planning around the implementation of the Strategic Commissioning Plan 2023-2033. Following the Model for Improvement, year one of the Strategic Commissioning Plan will be a year of self-assessment, review, and planning; building further on the integrated infrastructure for implementation.

Our Strategic Themes

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting empowered people and communities
- Loneliness and isolation

Our Principles

- Human Rights
- Equality
- Ecology

Our Enabling Activities

- Medium Term Financial Strategy
- Workforce Plan
- Commissioning Consortium
- Transforming Care
- Data & Performance
- Communication & Engagement

Strategic Commissioning Plan Delivery Plan 2023-2033



Strategic Commissioning Plan on a Page



Objective 1. Governance & Performance

The key elements of this objective are focused on the infrastructure and governance of the Partnership. This includes the Integration Scheme Review, the financial framework, risk, data and performance reporting. This objective is focussed on the accountability of the Partnership.

| Action | Purpose/Aim | SRO |
|--|---|---|
| GP.001 Carry out Integration Scheme Review including Ministerial Strategy Group (MSG) self-assessment. | Completed Integration Scheme Review. Ensure people have access to services and support they need. Report to Scottish Government | Chief Executives of three constituent bodies supported by Chief Officer |
| GP.002 Delivery of Medium Term Financial Plan 2023-2025. | Supports budget evaluations and formation. Identifies challenges and opportunities. Increased planning and budget monitoring. Finance integrated reporting within Service Planning | Chief Finance Officer |
| GP.003 Delivery of Savings Plans | Increased planning, savings targets met and effective budget monitoring. | Chief Finance Officer All Heads of Service |
| GP.004 Refresh and develop a new Integrated Performance Framework in the next 12-24 months | Aligned integrated Performance Framework to the Strategic Commissioning Plan 2023-2033. Integrated information and reporting with service performance, finance, quality and risk. | Chief Officer |
| GP.005 Review and refresh Risk Registers to reflect new Strategic Commissioning Plan. | Refreshed analysis of Risks. Increased awareness and integrated reporting of operational and strategic risks. | Chief Finance Officer |
| GP.006 Develop a Data Strategy to maximise our service delivery. | Improve data maturity and skill, improved use of data. Understanding gaps, weaknesses and plan for the future. | Head of Strategic Planning & Health Improvement |
| GP.008 Further develop and embed the Commissioning & Contracts through the Commissioning Consortium approach. | Build upon the foundation of collaboration and coproduction of health and social care services with partners, communities, third sector and providers. | Head of Strategic Planning & Health Improvement |
| GP.009 Embedding human rights, equality and ecology within our way or working. | Aligning practice with the principles of the Strategic Commissioning Plan 2023-2033. | Head of Strategic Planning & Health Improvement |

Objective 2: Communication, Engagement & Participation (CEP)

Communication and Engagement is at the heart of the Strategic Commissioning Plan 2023-33. The Strategic Commissioning Plan was developed through engaging with our people, communities, staff and organisations. We have committed to coproducing and co-designing our services with people with lived and living experience, those delivering the services, the carers and families while ensuring that human rights, equality and ecology are at the centre of decision making.

| | Action | Purpose/Ambition | SRO |
|--------|--|---|-----------------------------------|
| CE.001 | Develop and implement a Communication, Engagement & Participation Strategy in the next 12 months | <p>Improve public engagement through communication, information and signposting for services, community supports and resources.</p> <p>Increasing the profile of CSHSCP and evidenced by people accessing the right service first time.</p> | Senior Management Leadership Team |
| CE.002 | Integrated approach to communication & awareness with consistent messaging & narrative in the next 12 months | Increased HSCP identity and knowledge of staff, public, and specialist Third Sector providers | |
| CE.003 | Our Workforce is engaged and encouraged to participate with clear lines of communication in the next 12 months | Implementing the Integrated Workforce Plan 2022-2025 and commitment to engage meaningfully with the workforce | |

Objective 3: Culture & Wellbeing

Culture and Wellbeing recognises the importance of our workforce and their wellbeing. It also recognises number of pressures within the HSCP;

- Integration of the partnership organisations, Clackmannanshire Council, Stirling Council and NHS Forth Valley and building relationships
- The impact and stress on our staff and services to respond to COVID-19
- NHS Forth Valley escalation to Stage 4 within the NHS Scotland Performance Escalation Framework
- Implementation of our Integrated Workforce Plan 2022-2025

The key areas of actions for this objective are to improve [Culture and Wellbeing](#), increase [engagement and participation](#) with our workforce and to implement the five pillars of the [Integrated Workforce Plan 2022-2025](#).

| Reference | Action | Purpose/Ambition | SRO |
|-----------|--|---|---|
| CW.001 | Develop integrated Wellbeing Plan in the next 12 months | Recognising the need within the workforce for improved wellbeing as we emerge from the pandemic and deal with continued pressure and demand. | Head of Strategic Planning & Health Improvement |
| CW.002 | Workforce Implementation Group to deliver a Year 1 Delivery Plan in the next 12 months | Realising the vision of the Integrated Workforce Plan and setting the framework to take it forward through engagement and participation with staff. | Head of Strategic Planning & Health Improvement |

Objective 4: Transformation & Operational Priorities

Transforming the way our services are delivered is key to modernising and responding to the increasing pressures health and social care face, nationally.

Nationally, health and social care face increased pressures and challenges, the ageing population, financial challenges; the increase in demand due to the lockdown restrictions during COVID-19, recruitment and workforce shortages all mean that we need to review how services are delivered and how we respond to demand. We have worked in an environment of emergency response and now need to build on preventative and early intervention measures to reduce the level of crisis. Our services are needs led but resource bound.

We have recognised the key programmes of transformation and opportunities within our operations to improve outcomes for people and to improve our delivery.

| Reference | Action | Purpose/Ambition | SRO |
|-----------|--|--|---|
| TO.001 | Continued delivery to modernise the approach to Self-Directed Support (SDS) in line with the legislation in the next 12 months | Supporting our communities to live independent lives with choice and control. | All Heads of Service |
| TO.002 | Continued delivery to modernise the approach to support unpaid Carers in line with the legislation in the next 12 months | Supporting carers to continue their vital role while increasing their confidence and wellbeing. | All Heads of Service |
| TO.003 | Continued modernisation and rebalancing of the system of care for substance use in line with local and national strategies (including the MAT Standards) in the next 12 months | Ensure that the substance use system of care reduces and prevents harm across people's lives. This is delivered in a rights-based manner, regardless of people's treatment status. | Head of Strategic Planning & Health Improvement (ADP Chair) & Head of Specialist Mental Health Services |
| TO.004 | Continued modernisation and review of management & leadership within Learning Disability services in the next 12 months | Supporting delivery of specialist care, treatment and support for those with a learning disability | Head of Specialist Mental Health Services |
| TO.005 | Continued delivery of Locality Multi-disciplinary Working in the next 12 months | Supporting our teams to support communities to live independent lives with choice and control | GP Clinical Lead Head of Strategic Planning & Health Improvement |

| Reference | Action | Purpose/Ambition | SRO |
|-----------|--|---|---|
| TO.006 | Continued delivery to manage performance and delivery of programme of unscheduled care in the next 12 months | Support delivery of work of NHS Forth Valley Unscheduled Care Board | Chief Officer/Head of community health and care |
| TO.007 | Review of levels of need and demand within Rural Stirling based on levels of need and activity in the next 24 months | Clarity of levels of need and demand across the whole system Ensure delivery of cost effective and person centred care and support | All Heads of Service |
| TO.008 | Review of levels of need and demand within Alloa based on levels of need and activity in the next 24 months | Clarity of levels of need and demand across the whole system Ensure delivery of cost effective and person centred care and support | All Heads of Service |

Strategic Commissioning Plan 2023-2033

Operational Delivery Plan 2023



This Operational Delivery Plan sets out the actions and planning around the implementation of the Strategic Commissioning Plan 2023-2033. Following the Model for Improvement, year one of the Strategic Commissioning Plan will be a year of self-assessment, review and planning, it will be spent establishing the infrastructure for implementation.

Our Strategic Themes

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting empowered people and communities
- Loneliness and isolation

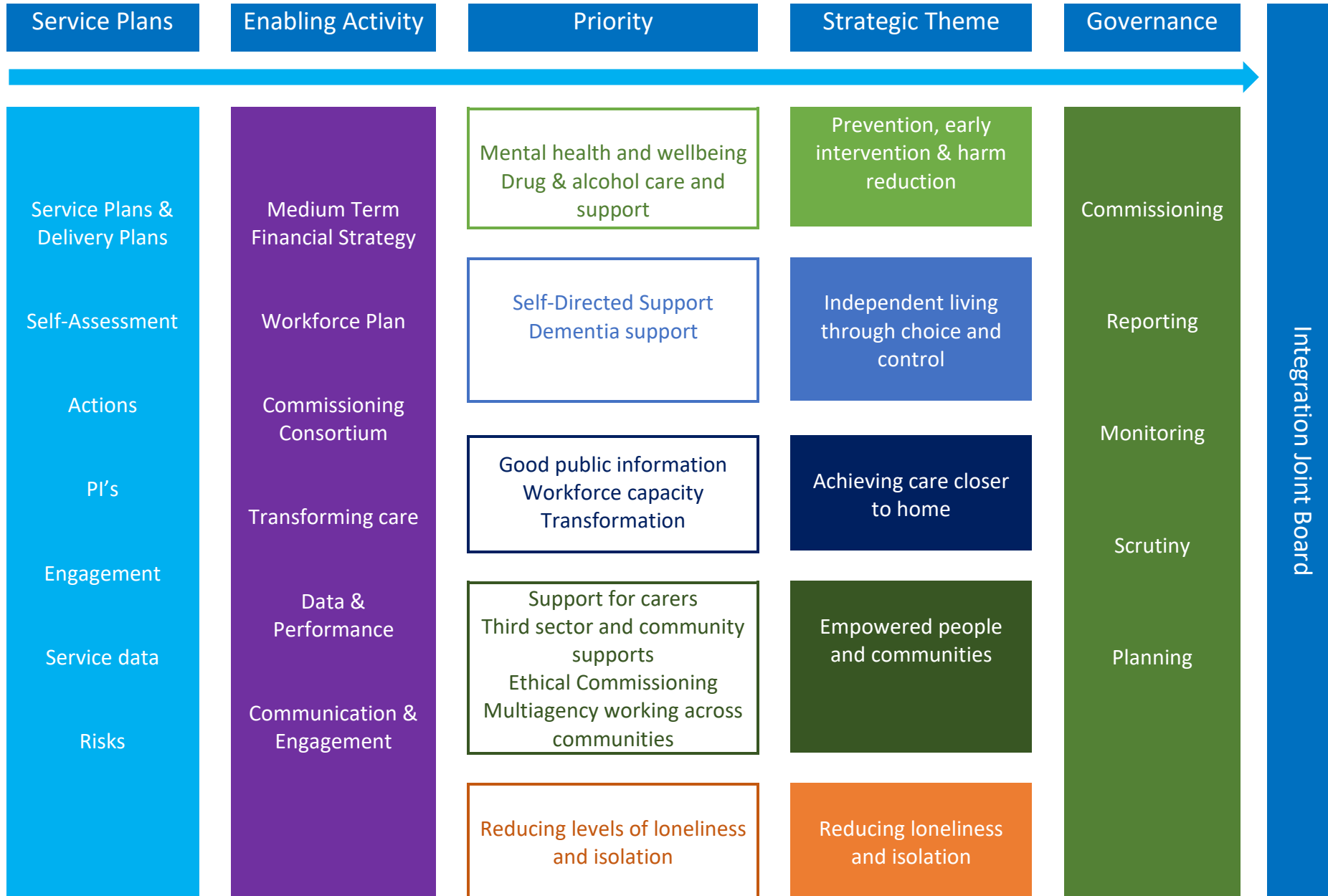
Our Principles

- Human Rights
- Equality
- Ecology

Our Enabling Activities

- Medium Term Financial Strategy
- Workforce Plan
- Commissioning Consortium
- Transforming Care
- Data & Performance
- Communication & Engagement

Strategic Commissioning Plan Delivery Plan 2023-2033



Strategic Commissioning Plan on a Page



Objective 1. Governance & Performance

| Reference | Action | Success Year 1 | SRO |
|------------|--|--|--|
| GP.002.001 | Encourage and identify innovation, sustainability and transformation opportunities within our services throughout the next 24 months | Identify a programme of efficiencies and transformational activities that result in a revised savings programme for 2023/24 2024/25 - | Chief Officer/Chief Finance Officer |
| GP.003.001 | Redesigned governance performance system and reporting process over the next 24 months to have an improved governance oversight | Single overview of key areas of governance and risk & assurance process. Improved planning and prioritisation, assurance, reduction in duplication | Chief Officer/Chief Finance Officer |
| GP.003.002 | Review and develop suite of Performance Indicators in next 12 months | Set of standardised core indicators | All Heads of Service with support services from NHS Board and Councils |
| GP.003.003 | Identified action plans, monitoring and reporting from year 1 activities | Year 1 reporting towards Strategic Commissioning Plan Strategic Themes progress | Head of Strategic Planning & Health Improvement |
| GP.004.004 | Review Service performance including finance, quality and safety in next 12 months | Streamline and effective performance information. Informed decision making and service delivery. | Chief Finance Officer Head of Strategic Planning & Health Improvement |
| GP.004.001 | Using our data to inform decisions and service delivery in next 12-24 months | Improved data sharing where appropriate and safe. Improving access to the data. | Chief Finance Officer Head of Strategic Planning & Health Improvement |
| GP.005.001 | Develop Governance & Performance Board in next 12 months to support oversight arrangements of governance | Single overview of key areas of governance and risk. More informed and confident decisions. | Chief Officer |
| GP.005.002 | Improved Audit tracking in the next 12 months | Follow up and progress reports, information sharing. Compliance with legislation. Greater transparency, openness and accountability. | Chief Finance Officer |

| | | | |
|------------|---|---|---|
| GP.008.001 | Commissioning and Contracts Monitoring will be reviewed in the next 12 months | Savings and implementation plans. Delivery Plan Overview of Team objectives | Head of Strategic Planning & Health Improvement |
| GP.009.001 | Programme of training on human rights delivered in key areas HSCP in the next 12 months | Human Rights Training developed and delivered. | Head of Strategic Planning & Health Improvement |

Objective 2: Communication, Engagement & Participation (CEP)

| Reference | Action | Success Year 1 | SRO |
|------------|---|--|---|
| CE.001.001 | Implement Communication, Engagement & Participation Strategy in next 12 months | Published PEC Strategy. Clear guidance and methods for engaging with public and people with lived and living experience in service design and development. | Head of Strategic Planning & Health Improvement |
| CE.002.001 | Establish a programme of Community Conversations for 2023 in the next 12 months | Increased engagement with people and communities. Planned communication campaigns. Neuro development/diversity, Do no attends impact, The cost of medicine etc. | Locality Working Steering Group |
| CE.002.002 | Promotion of 'Realistic Medicine' & shared decision making about care in the next 12 months | People understand their rights around deciding their care. Social Media campaign, website, leaflet. | Locality Working Steering Group |
| CE.002.003 | Consistent public HSCP communication with pharmacies, GPs, Social Work in the next 12 months | Improved understanding of the HSCP within Primary Care & Social Work | Locality Working Steering Group |
| CE.002.004 | Building community resilience and support around anxiety, low mood & loneliness through the Third Sector in the next 12-24 months | Reduced GP appointments for anxiety, low mood and loneliness | Locality Working Steering Group |
| CE.002.005 | Develop and deliver a programme of Health Improvement programme for self-management model of care HSCP in the next 12-24 months | Increased knowledge of self-management, tools etc. Website development; public facing materials | Head of Strategic Planning & Health Improvement |

| | | | |
|------------|--|--|---|
| CE.003.001 | Implementing the Integrated Workforce Plan 2022-2025 | Clear lines of communication established with the whole workforce Staff will feel listened to and heard Number of Staff engagement sessions attended | All Heads of Service OD leads from Partnership Organisations |
|------------|--|--|---|

Objective 3: Culture & Wellbeing

| Reference | Action | Success Year 1 | SRO |
|------------|--|--|---|
| CW.001.001 | Support and nurture our workforce through 1:1's, Personal Development Plans and continuous professional development over the next 12 months. | 1:1 and PDP achievement at 70% completion. | All Heads of Service HR leads from Partnership Organisations |
| CS.001.002 | Improve Workforce Wellbeing Plan to reduce Sickness Absence in the next 12 months | Measured by % sickness absence and achieve reduction Target areas where team absence is higher than 8% and identify actions that support the teams. | All Heads of Service HR leads from Partnership Organisations |
| CW.001.003 | Establish a programme of listening events in the next 12 months | Staff feel valued and have the opportunities for their voice to be heard; i matter feedback | Head of Strategic Planning & Health Improvement |
| CW.001.004 | HSCP as a Healthy Workplace in the next 12 months | Focus Groups held to establish actions to improve staff wellbeing | All Heads of Service and OD Advisors |
| CW.002.001 | Our staff understand the HSCP and its role through induction sessions. | Induction programme devised, measured by Induction attendance and evaluation | All Heads of Service/OD advisors |
| CW.002.003 | SMLT engagement session and wider staff engagement in the next 12 months | Workforce understand the HSCP and their role. Measured by the number of staff who attend | Senior Management Leadership Team |
| | | | |
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Objective 4: Transformation & Operational Priorities

| Reference | Action | Success Year 1 | SRO |
|------------|--|--|---|
| TO.001.001 | Adult Social Care Pathway redesign (front door redesign)in the next 12 -24 months | Improved access to services, process and pathways for people | Head of Community Health and Care |
| TO.001.002 | Continued implementation of Discharge to Assess in the next 12 months | Assessment in familiar homely setting resulting in accurate assessments and reduced over prescribing care support. | Head of Community Health and Care |
| TO.004.001 | Whole system review and development of new model of care for learning disability services in he next 12-24 months | Assess, plan and action plan to improve Mental Health & Learning Disability services. Whole system approach to identify opportunities and connect pathways . | Head of Specialist Mental Health Services |
| TO.005.001 | Development of Locality and cluster working in next 12 months | Improved multidisciplinary working within localities. Ensure clarity of roles, relationship development and reduce silo working. Increased network and knowledge development. | Locality Working Steering Group |
| TO.005.002 | Continued roll out of patch based working within localities in next 12 months | Identify opportunities for patch based working, resources, facilities. Team development/operational interfaces and collaboration to reduce silo working. Good communication and meetings. | Locality Working Steering Group |
| TO.06.001 | Continued delivery of Unscheduled Care with partner and stakeholders in next 12 months | Assess, plan and action plan to improve Unscheduled Care response and performance | Chief Officer All Heads of Service |
| TO.007.002 | Deep dive into an outcomes focused delivery of care based on the needs of Rural Stirling with partners and stakeholders to commence in the next 12 months | Assess, plan and action plan to improve delivery of health and social care services within Rural Stirling in partnership with colleagues from across NHS Forth Valley, Stirling and Clackmannanshire Councils and to Senior Management Leadership Team | All Heads of Service |
| TO.008.001 | Deep dive into an outcomes focused delivery of care based on the needs of Alloa Town centre in the next 12 months as part of the councils town centre planning approach in Alloa | Assess, plan and action plan to improve the delivery of health and social care services within Clackmannanshire and approaches to improve screening uptake to reduce long term early mortality | All Heads of Service |

Health and Social Care Partnership Strategic Improvement Plan

Our vision is to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities

This section includes actions that have been reported in the Strategic Improvement Plan (SIP) over the strategic Commissioning Plan 2019-2022. With the approval and publication of the strategic Commissioning Plan 2023-2033, the Strategic Improvement Plan comes to a close. This report outlines the actions that will be moved from the SIP to the Transforming Care Board Plan and actions to be aligned to the new Strategic Themes and reporting in future.

Care closer to home - Priorities to continue within Transforming Care Board Plan

| Priority | Action planned | Transforming Care Board Programme | Reporting |
|---------------------------------|--|--|---|
| Integrated Housing Programme | Review Housing Contribution statement | Care homes and integrated housing programme | Strategic Planning Group |
| Integrated Housing Programme | Re-provision of Menstrie House | Re-provision of Menstrie House | Integration Joint Board |
| Integrated Housing Programme | Scoping of options for Extra Care Housing Provision | Provision of Extra Care Housing | IJB and Council Housing Committees |
| Self-Directed Support | Review and Refresh approach to SDS across Clackmannanshire and Stirling | Adult social work review | Transforming Care Board SDS Steering Group |
| Co-production and participation | Develop models of self-care and self-management with third sector partners | Adult social work review | Transforming Care Board Strategic Planning Group |
| AHP Pathway re-design | AHP pathway re-design including alignment of review and assessment processes | Partnership wide AHP pathway redesign | Transforming Care Board |
| Palliative and end of life care | Review current pathways | Review Palliative and end of life care Scope and design model of care | Integration Joint Board |

Collaborative working – Ongoing Strategic Development

The following actions have been part of the Strategic Improvement Plan and address the Partnerships response to the 2018 Inspection, however they are still relevant to ongoing development of our strategic themes and priorities. These will be reviewed, updated and added to the reporting of the Strategic Commissioning Plan 2023-2033.

| Priority | Action planned | Reporting |
|---|---|--|
| Unscheduled Care Board | Establish group across Clackmannanshire and Stirling | Integration Joint Board & NHS Forth Valley & Council Committees |
| Strategic Partnerships | Develop relationships with Joint Account Management and set up oversight arrangements | Chief Officer |
| HSCP Property and Asset Management | Establish with partners property assets for services and staff across HSCP Develop Property and Asset Management Strategy | Integration Joint Board |
| Integrated community mental health services | Delegation of Specialist Mental Health Services to the HSCP | Integration Joint Board |
| Locality Service Planning | Seek opportunities for staff co-location across Clackmannanshire and Stirling | HSCP Senior Management Team |
| Locality Service Planning | Accommodation for HQ for HSCP | HSCP Senior Management Team |
| Self-Evaluation of Adult Support and Protection | Undertake a programme of self-evaluation of processes linked to adult support and protection | Integration Joint Board |
| HSCP Integration Scheme | Review of Integration Scheme with partners | Integration Joint Board & NHS Forth Valley & Council Committees Scottish Government |

Collaborative Working Inspection Actions –

The following actions have been part of the Strategic Improvement Plan and address the Partnerships response to the 2018 Inspection. These are now closed off on completion of the Strategic Plan 2019-2022.

| Priority | Action planned | Reporting |
|---|---|---|
| Delegation of services and operational control of resources | Leadership structure established Delegate all services from NHS Forth Valley to Chief Officers that are included in the Integration Scheme | Strategic Inspection Plan – Care Inspectorate 2018 |
| HSCP Integration Joint Board | IJB effectiveness review Inspection | Integration Joint Board & NHS Forth Valley & Council Committees |
| Learning sessions with IJB members | Establish informal pre-IJB sessions with members – set aside / directions / performance | Chief Officer |

Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 11.1

Equality and Human Rights Commission – Audit and Output

For Noting & Approval

| | |
|--|---|
| Paper Approved for Submission by: | Annemargaret Black, Chief Officer |
| Paper presented by | Lesley Fulford, Senior Planning Manager |
| Author | Lesley Fulford, Senior Planning Manager |
| Exempt Report | No |

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

| | |
|---------------------------|--|
| Purpose of Report: | To advise the Board on its statutory duties in relation to the Equality Act 2010 (Specific Duties) (Scotland) Regulations, progress made and for the Board to approve recommendations. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements. 2) Approve the documentation to assess the equality impact of any decision the IJB makes: <ul style="list-style-type: none"> ○ Appendix 2 – Equality Process ○ Appendix 3 – Standard Impact Assessment ○ Appendix 4 – Equality Impact Assessment Process ○ Appendix 5 – Improvement Plan |
|-------------------------|---|

| | |
|------------------------------|--|
| Key issues and risks: | <p>EHRC noted the IJB were compliant with publishing equality outcomes and Mainstreaming and Progress Reports. The IJB had published one EQIA and are non-compliant in publishing accessible EQIAs on the website.</p> <p>Subsequently a process was submitted to EHRC on 6 April 2023, no response has yet been received.</p> |
|------------------------------|--|

1. Background

- 1.1. The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act restated and simplified 116 separate pieces of earlier equality legislation into one Act, the majority of which came into force in October 2010.
- 1.2. The Scottish Government added Integration Joint Board's (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and specific duties therein.

2. Equality Legislation

- 2.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions, but public bodies have additional duties.
- 2.2. The Integration Joint Board is a public body subject to these duties. Significant obligations arise firstly from the public sector equality duty and, secondly, from the specific duties arising from regulations made by the Scottish Ministers.
- 2.3. The public sector equality duty set out in s149 of the Equality Act 2010 places an obligation on public bodies, in the exercise of their functions, to 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.
- 2.4. The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public bodies. The duty requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations be reflected in the design of policies, the planning and delivery of services and is a crucial consideration when changes which may impact on groups who share protected characteristics are made to services.
- 2.5. In the main this duty has been met by public bodies developing means to assess the impact of proposals in relation to the public sector equality duty and then having regard to the outcome of that assessment in its decision making.

3. Equality and Human Rights Commission Scotland Guidance

- 3.1. The Equality and Human Rights Commission (EHRC) Scotland published [technical guidance](#)¹ in September 2016 providing support to public bodies on who the legislation applied to and duties required.
- 3.2. In August 2015 the EHRC Scotland wrote to IJB Chief Officers. In this letter it was noted “IJBs do not currently have any employees of their own and are not therefore required to meet the various employee reporting regulations, which only apply to listed authorities once they have 150 or more employees.”

4. Equality Mainstreaming & Outcomes

- 4.1. Mainstreaming means that equality is built into the way the Partnership will work; the way decisions are made; the way people who work for and on behalf of the Board behave; our performance and how we can improve. In other words,

¹ <https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-scotland>

equality should be a component of everything the Integration Joint Board does. Mainstreaming the equality duty has a number of benefits including:

- equality becomes part of the structures, behaviours and culture of an authority;
 - an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality; and
 - mainstreaming equality contributes to continuous improvement and better performance.
- 4.2. Reliance on partner bodies to record equalities data within clinical and care systems in delivery of service provision supports the IJB to meet its statutory duties in mainstreaming equality outcomes; as reporting can be provided on the makeup of people accessing services. The Board is asked to note the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.

5. EHRC Development Sessions

- 5.1. November 2021 and February 2022 EHRC supported the IJB with two workshops to take the Board through equality obligations on public bodies, including Scottish Specific duties to agree and publish a set of equality outcomes and reporting on the mainstreaming of the equality duty.

6. EHRC Audit

- 6.1. In July and December 2022 EHRC issued a letter (appendix 1) to the Chief Officer to inform they had conducted a tabletop audit to determine if IJBs have met their duties under the Equality Act.
- 6.2. Clackmannanshire and Stirling IJB were compliant in setting their Equality Outcomes and publishing Mainstreaming and Outcomes reports.
- 6.3. Noncompliance was identified around publishing accessible Equality Impact Assessments (EIA); on examination of the website EHRC indicated the IJB had only published one EIA for new or revised policies and practices.

7. EHRC Progress

- 7.1. The Senior Planning Manager was nominated to attend the workshops which were held in September and December 2022 to support IJBs to identify equality considerations.
- 7.2. From this workshop EHRC advised reasonable progress had to be submitted to EHRC by 31 March 2023. The following items were produced for Clackmannanshire and Stirling IJB:
- Appendix 2 – Equality Process

- Appendix 3 – Standard Impact Assessment
- Appendix 4 – Equality Impact Assessment Process
- Appendix 5 – Improvement Plan

- 7.3. Appendix 2 sets out the process for EQIAs, appendix 3 is a Standard Impact Assessment and should a full EQIA be required this is provided in Appendix 4. Appendix 5 sets out an improvement plan for the IJB around EQIAs and how we will know we are meeting our obligations to publish accessible EQIAs.
- 7.4. To this end the Senior Planning Manager is setting up regular meetings to go through EQIAs required and ensure these are undertaken for relevant areas and proposals. This will be the authors responsibility to ensure these are undertaken in sufficient time and throughout the design of the significant service change or savings proposal.
- 7.5. With an agreed extension, the documentation was submitted to EHRC on 6 April 2023. A response has not yet been received.
- 7.6. The IJB is asked to approve these documents, set out in appendices 2 to 5 for publication on the website.

8. Conclusions

- 8.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions, but public bodies have additional duties.
- 8.2. Mainstreaming means that equality is built into the way the Partnership will work; the way decisions are made; the way people who work for and on behalf of the Board behave; our performance and how we can improve. In other words, equality should be a component of everything the Integration Joint Board does. Mainstreaming the equality duty has a number of benefits including:
- equality becomes part of the structures, behaviours and culture of an authority;
 - an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality; and
 - mainstreaming equality contributes to continuous improvement and better performance.
- 8.3. The Board are asked to note and approve the recommendations set out within this report.

9. Appendices

Appendix 1 – EHRC Letter to Clackmannanshire and Stirling IJB
Appendix 2 – Equality Process
Appendix 3 – Standard Impact Assessment
Appendix 4 – Equality Impact Assessment Process

Appendix 5 – Improvement Plan

| Fit with Strategic Priorities: | |
|---|--|
| Prevention and Early Intervention | <input checked="" type="checkbox"/> |
| Independent Living through Choice and Control | <input checked="" type="checkbox"/> |
| Achieve Care Closer to Home | <input checked="" type="checkbox"/> |
| Supporting Empowered People and Communities | <input checked="" type="checkbox"/> |
| Reducing Loneliness and Isolation | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Medium Term Financial Plan | <input type="checkbox"/> |
| Workforce Plan | <input type="checkbox"/> |
| Commissioning Consortium | <input type="checkbox"/> |
| Transforming Care | <input type="checkbox"/> |
| Data and Performance | <input type="checkbox"/> |
| Communication and Engagement | <input type="checkbox"/> |
| Implications | |
| Finance: | There are no cost implications of this report. |
| Other Resources: | There will be an impact on staff members time to complete Equality Impact Assessments. |
| Legal: | This work supports the IJB to meet its statutory duties as a public body under the Equality Act 2010. |
| Risk & mitigation: | If EHRC do not accept the documents the IJB have submitted, this may put the IJB in a position of noncompliance with the Equality Act 2010. Subsequent work would then need to be undertaken to mitigate this risk. |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Appendix 1 – EHRC Letter to Clackmannanshire and Stirling IJB



SENT BY EMAIL

Annemargaret Black
Chief Officer
Clackmannanshire and Stirling IJB

Monday 18 July 2022

Dear Ms Black

Subject: Public Sector Equality Duty

Following the Chief Officers business meeting on 1 July, I am writing to confirm the support the Equality and Human Rights Commission (the Commission) will provide to help Integration Joint Boards (IJBs) advance equality through improved compliance with the Public Sector Equality Duty (PSED), and the steps Clackmannanshire and Stirling IJB needs to take to meet its PSED obligations.

Equality impact assessments (EIAs)

As explained in our previous correspondence, our examination of your website indicated you had only published one EIA for new or revised policies and practices.

In October/ November, we will run a workshop on assessing the equality impact of policies and practices.

As we could only see one EIA for the IJB, prior to attending the workshop please review whether EIAs were done for any new or revised policies and practices agreed by the IJB since April 2020.

Within three months of this workshop, and using the guidance provided, you will need to have a system in place for carrying out, using and publishing all relevant current, and proposed new and revised policies and practices. We will need you to confirm when this has been done. This will assure us your IJB is compliant with the public sector specific duty on assessing equality impact.

T: 0141 228 5956

E: laura.hutchison@equalityhumanrights.com

1st Floor, 100 Bothwell Street
Glasgow, G2 4JD

equalityhumanrights.com



Information about how to do all of this will be included in the workshop and pre-workshop materials.

Equality outcomes

In August/ September, the Commission will run a workshop on setting SMART equality outcomes that prioritise tackling the most significant inequalities relevant to your work. This will include information about how to measure and report on progress made, and will help with your preparations for publishing your equality outcomes progress report in 2023.

Sector wide improvement

Our review also identified a need for sector wide improvement to:

- Ensure that equality information is published in a way that is easily accessible and, where possible, built into existing reporting mechanisms, and
- Build equality capacity and support across the sector.

These areas of improvement will be discussed in both workshops to identify solutions that will work for the sector. We will also incorporate examples of IJB good practice compliance with the PSED.

Over the next month, we will be in contact with the member(s) of staff nominated to be involved in the equality improvement programme to provide further information.

NHS Education Scotland (NES) new equality learning resources

The Commission has been working with NES to mainstream equality into the [TURAS Board Development online resources](#), which are available to NHS Board members across Scotland. This includes information about equality and the integration of health and social care, and an e-learning module on [Equality and the role of Board members in meeting the PSED](#). Non-NHS Board members can access these resources by registering for an account. I would encourage you to draw these resources to the attention of your IJB members,

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Glasgow, G2 4JD

equalityhumanrights.com



SENT BY EMAIL

Clackmannanshire and Stirling IJB

Tuesday 13 December 2022

Subject: Public Sector Equality Duty improvement

Firstly, apologies that this correspondence has taken longer than anticipated to reach you. Since the workshop on Equality Impact Assessments (EIA), we have been undertaking further consultation with the sector and other stakeholders to inform our approach moving forward.

Please find attached the FAQ document and presentations from the EIA workshop, which we hope you'll find useful. You can watch a recording of the presentations from the workshop using [this link](#).

We said that we would confirm the current compliance status again for each IJB.

- We currently consider Clackmannanshire and Stirling IJB to be compliant with the duties to publish a Mainstreaming Report / set of Equality Outcomes / Equality Outcomes Progress Report. Although your IJB has been assessed as compliant with the duties to publish a Mainstreaming Report, set of Equality Outcomes, and Equality Outcomes Progress Report, we encourage you to reflect upon the learning from the first workshop and consider how it can help you improve future performance.
- We previously wrote to Clackmannanshire and Stirling IJB in June 2022 with concerns about your compliance with the duty to publish equality impact assessments of your policies and practices, including one for your strategic commissioning plan. This information must be published in a

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manner accessible to the public. This assessment was based upon an earlier search of your website and / or internet and the number of EIAs specific to the IJB that we were able to find.

We are now requesting that you review your policies and practices in relation to EIAs, and develop and agree a functioning EIA system. This should include how you will meet the Specific Duty to EIA proposed new or revised policies and practices and keep them under review. Each IJB should be able to **demonstrate reasonable progress by 31 March 2023**. We request that you email details of your EIA system and associated progress to mark.borthwick@equalityhumanrights.com by 31 March.

If you believe any of the above information is incorrect, or would like to discuss our requests, please contact us.

Although not resourced to provide bespoke, 1 to1 support for individual IJBs undertaking improvement work, EHRC will make resource available between now and the end of March to collate and communicate questions and further advice and guidance across the sector, so please feel free to contact us should you require clarification on any issues.

We'll also be in contact early in the New Year to update you on proposals for building capacity across the sector for equality related work.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Bill Stevenson".

Bill Stevenson

Principal, Compliance (Scotland)

T: 0141 228 5982

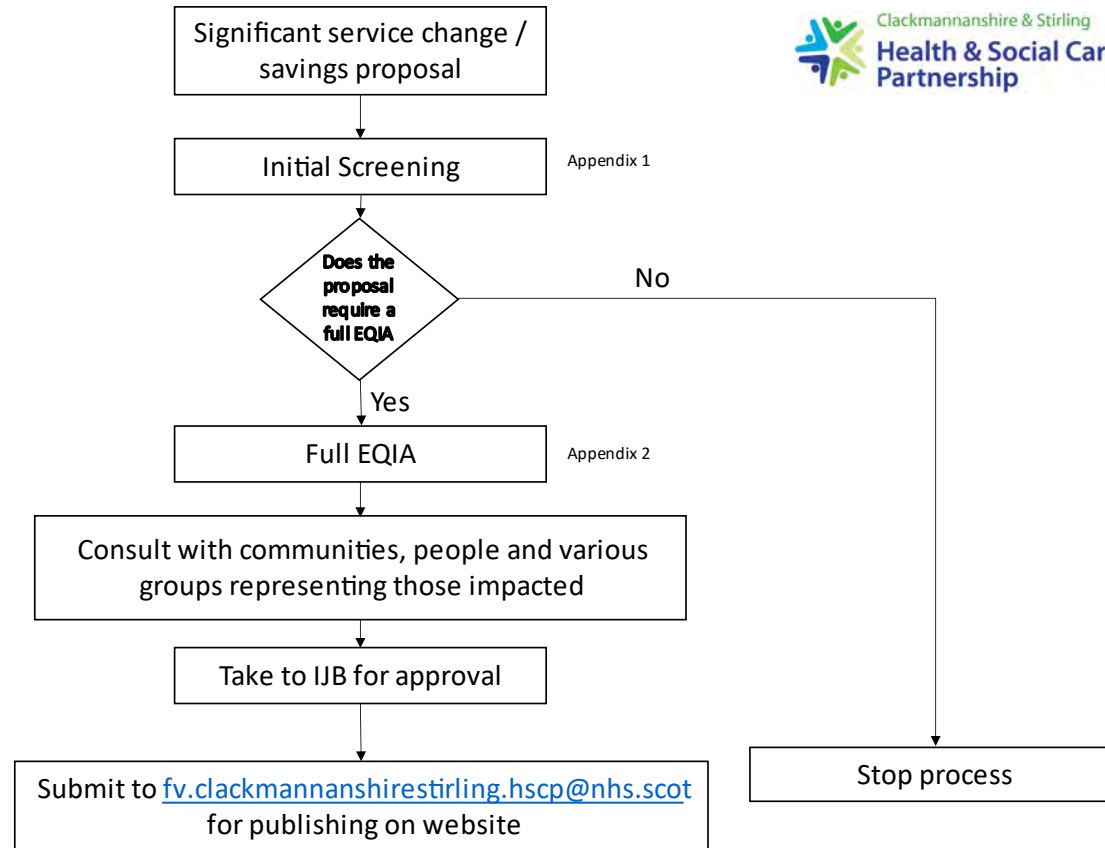
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Appendix 2 – Equality Process

Equality Impact Assessments Process
for Clackmannanshire and Stirling Health and Social Care Partnership



Appendix 3 – Standard Impact Assessment

EQIA Initial Screening Document

| | | | |
|--|--|--|--------------------------------|
| Name of document: | | | |
| | | | |
| Type of Document | | | |
| Guidance <input type="checkbox"/> | Policy <input type="checkbox"/> | Procedure <input type="checkbox"/> | Other <input type="checkbox"/> |
| If other please detail | | | |
| | | | |
| Scope | | | |
| FV Wide <input type="checkbox"/> | Service Specific <input type="checkbox"/> | Discipline Specific <input type="checkbox"/> | Other <input type="checkbox"/> |
| If other please detail | | | |
| | | | |
| Is this a new document being EQIA'd | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | | | |
| Briefly describe the Aims and Objective of the document | | | |
| | | | |
| <p>Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to:</p> <ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations <p>Please indicate your decision below</p> | | | |
| <input type="checkbox"/> | Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed) | | |
| <input type="checkbox"/> | No impact/discrimination identified | | |

I agree that the details within the enclosed evaluation are a true reflection of the assessment completed and that the above policy/function/service does not have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.

Signature and Date

Appendix 4 – Equality Impact Assessment Process

Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

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

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)

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

Yes No

Q4: If no to Q3 what is it replacing?

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

Q6: Main person completing EQIA's contact details

Name: Telephone Number:
 Department: Email:

Q7: Describe the main aims, objective and intended outcomes

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?

(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:

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

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

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

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

| What impact has your review had on the following 'protected characteristics': | Positive | Adverse/ Negative | Neutral | Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank) |
|---|----------|----------------------|---------|--|
| Age | | | | |
| Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment) | | | | |
| Gender Reassignment | | | | |
| Marriage and Civil partnership | | | | |
| Pregnancy and Maternity | | | | |
| Race/Ethnicity | | | | |
| Religion/Faith | | | | |
| Sex/Gender (male/female) | | | | |
| Sexual orientation | | | | |
| Staff (This could include details of staff training completed or required in relation to service delivery) | | | | |

| 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 | | | | |
| Homeless | | | | |
| Language/ Social Origins | | | | |
| Literacy | | | | |
| Low income/poverty | | | | |
| Mental Health Problems | | | | |
| Rural Areas | | | | |
| Armed Services Veterans, Reservists and former Members of the Reserve Forces | | | | |
| Third Sector | | | | |
| Independent Sector | | | | |

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

Yes No

Q11: Is a detailed EQIA required?

Yes No

Please state your reason for choices made in Question 11.

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

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

Date EQIA Completed

DD / MM / YYYY

Date of next EQIA Review

DD / MM / YYYY

Signature

Print Name

Department or Service

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to: fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity 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:

Appendix 5 – Improvement Plan

COMPLIANCE IMPROVEMENT PLAN FOR EQIAS

| | |
|---|--|
| Description of the area for improvement: | Equality Impact Assessments |
| Aim of the Compliance Improvement Plan: | To ensure compliance with Equality Act 2010 duties |
| Plan start date: | April 2023 |
| Plan end date: | March 2024 |

| Improvement Objective | Starting Position | Improvement Action | Success Criteria/Measurable | Progress to Date/Comment | Status (In progress, Completed) | Evidence of progress/completion |
|--|--|---|---|--|---|---|
| Ensure all proposals that come to the Integration Joint Board (where required) have an EQIA attached to them. This will include all significant service changes and savings proposals. | <p>There has been one EQIA for the 2016-2019 Strategic Commissioning Plan published on the HSCP website.</p> <p>The one for the 2019-2022 Strategic Commissioning Plan could be drafted based on records held.</p> | An approach has been set out to ensure all significant service changes and savings proposals, consider whether an EQIA is required. | <ul style="list-style-type: none"> Increasing number of EQIAs published on the HSCP website. EQIA for all identified service changes and savings proposals, have one completed and published on the HSCP website. | We have consulted on the Strategic Plan 2023/33 over the last year which has enabled us to draft an EQIA – we have had conversations with our communities, protected characteristic groups and others. The EQIA is in draft form and we are consulting with access panels to ensure it is reflective of our communities. | <p>In progress</p> <p>TBC</p> | <p>HSCP Website</p> <p>Whether an EQIA has been undertaken has been reflected in the IJB paper template since the IJB was incepted.</p> |

Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 11.2

Equality Impact Assessment - Mainstream Progress Report 2021 to 2023

For Noting & Approval

| | |
|--|---|
| Paper Approved for Submission by: | Annemargaret Black, Chief Officer |
| Paper presented by | Lesley Fulford, Senior Planning Manager |
| Author | Lesley Fulford, Senior Planning Manager |
| Exempt Report | No |

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

| | |
|---------------------------|--|
| Purpose of Report: | To advise the Board on its statutory duties in relation to the Equality Act 2010 (Specific Duties) (Scotland) Regulations, progress made and for the Board to approve recommendations. |
|---------------------------|--|

| | |
|-------------------------|---|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements. 2) Note the requirement to produce and publish an Equality Mainstreaming and Outcomes report on progress for March 2025. 3) Approve the Equality Mainstreaming and Outcomes report on progress to March 2023. 4) Approve publication of the Equality Mainstreaming and Outcomes report on progress to March 2023. |
|-------------------------|---|

| | |
|-------------------------|--|
| Issues and Risks | <p>Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 outline two additional duties, these are: reporting on the mainstreaming of the equality duty; and agreeing and publishing equality outcomes.</p> <p>If the IJB approves this report they will be compliant with reporting on Mainstreaming of the Equality Duty.</p> |
|-------------------------|--|

1. Background

- 1.1. The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act restated and simplified 116 separate pieces of earlier equality legislation into one Act, the majority of which came into force in October 2010.
- 1.2. The Scottish Government added Integration Joint Board's (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and specific duties therein.

2. Equality Legislation

- 2.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions, but public bodies have additional duties.
- 2.2. The Integration Joint Board is a public body subject to these duties. Significant obligations arise firstly from the public sector equality duty and, secondly, from the specific duties arising from regulations made by the Scottish Ministers.

3. Equality and Human Rights Commission Scotland Guidance

- 3.1. The Equality and Human Rights Commission Scotland published [technical guidance](#)¹ in September 2016 providing support to public bodies on who the legislation applied to and duties required.
- 3.2. In August 2015 the Equality and Human Rights Commission Scotland) wrote to IJB Chief Officers. In this letter it was noted “IJBs do not currently have any employees of their own and are not therefore required to meet the various employee reporting regulations, which only apply to listed authorities once they have 150 or more employees.”

4. Equality Mainstreaming & Outcomes

- 4.1. Mainstreaming means that equality is built into the way the IJB will work; the way decisions are made; the way people who work for and on behalf of the Board behave; our performance and how we can improve. In other words, equality should be a component of everything the Integration Joint Board does. Mainstreaming the equality duty has a number of benefits including:
 - equality becomes part of the structures, behaviours and culture of an authority;
 - an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality; and
 - mainstreaming equality contributes to continuous improvement and better performance.
- 4.2. Reliance on partner bodies to record equalities data within clinical and care systems in delivery of service provision supports the IJB to meet its statutory duties in mainstreaming equality outcomes; as reporting can be provided on the makeup of people accessing services. The Board is asked to note the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.

5. Integration Joint Board Responsibilities and Progress

¹ <https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-scotland>

5.1. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 placed specific equality duties on public authorities, including this Board. The specific duties which are relevant to note in this report are:

- reporting on the mainstreaming of the equality duty; and
- agreeing and publishing equality outcomes.

Equality Outcomes

5.2. March 2021 the IJB approved the Equality outcomes for 2021/2022 to 2024/2025 as:

- Self-Management - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;
- Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
- Experience – Individuals will have a fair and positive experience of health and social care
- Decision Making Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
- Safety
- Health and social care support systems help to keep people safe and live well for longer.

5.3. The IJB is asked to note subsequent reporting required would be:

- Produce and publish an Equality Mainstreaming and Outcomes report on progress to March 2025.
- Produce and publish equality outcomes for 2025 / 2030.

Equality Mainstreaming and Outcomes report April 21 to March 2023.

5.4. The Equality Act 2010 requires that public bodies in Scotland report on Mainstreaming and Outcomes in terms of progress. This report is attached at appendix 1 and sets out progress over the last two financial years, these being 21/22 and 22/23.

5.5. The IJB is asked to approve the Equality Mainstreaming and Outcomes report on progress to March 2023 and publish on the HSCP website (appendix 1).

6. Conclusions

6.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions, but public bodies have additional duties.

6.2. The Board are asked to approve the recommendations set out within this report.

7. Appendices

Appendix 1 – Equality Mainstreaming and Outcomes Progress Report 21/23

| Fit with Strategic Priorities: | |
|--|--|
| Care Closer to Home | <input checked="" type="checkbox"/> |
| Primary Care Transformation | <input checked="" type="checkbox"/> |
| Caring, Connected Communities | <input checked="" type="checkbox"/> |
| Mental Health | <input checked="" type="checkbox"/> |
| Supporting people living with Dementia | <input checked="" type="checkbox"/> |
| Alcohol and Drugs | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Technology Enabled Care | <input type="checkbox"/> |
| Workforce Planning and Development | <input type="checkbox"/> |
| Housing and Adaptations | <input type="checkbox"/> |
| Infrastructure | <input type="checkbox"/> |
| Implications | |
| Finance: | There are no cost implications of this report. |
| Other Resources: | |
| Legal: | This work supports the IJB to meet its statutory duties as a public body under the Equality Act 2010. |
| Risk & mitigation: | If the IJB does not approve publication of this Mainstream and Outcomes progress report, this may put them in a position of noncompliance with the Equality Duty Act 2010. Further work would be required to mitigate this risk. |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p> |

Clackmannanshire & Stirling

Integration Joint Board

Equality Mainstreaming & Outcomes Report

April 2021 to March 2023

Contents Page

| | |
|---|-----------|
| 1.0 Introduction | 3 |
| 1.1 Purpose of the Equality Report | 3 |
| 1.2 Legislative Context | 3 |
| 1.3 Health and Social Care Integration Context | 4 |
| 2.0 Benefits of Mainstreaming Equality and Diversity | 4 |
| 3.0 Clackmannanshire & Stirling Integration Joint Board | 4 |
| 4.0 Strategic Vision | 4 |
| 5.0 Profile of Clackmannanshire & Stirling | 6 |
| 6.0 Engagement on Development of Plans | 6 |
| 7.0 Mainstreaming | 11 |
| 7.1 Board Membership | 11 |
| 7.2 Board Papers..... | 11 |
| 7.3 Partnership Working..... | 12 |
| 7.4 Monitoring and recording..... | 12 |
| 7.4.1 <i>Monitoring within community involvement exercises</i> | 12 |
| 7.4.2 <i>Service delivery</i> | 12 |
| 7.4.3 <i>Existing equality data collection within Clackmannanshire & Stirling Partnership</i> | 12 |
| 7.4.4 <i>Participation and Engagement</i> | 13 |
| 7.5 Mainstreaming Duty and Employment..... | 13 |
| 7.6 Procurement..... | 13 |
| 8.0 Equality Impact Assessments | 13 |
| 8.1 What do we have in place? | 14 |
| 9.0 Identifying Equality Outcomes | 14 |
| 9.1 Progress with Equality Outcomes | 14 |
| <i>Annual Performance Report 2019 / 2020</i> | 15 |
| 10.0 Appendices | 17 |
| Appendix 1 – Equalities Monitoring Form | 17 |
| Appendix 2 – Equality and Diversity Impact Assessment..... | 22 |
| Appendix 3 – Agreed Equality Outcomes..... | 28 |

1.0 Introduction

1.1 Purpose of the Equality Report

The Equality & Outcomes report sets out the progress Clackmannanshire & Stirling Integration Joint Board has made to meet the needs of the General Equality Duty by integrating the equality Duty into Board functions.

The Mainstreaming Report is designed to ensure:

- our organisation has an understanding of the issues in relation to diversity, including, but not limited to:
 - Equality, equity, and fairness
 - Prejudice & discrimination
 - Direct and indirect discrimination, victimisation, harassment, and reasonable adjustments
 - Positive action
 - Cultural competence in relation to the issues affecting people belonging to one or more of the protected groups
 - We promote “best practice” in relation to diversity within Clackmannanshire & Stirling Integration Joint Board, with our partners, service users and unpaid carers
 - We promote and foster good relations and understanding between different groups.
- we do not discriminate in our exercising of public functions.
- Equality and Diversity considerations are taken into account in all decision making.

1.2 Legislative Context

The public sector equality duty set out in s149 of the Equality Act 2010 places an obligation on public authorities, in the exercise of their functions, to 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.

The Scottish Government added Integration Joint Boards (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and Specific Duties.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place specific equality duties on public authorities, including the Integration Joint Board. Not all of the duties are relevant as the Integration Joint Board is not an employer. The specific duties which are relevant to note include:

- reporting on the mainstreaming of the equality duty;
- agreeing and publishing equality outcomes; and
- assessing and review policies and practices

1.3 Health and Social Care Integration Context

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate functions to an Integration Joint Board where that partnership has agreed to utilise a body corporate model.

Clackmannanshire Council, Stirling Council and NHS Forth Valley have formed the Clackmannanshire & Stirling Health and Social Care Partnership, the only multi authority partnership in Scotland.

2.0 Benefits of Mainstreaming Equality and Diversity

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has several benefits including:

- Equality becomes part of everything we do, within our structures, behaviours and culture,
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality,
- Mainstreaming equality contributes to continuous improvement and better performance.

3.0 Clackmannanshire & Stirling Integration Joint Board

There is already a foundation of existing good practice relating to equalities established by our partners. We have built upon and strengthened these foundations, embedding them further within our existing priorities.

As an Integration Joint Board, we have a role to work in partnership with service users, unpaid carers, the public, staff, third and independent sector. This will provide a coherent approach to implementation, minimise duplication and support the ongoing mainstreaming of equality into policy and practice.

4.0 Strategic Vision

The Clackmannanshire & Stirling Health and Social Care Partnerships Strategic Commissioning Plan 2019 - 2022 set out the vision and objectives for the period. The strategic vision was in line with the Scottish Government's 20:20 vision and the objectives and values were as follows:

Vision: enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities.

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

[Integration Scheme](#) and the [Strategic Plan](#).

These are:

- **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;
- **Community Focused Supports** – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
- **Safety** - Health and social care support systems help to keep people safe and live well for longer;
- **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
- **Experience** – Individuals will have a fair and positive experience of health and social care

5.0 Profile of Clackmannanshire & Stirling

Clackmannanshire & Stirling Integration Joint Board is made up of 29 members and 4 advisory members and these are listed on the [Integration web pages](#). The Integration Joint Board controls an annual budget of approximately £243.670m and is responsible for providing adult health and social services for the population of Clackmannanshire & Stirling.

The Integration Joint Board does not employ any staff, although they are required to appoint a Chief Officer and Chief Finance Officer, employed through one of the partners.

Clackmannanshire & Stirling has a population of approximately 142,770 and covers a large rural area in Stirling.

The Strategic Commissioning Plan, Strategic Needs Assessment, Locality Profiles, Market Position Statement and Engagement Report provide further information on the profile of population and evidence used they can be found [here](#).

6.0 Engagement on Development of Plans

In relation to the [Strategic Commissioning Plan 2023-2033](#) a range of engagement and consultation events took place.

Planning for the Strategic Commissioning Plan (SCP) began in March 2022. Short-life working groups were created by April (this included an engagement group - made up for members of the HSCP and wider partners) taking into consideration the following strategy and guidance.

- [CSHSCP Engagement & Participation Strategy 2020-2023](#)
- Scotland's National Standards for Community Engagement [Participation Scotland's National Standards for Community Engagement - Participation \(blogs.gov.scot\)](#)
- [Scottish Government Strategic Commissioning Plans: guidance 2015](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Community Empowerment \(Scotland\) Act 2015](#)

It is important to note this engagement work was undertaken during restricted engagement times due to the ongoing pandemic and not everyone could attend face to face sessions due to health issues, they were supported to engage in different ways.

Monthly planning meetings with HSCP Strategic Planning and Health Improvement have been held throughout the year focused on the development of the required information for the new Plan - Strategic Needs Assessment; Burden of Disease;

Integrated Workforce Plan; Engagement Plan; and relevant performance and financial information.

The engagement and participation approach included creating a more dynamic approach to involving a wider group of people who had not previously been involved, using lessons learned from the pandemic, we made better use of on-line platforms and working closely with our smaller communities.

This involved creating a dedicated HSCP Facebook page to enable us to reach community groups and interested citizens.

We invested in a securing a platform via [citizenspace](#) to host our surveys and to create a 'Get Involved' page on the CSHSCP website [Clackmannanshire and Stirling HSCP – Get Involved \(clacksandstirlinghscp.org\)](#).

In addition to the engagement sessions, we also ran an Online Survey on Citizenspace which ran from 30 September – 14 November 2022 [Introduction - Clackmannanshire & Stirling HSCP - Citizen Space](#)

Face to face opportunities for groups and communities throughout the summer and autumn throughout Clackmannanshire & Stirling.

15 Engagement 'Drop in' meetings took place across all three of the HSCP's communities from June to October 2022.

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

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

In addition to these in person meetings, the HSCP held three virtual meetings on MS Teams for each locality – these were held in the evening to provide opportunity for those who couldn't make the in person engagement session.

HSCP officers also met with the following groups; Recovery Community, the travelling community, refugees, Forth Valley Sensory Centre, Clackmannanshire Older Adults Forum and Balfron Lunch Club as well as community councils who asked for officer attendance.

Sample of questions asked were:

- What HSCP services do you have interest in / use?
- What supports your health and wellbeing in your community?

- What barriers do you face when trying to look after your Health and Wellbeing?
- What would you like the future of health and social care services to look like in your community?
- How best can CSHSCP communicate with you?
- And equality questions

How was this information shared/dispersed?

- Through each of our three Locality Planning Network Groups – mailing list including Elected Members, GPs, Third Sector Representatives, Council Officers (approx. 100 people on each mailing list)
- Stirling Council Community Development Team
- Stirling Council & Clackmannanshire Council Communication Teams
- CSHSCP Social Media (Twitter - 800 followers and Facebook - 300 followers)
- CSHSCP Newsletter (340 subscriptions)
- Internal HSCP staff emails
- External emails – on email footer
- 2,000 printed posters / postcards

Feedback

There have been 254 online survey participants and 82 drop in participants.

Face to face events

Sixteen events were held within communities throughout October and November 2022.

Key findings:

- In all three localities, people were proud of the community spirit, community groups and volunteers in their area.
- Local facilities, the environment, staff and services were also considered good in the three localities.

Areas of improvement highlighted by the discussions included:

- How the Partnership communicates with people and groups.
- How the Partnership delivers services and how people access services
- Greater support for Carers, mental health and substance use.

When asked about what is good about the area responses included community groups and volunteering.

Communication, delivery of service and GP were highlighted as areas for improvement. This was the common thread across all three localities, with primary care / GPs being highlighted as an opportunity to be improvement in urban Stirling.

Online Survey

Key findings were:

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

The majority of people who accessed the online survey mentioned accessing GPs / physiotherapists / community nurses, Health Improvement & Wellbeing, Mental Health and Carers. Table below illustrates by locality what the priorities were.

| | HSCP | Clackmannanshire | Stirling Rural | Stirling Urban |
|---|--------------------|---------------------|--------------------|--------------------|
| 1 | GP/Physio etc. | GP/Physio etc. | GP/Physio etc. | GP/Physio etc. |
| 2 | Health Improvement | Health Improvement | Carers | Health Improvement |
| 3 | Mental Health | Mental Health | Mental Health | Mental Health |
| 4 | Carers | Physical Disability | Health Improvement | Carers |
| 5 | Dementia | Carers | Dementia | All services |

The majority of respondents stated Friends and Family and Exercise and Interests supported their mental health and wellbeing.

Access to services was the most frequently given response. This includes the way services are delivered, face to face, digitally etc., appointments, speed of appointments and waiting times, “easier access to health professionals, its often difficult for people to access care through GP surgeries”; “easily accessible services to meet mine and my family’s needs, single point of access”.

Service delivery looked more specifically at how appointments were made, resources and management of services. Calls for more types of care, support for carers, more care at home and “more help for homeless, drug and alcohol problems”.

Locality is closely linked to access to services as many of the comments in this category spoke about local access to services, or services closer to people rather than centralised. It was about bringing services to people, for example “Local hubs, open to everyone”; services that are “accessible locally, when needed”; Communication demonstrated a need to better communicate the role of CSHSCP, the services we deliver and who the partners are. Signposting and providing information on all the services, organisations, groups and events is required and

respondents showed a clear want for this information. There is a mix between “less online and more person to person contact”; “online appointment booking” and “interactive”.

The top four wish list items for the future of health and social care services are very much interlinked and what the respondents stated, reflects our aims too. As one participant stated we need “flexible, accessible, speedy provision, less bureaucracy and more communication”.

Health Improvement and Early Intervention looked at what we can do to prevent and avoid crisis. What steps we can do to help people make better health decisions. “Improved health literacy, improved self-care and responsibility by citizens”; “focus on well-being rather than ill health”, “people and activities to help reduce loneliness”. “Put the individual’s needs at the centre and work from there”, “focus on the need of the individual and need for change”, “Choice and control of care”. The focus on person centred care, human right and equalities is very important to CSHSCP and we will be embedding this into the way our services are designed and delivered.

“Quicker and better access to mental health services would be the main wish”. Mental health is a priority for many participants, especially in terms of waiting times and access. Support for young people in transition from children’s services to adult services and those who are neurodivergent. “Inclusion with community and further training in all aspects of care. Non derogatory or discriminatory and for all staff to be trauma informed for mental health”. “More befriending support for those who feel isolated”.

When asked what the best way for the HSCP to communicate to share information and news with you the responses are in the table below

| | HSCP | Clackmannanshire | Stirling Rural | Stirling Urban |
|---|--------------------|--------------------|--------------------|--------------------|
| 1 | Social Media | Social Media | Social Media | Social Media |
| 2 | Community News | Community News | Digital newsletter | Community News |
| 3 | Digital Newsletter | Digital Newsletter | Community News | Meetings & Forums |
| 4 | Meetings & Forums | Meetings & Forums | Meetings & Forums | Digital newsletter |
| 5 | HSCP Website | HSCP Website | HSCP Website | HSCP Website |

Collation of Feedback

The feedback was collated and presented to the three Locality Planning Network Groups, in November 2022 and through the CSHSCP e-newsletter December 2022. The key areas of priority which are beginning to emerge are:

- Carers Support
- Self Directed Support information and advice promoted across all communities
- Mental health and well-being (including the impact of COVID)
- Support for those affected by dementia at all stages of their journey
- Drug and alcohol care and support capacity across communities
- Early intervention model linking people with third sector and community supports

- Health promotion & self care / self management
- Good public information across all care and support available
- Development of patch based multi-agency working across communities
- Ethical commissioning
- Workforce capacity and recruitment

Following this process of engagement citizens living across our localities have signed up to receive the HSCP e-newsletter and join the Locality Planning Network and overall feel more informed about the work of the HSCP.

This engagement informed the development of the Strategic Commissioning Plan and Locality Plans.

Consultation and Approval

A draft of the Strategic Commissioning Plan was presented to the Integration Joint Board (IJB) in December 2022 and amended per recommendations and then consultation was undertaken in January 2023 via Locality Planning Networks with the Strategic Commissioning Plan was approved and published at the 29 March 2023 IJB.

7.0 Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. It requires the integration of equality into day-to-day working, taking equality into account in the way we exercise our functions.

The following sections confirm how the IJB has mainstreamed equalities into its activities to date.

7.1 Board Membership

Professional Board members were approached to join by virtue of the position of the office they hold such as Chief Social Work Officer, Chief Officer, Elected Member, Health Board non-executive director.

Other members were elected to the Board through a nomination and voting process designed in partnership with organisations such as: Stirling Carers Centre, Falkirk and Clackmannanshire Carers Centre, Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise.

7.2 Board Papers

The Clackmannanshire & Stirling Integration Joint Board has been meeting regularly and further information is available [online](#).

To ensure that the needs of the general equality duty are considered in exercising our business functions and processes, including budget setting and project planning

we have set as mandatory within the papers submitted to the Integration Joint Board an “Equality and Human Rights Impact Assessment” section which identifies if the papers have been assessed for equality and diversity and what the outcome has been.

Equality Impact Assessments will be published online with relevant Board papers and will be available [here](#).

7.3 Partnership Working

We have a commitment to working in partnership with other agencies and organisations from the public, third and independent sector as well as with our staff and service users, to plan and deliver services.

Our aim is to ensure that our services meet the needs of the whole community in the most effective way.

Through our partnership work we have been able to look at creative ways of involving communities in consultation and dialogue, as well as allowing us to actively promote the 3 principles of the General Duty.

7.4 Monitoring and recording

7.4.1 Monitoring within community involvement exercises

Processes are available within partner bodies which enables monitoring and recording of the profile of people attending general involvement exercises.

To maintain and develop our understanding of the local population we have in the past utilised an equality monitoring form at engagement events and we will continue to use this for engagement work ([Appendix 1](#)).

This will not always be completed by people attending engagement events; therefore we recognise additional work is required to inform the people as to the reasons why we are asking these questions and the benefits that can occur with the results identified from it.

7.4.2 Service delivery

Understanding how different people use our services is an important step in mainstreaming the equality duty in our service delivery functions. We are aware that gathering and using evidence is crucial to gaining this understanding. This information is collated by partner bodies and will continue to be so.

7.4.3 Existing equality data collection within Clackmannanshire & Stirling Partnership

The Strategic Needs Assessment and Locality Profiles provide information on the Partnerships population and the protected characteristics.

7.4.4 Participation and Engagement

The Partnership has developed and approved a [Participation and Engagement Strategy](#) which sets out the principles to be followed when any participate and engagement work is being taken forward.

As mentioned above, to maintain and develop our understanding of the local population we utilised an equality monitoring form at engagement events and we will continue to use this for engagement work.

7.5 Mainstreaming Duty and Employment

The Integration Joint Board is not an employing body and therefore is not subject to this duty.

7.6 Procurement

Procurement will be undertaken by each of the three partner bodies in line with their procurement strategy / policy. More information can be found on the partners web sites.

www.nhsforthvalley.com
www.clacksweb.org.uk/
www.stirling.gov.uk/home

8.0 Equality Impact Assessments

As a public body IJB is required to assess the effectiveness of its policies, strategies, services, functions and business plans that could impact on those with protected characteristics.

The equality impact assessment process is a way of examining new and existing policies, strategies, and changes or developments in service provision and functions to assess what impact, if any, they are likely to have.

Our legal requirement to do this covers only those individual characteristics identified in the Equality Act.

In Clackmannanshire & Stirling, we recognise that these categories are only one element of the inter-related determinants of health, social care and life experience. We have reflected this in our impact assessment process by including categories to reflect the cross-cutting issues which may affect people including poverty, homelessness, carers etc.

The aim of the Equality Impact Assessment process is to anticipate whether the proposed policy, strategy, service or function has the potential to affect groups differently and to identify any likely positive or negative impact(s) that may be experienced. By following this process, we can ensure that we are better able to take

advantage of every opportunity to promote equality and can embed plans to avoid disadvantage and discrimination.

8.1 What do we have in place?

The Partnership utilises an agreed equality impact assessment tool ([Appendix 2](#)) covering all protected characteristics and other factors in relation to inequalities.

Support can be provided on a needs led basis.

Previous assessments completed are available on the integration web pages alongside relevant Board papers.

9.0 Identifying Equality Outcomes

Equality Outcomes ([Appendix 3](#)) are distinct to each organisation and need to reflect its functions, responsibilities, priorities and methods of working. The Integration Joint Board has adopted outcomes based on the local outcomes already identified in the preparation of the [Integration Scheme](#) and the [Strategic Commissioning Plan](#).

These are:

- **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;
- **Community Focused Supports** – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
- **Safety** - Health and social care support systems help to keep people safe and live well for longer;
- **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
- **Experience** – Individuals will have a fair and positive experience of health and social care

These outcomes were developed in consultation with a broad range of stakeholders.

[Appendix 3](#) sets out how these outcomes align with the National Health and Wellbeing Outcomes, which part of the Duty and which protected characteristic they address.

9.1 Progress with Equality Outcomes

The Strategic Commissioning Plan priorities and outcomes align well with the National health and Wellbeing Outcomes as well as National Health and Care Standards.

HSCPs are measured on the Health Wellbeing Outcomes nationally by Public Health Scotland (PHS); information on this can be found here:

[Core suite of integration indicators 20 September 2022 - Core suite of integration indicators - Publications - Public Health Scotland](#)

These have demonstrated progress towards our Equality Outcomes and feature in all our Annual Performance Reports which be found here:

<https://clacksandstirlinghscp.org/about-us/annual-performance-report/>

Annual Performance Report 21/22

The indicators below are normally reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The table below illustrates the numbers reported in the [Annual Performance Report for 21/22](#).

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

The 'outcome' indicators above are normally reported every 2 years from the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. The Health and Care Experience survey for 2021/2022 was published by the Scottish Government on 10 May 2022 with local-level results available via interactive dashboards on the PHS website. Please note that the figures presented in the Core Suite Integration Indicators may differ from those published.

The Core Suite of Integration Indicators are based on Standardised Mortality Ratio (SMR) returns from the Health Board. In July 2019 SMR01 completeness fell to almost 0% due to resource issues and Trakcare transition. PHS has therefore estimated the indicators for Clackmannanshire & Stirling HSCP based on previous years. This means HSCP cannot utilise the Core Suite of Integration Indicators to

measure progress against the National Health and Wellbeing Outcomes, compare against other Partnerships or Nationally.

NHS Forth Valley devised and implemented an action plan to address SMR completeness; significant improvement has been achieved in recent months and coding throughput has now increased to more than 3000 episodes per week and this will be followed up by two bulk correction/submission proposals that if approved will result in a significant reduction in the backlog.

The table below illustrates the numbers reported in the Annual Performance Report for 21/22.

| Indicator | Title | Partnership | | | | | | |
|-----------|---|----------------|---------|---------|---------|---------|---------|---------|
| | | Baseline 15/18 | Current | | | | | |
| | | | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 |
| NI - 11 | Premature mortality rate per 100,000 persons aged under 75 years | 425 | 389 | 379 | 371 | 429 | 459 | 440 |
| NI - 12 | Emergency admission rate (per 100,000 adult population) | 9,985 | 10,703 | 10,467 | 12,660 | 11,940 | 12,605 | 12,758 |
| NI - 13 | Emergency bed day rate (per 100,000 population) | 116,465 | 113,592 | 110,147 | 113,022 | 106,429 | 93,593 | 97,710 |
| NI - 14 | Readmission to hospital within 28 days (per 1,000 population) | 104 | 107 | 107 | 104 | 133 | 146 | 134 |
| NI - 15 | Proportion of last 6 months of life spent at home or in a community setting | 86.3% | 86.0% | 87.2% | 87.4% | 87.6% | 90.9% | 89.6% |
| NI - 16 | Falls rate per 1,000 population aged 65+ | 14.2 | 16.3 | 18.5 | 20.7 | 22.3 | 20.9 | 23.6 |
| NI - 17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 82.0% | 88.3% | 95.2% | 93.4% | 91.0% | 91.1% | 87.0% |
| NI - 18 | Percentage of adults with intensive care needs receiving care at home | 69.7% | 70.0% | 66.7% | 66.7% | 69.8% | 69.2% | 71.2% |
| NI - 19 | Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) | 640 | 723 | 503 | 579 | 665 | 448 | 761 |
| NI - 20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 20.9% | 20.9% | 22.7% | 23.7% | 23.2% | No Data | No Data |
| NI - 21 | Percentage of people admitted to hospital from home during the year, who are discharged to a care home | No Data | No Data | No Data | No Data | No Data | No Data | No Data |
| NI - 22 | Percentage of people who are discharged from hospital within 72 hours of being ready | No Data | No Data | No Data | No Data | No Data | No Data | No Data |
| NI - 23 | Expenditure on end of life care, cost in last 6 months per death | No Data | No Data | No Data | No Data | No Data | No Data | No Data |

10.0 Appendices

Appendix 1 – Equalities Monitoring Form

Health and Social Care Integration

Why are we asking you to complete this form?

We want to ensure that we receive feedback on health and social care integration for the diverse range of people within our local communities.

By filling in this form you will be helping us to:

- Find out who is and who isn't involved in consultation
- Find out why some people are not able to consult
- Take steps to ensure our consultation is more inclusive of the people within the Partnership

Who will see this information?

- Your reply cannot be linked back to you
- We will group the replies together and only present the overall results
- We follow strict laws to ensure your personal details are protected

Do I have to answer every question?

No. There is a 'prefer not to answer' box for each question. However, we hope you will.

Your answers will help us to gain the best possible description of people who attend our events or provide feedback.

The information we gather from this anonymous form will help us to ensure the diverse range of the people in our local communities are able to consult and engage with us as partners.

Thank you for your help

Monitoring Form

Please identify where you are from (please put X in **ONE** box only)

| | |
|------------------|--|
| Clackmannanshire | |
| Falkirk | |
| Stirling | |

Are you responding as an individual or an organisation?

| | |
|---|--|
| Individual | |
| Organisation, please state organisation name: | |

Please tell us which stakeholder group(s) you most identify with by marking an X the box(es):

| | |
|---|--|
| User of health or social care | |
| Carer of user of health or social care | |
| Health professional | |
| Social care professional | |
| Staff of the Health Board and Local Authority who are not health professionals or social care professionals | |
| Third sector bodies carrying out activities related to health or social care | |
| Commercial provider of health care | |
| Non-commercial provider of health care | |
| Commercial provider of social care | |
| Non-commercial provider of social care | |
| Non- commercial provider of social housing | |
| Prefer not to answer | |
| Other, please specify: | |

Please tell us the first 4 or 5 digits of your postcode, e.g. FK10 5

| | | | | | |
|---|---|---|---|--|---|
| F | K | 1 | 0 | | 5 |
| | | | | | |

1. Are you male or female? (Please put X in **ONE** box only)

| | |
|----------------------|--|
| Male | |
| Female | |
| Prefer not to answer | |

2. Is your gender identity the same as the gender you were assigned at birth? (Please put X in **ONE** box only)

| | |
|----------------------|--|
| Yes | |
| No | |
| Prefer not to answer | |

3. Do you have any of the following conditions which have lasted, or are expected to last at least 12 months? (Please put X in all that apply)

The Equality Act 2010 protects disabled people. The Act defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

| | |
|---|--|
| Deafness or severe hearing impairment | |
| Blindness or severe vision impairment | |
| Physical disability | |
| Learning disability (for example, Down's Syndrome) | |
| Learning difficulty (for example, dyslexia) | |
| Mental health condition (for example, depression or schizophrenia) | |
| Long-term illness (for example, diabetes, cancer, HIV, heart disease or epilepsy) | |
| None of the above | |
| Prefer not to answer | |
| Other condition, please specify | |

4. What is your ethnic group? (Choose **ONE** section from A to E then X **ONE** box which best describes your ethnic group or background)

| A. White | | | |
|--|--|--|--|
| Scottish | | Welsh | |
| English | | Gypsy/Traveller | |
| Irish | | Polish | |
| Northern Irish | | Any other white ethnic group, please specify: | |
| | | | |
| B. Mixed or multiple ethnic groups | | | |
| Any mixed or multiple ethnic groups, please specify: | | | |
| C. Asian | | | |
| Pakistani, Pakistani Scottish or Pakistani British | | Bangladeshi, Bangladeshi Scottish or Bangladeshi British | |
| Indian, Indian Scottish or Indian British | | Chinese, Chinese Scottish or Chinese British | |
| Other, please specify | | | |
| D. African, Caribbean or Black | | | |
| African, African Scottish or African British | | Black, Black Scottish or Black British | |
| Caribbean, Caribbean Scottish or Caribbean British | | Other, please specify: | |
| | | | |
| E. Other ethnic group | | | |
| Arab, Arab Scottish or Arab British | | | |
| Other, please specify: | | | |
| Prefer not to answer | | | |

5. What religion, religious denomination or body do you belong to? (Please put X in **ONE** box only)

| | | | |
|-----------------------|--|----------|--|
| None | | Buddhist | |
| Church of Scotland | | Sikh | |
| Roman Catholic | | Jewish | |
| Other Christian | | Hindu | |
| Muslim | | Pagan | |
| Prefer not to answer | | | |
| Other, please specify | | | |

6. How would you describe your sexual orientation? (Please put X in **ONE** box only)

| | | | |
|-----------------------|--|-------------------|--|
| Heterosexual/straight | | Gay Man | |
| Bisexual | | Gay Woman/Lesbian | |
| Prefer not to answer | | Other: | |

7. What was your age last birthday?

| | |
|----------------------------|------------|
| Age at your last birthday? | _____years |
| Prefer not to answer | |

Thank you for taking time to complete this form

Please return to:

XXXXX

Appendix 2 – Equality and Diversity Impact Assessment

Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

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

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

Q2: What is the scope of this SIA

Service Discipline Other (Please
Specific Specific Detail)

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

Yes No

Q4: If no to Q3 what is it replacing?

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

Q6: Main person completing EQIA's contact details

Name:

| |
|--|
| |
| |

Telephone
Number:

| |
|--|
| |
| |

Department:

Email:

Q7: Describe the main aims, objective and intended outcomes

| |
|--|
| |
|--|

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?

| |
|--|
| |
|--|

(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:

| |
|--|
| |
|--|

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

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

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

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

| What impact has your review had on the following 'protected characteristics': | Positive | Adverse/ Negative | Neutral | Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank) |
|---|----------|----------------------|---------|--|
| Age | | | | |
| Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment) | | | | |
| Gender Reassignment | | | | |
| Marriage and Civil partnership | | | | |
| Pregnancy and Maternity | | | | |
| Race/Ethnicity | | | | |
| Religion/Faith | | | | |
| Sex/Gender (male/female) | | | | |
| Sexual orientation | | | | |
| Staff (This could include details of staff training completed or required in relation to service delivery) | | | | |

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 | | | | |
| Homeless | | | | |
| Language/ Social Origins | | | | |
| Literacy | | | | |
| Low income/poverty | | | | |
| Mental Health Problems | | | | |
| Rural Areas | | | | |
| Armed Services Veterans, Reservists and former Members of the Reserve Forces | | | | |
| Third Sector | | | | |
| Independent Sector | | | | |

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

Yes

No

Q11: Is a detailed EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

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

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

**Date EQIA
Completed**

DD / MM / YYYY

**Date of next EQIA
Review**

DD / MM / YYYY

Signature

Print Name

**Department or
Service**

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:
fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity 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:

Appendix 3 – Agreed Equality Outcomes

| National Health & Wellbeing Outcomes | Partnership Specific Outcomes OR Potential Action Area | Component Duty | “Protected Characteristic” | Sources of evidence justifying identification as a priority |
|---|--|--|--|---|
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | Self-Management - Individuals, their carers and families are enabled to manage their own health, care and wellbeing; | Advance equality of opportunity | All (Age, Disability, Gender Reassignment, Pregnancy & Maternity, Race, Religion & belief) Sex , Sexual Orientation), particularly elderly and disabled - Age and Disability | Evidence / data may also assist in identifying delivery targets and performance measurement |
| People, including those with disabilities, 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. | Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community; | Advance equality of opportunity Foster good relations | All - as above, particularly elderly and disabled - Age and Disability. | |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | Experience – Individuals will have a fair and positive experience of health and social care | Advance equality of opportunity. Eliminate discrimination, harassment and victimisation | All - as above, particularly elderly, disabled and LGBTI – Age, Disability, Gender Reassignment and Sexual Orientation. | User satisfaction survey results. Complaints |
| Health and social care services are centred on helping to maintain or improve the quality of life of service users | Decision Making Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing; | Advance equality of opportunity Eliminate discrimination, harassment and victimisation | All – as above, particularly elderly, disabled and carers - Age and Disability | |
| Health and social care services contribute to reducing health inequalities | Safety Health and social care support systems help to keep people safe and live well for longer | Advance equality of opportunity | All – as above, particularly vulnerable elderly and disabled - Age and Disability | |

Approved at IJB 24 March 2021

Clackmannanshire & Stirling Integration Joint Board

21 June 2023

Agenda Item 13

ADP Annual Report

For Approval

| | |
|--|---|
| Paper Approved for Submission by: | Annemargaret Black, Chief Officer |
| Paper presented by | Wendy Forrest Head of Strategic Planning and Health Improvement |
| Author | Simon Jones, ADP Lead Officer |
| Exempt Report | No |

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

| | |
|---------------------------|--|
| Purpose of Report: | To present the Alcohol and Drug Partnership's Annual Report template 2022 - 2023 and to seek agreement from the IJB to present this Report to Scottish Government. |
|---------------------------|--|

| | |
|-------------------------|--|
| Recommendations: | <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the contents of the ADP Annual Report 2022-23 2) Approve the submission of the ADP Annual Report 2022 - 2023 to Scottish Government. |
|-------------------------|--|

1. Background

- 1.1. ADP is funded by Scottish Government to coordinate the strategic delivery of national strategic planning objectives including Rights, Respect and Recovery, the Alcohol Framework and the Medication Assisted Treatment (MAT) Standards. Each ADP is requested to submit an Annual Report to Scottish Government covering activity and progress against the recommendations of the current policies outlined above.
- 1.2. The annual report template for 2022 - 2023 has been amended, the new template was provided in May to ADPs with request for sign off by the ADP and the IJB.
- 1.3. Q16 in the appendix report, relating to accessible materials, has been left blank as at present no additional materials to those used at service level or through national campaigns are produced by ADP. Q41 will be updated after the meeting to reflect IJB's sign-off, ahead of submission to SG.
- 1.4. The attached report is a compilation of feedback from the ADP partners which has been collated by ADP Lead Officer. It is worth noting that feedback from ADP partners was that the new template does not allow for the detailed feedback that reflects the extensive work undertaken within the ADP for example the delivery of MATs standards work stream, investment in local community services and the commissioning consortium approach with partners and those with a lived experience.
- 1.5. The reporting template set out by Scottish Government takes account of national level priorities and this is reflected in the attached report for approval. However, the ADP will continue to reflect the volume of quality work being

undertaken by partners at the local level which aims to reduce the harm from substance use through the routine reporting through the IJB and wider reporting frameworks including Chief Officers' Group and Community Planning Partnerships.

2. Appendices

Appendix 1: Draft ADP Annual Report 2022-23

| Fit with Strategic Priorities: | |
|--|--|
| Care Closer to Home | <input type="checkbox"/> |
| Primary Care Transformation | <input type="checkbox"/> |
| Caring, Connected Communities | <input type="checkbox"/> |
| Mental Health | <input checked="" type="checkbox"/> |
| Supporting people living with Dementia | <input type="checkbox"/> |
| Alcohol and Drugs | <input checked="" type="checkbox"/> |
| Enabling Activities | |
| Technology Enabled Care | <input type="checkbox"/> |
| Workforce Planning and Development | <input type="checkbox"/> |
| Housing and Adaptations | <input type="checkbox"/> |
| Infrastructure | <input type="checkbox"/> |
| Implications | |
| Finance: | None |
| Other Resources: | None |
| Legal: | None |
| Risk & mitigation: | None |
| Equality and Human Rights: | The content of this report <u>does not</u> require a EQIA |
| Data Protection: | The content of this report <u>does not</u> require a DPIA |
| Fairer Duty Scotland | <p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> |

| | |
|--|---|
| | The content of this report <u>does not</u> require Fairer Duty Scotland Assessment |
|--|---|

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Clackmannanshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None
- Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Feedback has been provided when requested but is not routinely presented to COG. A review of adverse death review governance has been underway this year and will take effect from June.

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

| | |
|--|------|
| Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas) | 1.75 |
| Total vacancies (whole-time equivalent) | 0 |

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

We intend to review links between ADP and Health Improvement teams to ensure that support for the social determinants of health benefits from multidisciplinary perspectives at the strategic and operational levels.

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
 No (please specify who does):
 Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

| | |
|---|-------|
| Total current staff (whole-time equivalent) | 54.48 |
| Total vacancies (whole-time equivalent) | 5.60 |

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
 Flexible working arrangements
 Management of caseload demands
 Provision of support and well-being resources to staff
 Psychological support and wellbeing services
 Staff recognitions schemes
 None
 Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

- Feedback/complaints process
- Questionnaire/survey
- No
- Other (please specify):

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

| | Lived/living experience | Family members |
|---|-------------------------------------|-------------------------------------|
| Feedback used to inform service design | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feedback used to inform service improvement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feedback used in assessment and appraisal processes for staff | <input type="checkbox"/> | <input type="checkbox"/> |
| Feedback is presented at the ADP board level | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feedback is integrated into strategy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | |

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

| | Planning (e.g. prioritisation and funding decisions) | Implementation (e.g. commissioning process, service design) | Scrutiny (e.g. monitoring and evaluation of services) | Other (please specify) |
|------------------------------|--|---|---|------------------------|
| Board representation at ADP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Focus group | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Lived experience panel/forum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Questionnaire/ surveys | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Other (please specify) | | | | |

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

| | Planning (e.g. prioritisation and funding decisions) | Implementation (e.g. commissioning process, service design) | Scrutiny (e.g. monitoring and evaluation of services) | Other stage (please specify) |
|------------------------------|--|---|---|------------------------------|
| Board representation at ADP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Focus group | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Lived experience panel/forum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Questionnaire/ surveys | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Other (please specify) | | | | |

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

We have been in discussion with Scottish Recovery Consortium about establishing a Lived Experience Panel and intend to develop plans on this in the coming months. This will allow direct input to ADP meetings and groups. Strategic lived experience input is already facilitated through MAT Experiential data gathering and other ADP-led projects on specific topics such as interactions with the criminal justice system.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text – maximum 2000 characters]

Commissioning meetings routinely reflect lived experience input gathered from services, and are now benefitting from data gathered as part of the MAT Implementation programme.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

- Community/recovery cafes
- Job skills support
- Naloxone distribution
- Peer support/mentoring
- Psychosocial counselling
- None
- Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

PVG and Disclosure Scotland regulations are sometimes perceived as a barrier to people's participation. More generally while we have thriving recovery communities in our ADP area we intend to look now at a strategic approach which supports people throughout their recovery journey to access a wider diversity of volunteering and employment opportunities. This is seen as being vital to reducing stigma and discrimination, and will entail participation from partners across communities.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

- MAT Implementation Support Team (MIST)
- Scottish Drugs Forum (SDF)
- Scottish Families Affected by Drugs and Alcohol (SFAD)
- Scottish Recovery Consortium (SRC)
- None
- Other (please specify):

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

Yes (please specify which): Our work to reduce stigma includes building rights-awareness among communities and services, and increasing the visibility of recovery in communities to lessen fear of substance use harms.

No

Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

Reducing discrimination and improving rights awareness is a priority of CSADP. We have supported rights awareness training sessions for people connected to our system of care, and are developing plans for independent advocacy and lived experience involvement. We also support national campaigns to raise awareness and reduce stigma, but our focus in practice is on identifying and eliminating instances of discrimination through empowerment programmes and review of policy and practice. Reflection on the past year of delivery is now guiding strategic and commissioning responses as we develop our rights-based approach in line with the new IJB 10 year strategic plan and relevant national strategies.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)

[multiple choice]

| | Non-native English speakers (English Second Language) | People with hearing impairments | People with learning disabilities and literacy difficulties | People with visual impairments | Other audience (please specify) |
|--|---|---------------------------------|---|--------------------------------|---------------------------------|
| In person (e.g. at events, workshops, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Leaflets/posters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Online (e.g. websites, social media, apps, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify) | | | | | |

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

| | 0-4 (early years) | 5-12 (primary) | 13-15 (secondary S1-4) | 16-24 (young people) | 25+ (adults) | Parents | People in contact with the justice system | Other audience (please specify) |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|---------------------------------|
| Counselling services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Information services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Naloxone | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Overdose awareness and prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Parenting | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Peer-led interventions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Personal and social skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Planet Youth | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Pre-natal/pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Reducing stigma | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Seasonal campaigns | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Sexual health | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Teaching materials for schools | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Youth worker materials/training | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify) | | | | | | | | |

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): SAS

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

| | Pre-arrest | In police custody | Court | Prison (if applicable) | Upon release | Community justice |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Advocacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol interventions | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Alcohol screening | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Buvidal provision | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Detoxification | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Drugs screening | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Psychological screening | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Harm reduction | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| “Life skills” support or training (e.g. personal/social skills, employability) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Opioid Substitution Therapy (excluding Buvidal) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Peer-to-peer naloxone | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery cafe | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery community | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery wing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Referrals to alcohol treatment services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Referrals to drug treatment services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Staff training | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | | | | | |

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

16

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

5

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify): A review of ADP-funded residential rehab pathways is underway with the support of Healthcare Improvement Scotland and are engaged with Scotland Excel's residential rehabilitation commissioning work.

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways

None

Other (please specify): Continued lack of coordination between SG and PHS presents challenges for implementation, with distinct and contradictory reporting mechanisms.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply)
[multiple choice]

| | 13-15 (secondary S1-4) | 16-24 (young people) |
|--|-------------------------------------|-------------------------------------|
| Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene) | <input type="checkbox"/> | <input type="checkbox"/> |
| Diversionary activities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Employability support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Family support services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Information services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Justice services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outreach/mobile | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery communities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School outreach | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Support/discussion groups | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | |

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.

[open text – maximum 2000 characters]

| |
|--|
| |
|--|

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply)
[multiple choice]

| | 13-15 (secondary S1-4) | 16-24 (young people) |
|-----------------------------|-------------------------------------|-------------------------------------|
| Diversionary activities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Employability support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Family support services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Information services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Justice services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Opioid Substitution Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outreach/mobile | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery communities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School outreach | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Support/discussion groups | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|------------------------|--|--|
| Other (please specify) | Specialist support from NHS SUS, Includem and Barnardos is available to people in both age ranges. | |
|------------------------|--|--|

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

NHS Young Person's specialist nurse works with young people aged 12 and older, alongside Barnardos and Includem for third sector psychosocial support.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

| | Yes | No |
|---|---|--------------------------|
| Non-native English speakers (English Second Language) | <input type="checkbox"/> | <input type="checkbox"/> |
| People from minority ethnic groups | <input type="checkbox"/> | <input type="checkbox"/> |
| People from religious groups | <input type="checkbox"/> | <input type="checkbox"/> |
| People who are experiencing homelessness | <input type="checkbox"/> | <input type="checkbox"/> |
| People who are LGBTQI+ | <input type="checkbox"/> | <input type="checkbox"/> |
| People who are pregnant or peri-natal | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| People who engage in transactional sex | <input type="checkbox"/> | <input type="checkbox"/> |
| People with hearing impairments | <input type="checkbox"/> | <input type="checkbox"/> |
| People with learning disabilities and literacy difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| People with visual impairments | <input type="checkbox"/> | <input type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Women | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | Social work support for individuals is delivered on a bespoke basis with reference to their individual circumstances. | |

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- Yes (please provide link here or attach file to email when submitting response):
- No

Q32b) If no, please provide details.

[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis?**

[open text – maximum 2000 characters]

We continue to work to implement the recommendations of the MWC 'Ending the Exclusion' report alongside HSCP colleagues. ANP placed in recovery hubs provide opportunity for MH assessments to all who access the hubs.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

The ADP is a strategic planning partnership but partners routinely collaborate on people's care and our strategic work to develop these links is continuing. Refreshed relationships with the MCN and Health Improvement Teams this past year have shown significant benefit in alleviating threats to the social determinants of health.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent’s or carer’s substance use?** (select all that apply)
[multiple choice]

| | 0-4 (early years) | 5-12 (primary) | 13-15 (secondary S1-4) | 16-24 (young people) |
|---------------------------|--------------------------|--|-------------------------------------|-------------------------------------|
| Carer support | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diversionsary activities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Employability support | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Family support services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Information services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outreach/mobile services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery communities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School outreach | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Support/discussion groups | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | Parental Substance use is considered using the IPSU tool, with agencies across localities. | | |

Q37a) Do you contribute toward the integrated children’s service plan? (select only one)
[single option]

- Yes
- No
- Don’t know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Commissioning priorities have been agreed by the Children, Young People and Families Group. These reflect the input of family members' own experience.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

| | Family member in treatment | Family member not in treatment |
|--|---|---|
| Advice | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Advocacy | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Peer support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Personal development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social activities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Support for victims of gender based violence | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | Support through SFAD Commissioned Service | Support through SFAD Commissioned Service |

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting):

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

| Date of IJB | Report Title | Author | Presenter | Exempt | Decision |
|----------------------|----------------------|----------------|--------------------|--------|--|
| 29 March 2023 | Chief Officer Update | Lesley Fulford | Annemargaret Black | N | 1) Noted the content of the report. 2) Approved the appointment of Narek Bido, Chief Executive of Recovery Scotland to the Audit and Risk Committee. |
| 29 March 2023 | Financial Report | Ewan Murray | Ewan Murray | N | 1) Noted the 2022/23 projection based on Financial Performance for the first 10 months of the financial year. 2) Noted the significant financial issues and pressures, key assumptions and risks. |

| | | | | | |
|-----------------------------|---|--------------------|--------------------|----------|--|
| <p>29 March 2023</p> | <p>IJB Revenue Budget 2023/24 “Needs Led – Resource Bound”</p> | <p>Ewan Murray</p> | <p>Ewan Murray</p> | <p>N</p> | <ol style="list-style-type: none"> 1) Approved the initial 2023/24 IJB Revenue Budget to support delivery of the Strategic Plan of £243.670m (Section 4.6) 2) Noted the proposed payments and set aside budget for large hospital services from the constituent authorities and that these are compliant with the terms of the Scottish Budget (Section 4) 3) Approved the proposed approach to an initial balanced budget for 2023/24 including deployment of £2m of earmarked reserves (Section 5.4) 4) Noted the core risk associated with the proposed approach (Section 5.5) 5) Agreed that further recurrent options to eliminate the reliance on reserves are brought forward during 2023/24 (Section 5.6) 6) Noted the requirement to develop a single overarching delivery plan and agree that a draft plan is brought to the IJB Finance & Performance Committee in May 2023 (Section 5.10) 7) Delegated 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) |
|-----------------------------|---|--------------------|--------------------|----------|--|

| Date of IJB | Report Title | Author | Presenter | Exempt | Decision |
|-------------|--------------|--------|-----------|--------|---|
| | | | | | <p>8) Approved the proposal to re-purpose £0.237m of earmarked reserves to support additional management capacity for strategic change (Section 5.16)</p> <p>9) Approved the proposed approach to transformation funding including allocation of funding to support Locality Networks. (Section 6)</p> <p>10) Noted the update and risks in relation to the National Care Home Contract and approve an uplift of 4.31% on Care at Home and Day Care contracts for commissioned services. (Section 8)</p> <p>11) Noted the recommendation from the Audit and Risk Committee to approve the Reserves Policy and Strategy (Section 10 and Appendix 1)</p> <p>12) Noted the medium term financial outlook for the IJB (Section 11)</p> <p>13) Agreed 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) Delegated authority to the Chief Officer to issue initial directions for 2023/24 (Section 12)</p> |

| Date of IJB | Report Title | Author | Presenter | Exempt | Decision |
|----------------------|---|-----------------|---------------|--------|--|
| 29 March 2023 | Review of IJB Committees Terms of Reference | Sonia Kavanagh | Ewan Murray | N | 1) Approved the Terms of Reference for both Committees of the IJB subject to amendments to ensure Chair and Vice Chair roles were clear and which constituent partner can or cannot hold them. 2) Agreed 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. |
| 29 March 2023 | Strategic Commissioning Plan 2023-2033 | Michelle Duncan | Wendy Forrest | N | 1) Provided assurance to the Board of the development and consultation on the final draft of the Strategic Commissioning Plan. 2) Presented the final presentation of the draft Strategic Commissioning Plan 2023-2033 for publication. 3) Approved the final version of the draft Strategic Commissioning Plan 2023 - 2033. |

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 01 March 2023 at 2.00pm in the First Floor Board Room, Carseview House
and hybrid via MS Teams**

Present:

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)
Councillor Rosemary Fraser, Stirling Council
Councillor Danny Gibson, Stirling Council
Councillor Martha Benny, Clackmannanshire 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
Lesley Fulford, Senior Planning Manager, HSCP
Clare Colligan, Associate Director for Pharmacy, NHS Forth Valley, HSCP Lead Pharmacist
Laura Byrne, Director of Pharmacy, NHS Forth Valley
Sandra Comrie, Business Support (Minutes)

Chair's Welcome and Introductory Remarks

Councillor Wendy Hamilton welcomed everyone to the meeting.

1. Apologies

Carolyn Wyllie, Head of Community Health and Care, HSCP

2. Declarations of Interest

None

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

None

4. Minute of Meeting held 21 December 2022

The minute was approved subject to the following amendment:

In the final paragraph of agenda item 7, Mr Rennie to be replaced with Ms Hamilton.

5. Prescribing

Clare Colligan, Associate Director for Pharmacy, NHS Forth Valley and HSCP Lead Pharmacist, provided a presentation to the Committee.

Ms Colligan provided an overview of prescribing costs for Forth Valley compared with the rest of Scotland, the differences between both HSCPs and the challenges faced. She confirmed that the costs discussed were not all specific to Forth Valley Health Board.

An increase of about £350K per quarter was noted for Clackmannanshire and Stirling HSCP which was primarily due to the increase in drug costs due to unprecedented shortages which was driving the market costs upwards due to the need to use more expensive drugs instead. Ms Colligan detailed the various drugs, dressings and appliances which had shown significant increases due to spend or usage and highlighted that it was not always possible to switch to less costly drugs.

The potential prescribing efficiencies for 2023/24 were outlined for Respiratory PII and Script switch and beyond which included Prescribing Support nurses for dressing and appliances, Care Home pilot and Medication review.

The Committee discussed potential ways to reduce prescribing costs, minimise waste and maximise the gain from prescribed medication.

Ms Black thanked Ms Colligan for the interesting presentation. The Committee agreed, that as this was such a large financial risk, it would be advantageous for Ms Colligan to present at a “deep dive” seminar as part of the IJB development sessions. It was agreed that development sessions on savings in acute would also be helpful.

6. Budget Update

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

The 2023/24 IJB Revenue Budget “Needs led resource bound” presentation, covered the following:

- 2023/23 Financial Position including the projected overspend of £0.260m on Integrated Budget at month 10 and c£3m for set aside. He significant pressures regarding prescribing as discussed earlier on the agenda and the wider system pressures while maintaining performance,

- 2023/24 Budget Update and Development – the current conditions in relation to the budget such as general inflation, pay/industrial relations, and the political and policy uncertainty.
- Strategic Commissioning Plan (SCP) Priorities which would guide decision making.
- Baseline Financial Gap with current estimate £6.392m and the significant risk that the gap could get bigger.
- Scottish Budget Requirements including minimum payments to IJBs, with all partners indicating intention to comply with core terms of Scottish Budget
- Core Assumptions.
- Contingency - Grip and Control meetings crucial and the Budget Recovery plan.
- Options e.g., cut/ration care now or deploy some reserves to assist current year, further options/decisions during the year and policy change required for medium to longer term sustainability.
- Proposed Plan 2023/24 Revenue Budget and extant budget strategy.
- The alternative option which may impact unmet need, reputational risk, and staffing.
- Savings and Efficiency Thematises through operational grip and control and whole system working to achieve financial and service sustainability.
- Savings and Efficiency Plan Detail.
- Risk and Mitigation.
- Next Steps – Revenue Budget, this included to continue to refine plans and estimates including Risk Assessment, IJB budget development session and development of further options to reduce recurrent gap.
- Next Steps – Wider Scope including Strategic Commissioning Plan.
- Role of IJB Members to set strategic direction and test appetite for risk.
- “Ask” of F & P Committee today was to challenge, debate and contribute, recognising the complexity and uncertainty and the need to agree next steps.

Members of the Committee expressed concern regarding whether other Councils had been known to withhold funding and the consequences if they didn't comply with the Scottish Draft Budget. Mr Murray explained that the expectation was that funding would be passed by Stirling Council but at this point not by Clackmannanshire Council. He confirmed this was a concern for other IJB Boards too and the IJB might need to look at how to make additional savings.

The options were discussed and Ms Black suggested that when considering rationing care the whole system should be included as part of this and the consequences which could cost more ,It was noted that while reducing the use of temporary staffing would help to reduce costs alongside monitoring and managing of staff absences in line with policy it was also important to promote retention and recruitment opportunities, highlighting the benefits of being employed with the HSCP.

Ms Black explained that to support the risk and mitigations a Performance and Governance Board was due to be set up with additional capacity required to support this and the delivery. To ensure there was a strong infrastructure in place, she confirmed she and Mr Murray would co-chair the Board. This would allow them to get updates on savings deliverables and allow the teams to show how they were making savings or where further support was required. There would also be a review of the

work of the Transforming Care Board to prioritise transformation and re-design that also provided cost savings. Proposals would therefore have supported Equality Impact Assessments and include environmental impact and sustainability within the financial envelope available.

Mr Murray explained he was looking for confidence that the Committee were happy for him to continue with the budget proposals and next steps set out in the presentation.

The Finance & Performance Committee:

- 1) Endorsed the preferred options and agreed the paper to the IJB be developed on that basis.
- 2) Agreed the next steps.

7. Draft Strategic Commissioning Plan and Localities

Wendy Forrest, Head of Strategic Planning and Health Improvement, presented the paper to the Committee.

Ms Forrest explained Mr Murray and herself had worked closely in terms of the development of the Strategic Commissioning Plan to ensure the principles of needs led but resource bound were explicit. The draft Plan had been shared formally with the Chief Executives and colleagues of Clackmannanshire Council, Stirling Council and NHS Forth Valley for their final comments and as some had requested an extension it had not been possible to have a final draft for the meeting. The full draft Plan would be presented to the IJB Board in March 2023 for approval.

It was important to deliver the Plan to meet people's needs as well as within budget with ethical commissioning and ensuring money was spent correctly. Whilst this would mean disinvestment it would also ensure investment in areas where there was a need to increase capacity. Ms Forrest confirmed this was about how work was carried out within the Localities and in partnership with communities regarding the early intervention and prevention agenda and the approach to build capacity for self-care and self-management.

Engagement was key to the development of the 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 had been pivotal to supporting this programme of work including Carers Centres and the Third Sector Interfaces. Specific sessions were held in February with Third Sector forums to consult with them and begin to develop the delivery and implementation plan against the key priorities.

Ms Forrest reiterated Mr Murray's point about the importance of grip and control of the budgets being in place as well as creating good public information to ensure people were offered choice and control around care & support with support to carers being a vital part of the work. She added that as part of the planning and delivery of the Strategic Commissioning Plan, they would work together to look at the

development of a Delivery Plan to ensure effective and quality services were in place across the whole system. Work would commence on aligning the Transforming Care Plan as well as the development of Risk Register, Medium Term Financial Plan and Integrated Performance Framework.

Ms Black added that the Strategic Commissioning Plan work required the additional work would help with the challenge against the annual budget as it was a 10-year plan. She had been in discussion with Mr Murray about bringing something together, even at a high level for the IJB. Additionally, the Risk Register would be required as there were a lot of risks in terms of the ability to fully deliver.

Ms Forrest noted that over the past few years, due to the Covid legislation, the Annual Performance Report (APR) had been delayed until November, but it was now due to be published by the end of July as usual. She explained the Committee should expect to see this timeously for the July publication.

Mr Johnston asked what would happen to the 10-year Commissioning Plan if there were changes or periods of uncertainty. Ms Forrest and Ms Black explained that people would continue to need care and support and the programme of work would continue. They reassured the Committee that the Plan was developed in partnership with communities and stakeholders, these priorities would continue to be the focus and continually reviewed in the light of developing policy directions for example the National Care Service.

The Finance & Performance Committee:

- 1) Noted the assurance provided that officers were continuing to seek feedback from stakeholders and partners on the draft Plan before the final presentation in March 2023.
- 2) Provided assurance to the Board of the development and consultation on the draft Strategic Commissioning Plan.

8. Financial Report

Due to the time and as most of the key points in the report had been covered under agenda item 6 and the report would be going to the IJB Board on 29 March, Mr Murray proposed, and the Committee agreed, to proceed to agenda item 9.

9. Review of Terms of Reference

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

Mr Murray explained the Committee were required to review its terms of reference on an annual basis. However, due to the pandemic, this had not taken place for the Finance and Performance Committee since February 2019.

To ensure the Committee continued to scrutinise and meet its core business and work areas a more structured work plan was proposed for the next year to dovetail with the Committee's role and assurance process.

There were proposed small changes around the membership to consist 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 would be permitted however substitutes would also require to be members of the Integration Joint Board and 50% of the voting members being present would constitute a quorum so long as there were voting members from each of the constituent authorities present.

The Finance & Performance Committee:

- 1) Considered and agreed on the Terms of Reference for approval by the IJB.
- 2) Considered and approved the proposed Workplan for 2023/24.
- 3) Agreed that a regular Chair's Report and an Annual Assurance report will be submitted to the IJB.

10. AOCB

Ms Hamilton suggested that as the meeting had run over timings could be added to each agenda item going forward to ensure all items were covered within the 2-hour timescale. The Committee agreed this would be helpful.

11. Date of Next Meeting

31 May 2023

Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Monday 27 February 2023 @ 3.00pm via Teams

Present:

Bob Barr, Locality Manager, Stirling HSCP (BB)
Annemargaret Black, Chief Officer, HSCP (AB)
Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Karren Morrison, Unison Branch Secretary FV (KM)
Sonia Kavanagh, Business Manager, HSCP (SK)
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
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)
Gordon Tucker, Unison Area Organiser (GT)

1. Welcome and Introductions

Annemargaret welcomed all to the meeting, Apologies were noted

2. Apologies for Absence:

Apologies for absence were intimated on behalf of:
Nicola Cochrane, Service Manager, MH & LD, HSCP (NC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Wendy Forrest, Head of Strategic Planning & Health Improvement, HSCP (WF)
Kelly Higgins, Senior OD Adviser, HSCP (KH)
Linda Guy, HR Manager, NHS Forth Valley (LG)
David O'Connor, Regional Organiser, Unison (DO'C)
Amie McIntosh, Senior HR Business Partner, Stirling Council (AMcl)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

3. Minute of Meeting of 1 December 2022

This minute was approved. Amendment to be made to the spelling of Karren Morrison's name

4. Matters Arising H & S Group TOR

Judy provided an update. This was an item at the last meeting of the H & S Forum (Jan 23), along with the minute of the JSF meeting that had been discussed. The amendments requested were made and agreed at the H & S Forum. We have still to complete the request for structure on governance. The H & S Advisers in each of the organisations are identifying what the governance process is and they will come back to us. Also working in conjunction with Sonia Kavanagh as she is completing a similar piece of work for the Care & Governance Group in terms of governance, assurance and reporting.

T U Facility Time

FN advised that this has been raised with Stirling Corporate Management Team (CMT) across the board

LT advised that this could impact this forum if we don't have the time we will not be able to engage. The HSCP is a big part of the workload and we would hope that we can rely on senior management support to promote this.

AB advised that it wasn't an HSCP decision re facility time

KM advised that there is a paper going to the next Area Partnership Forum (NHS) in terms of facility time.. Senior Management support would be appreciated.

AB asked what the issue was

RC advised that there is no actual due process as to how we get someone on to dedicated facility time. The second part is the ad hoc facility time which needs to be sorted as it is very much service led. One of the most concerning things is it seems to be finance led. If finance is the barrier to good Partnership & Trade Union working then that is disappointing. Trade unions have various membership numbers and generally Unison is the largest. It is not just about attending grievances/disciplinarys. It is also about running a branch, attending meetings like this and IJB.

LT advised that her branch has recruited over 500 additional members since the JTC pay ballot and union reps do not have time to support as numbers grow. There has been an increased workload that has come along with the HSCP/IJB, there are more meetings; more paperwork and this will increase with the National Care Service. We also have to engage in the structures within the union to be able to feed back so that we can take positions on agendas and engage with members as these decisions will affect them

AB commented that the current financial settlements will be challenging and will put pressures on our local managers and staff. We do need to continue to work in partnership and absolutely ensure that people are supported.

LT raised the issue of equal pay & job profiles and the challenges around this. Discussion followed and the key points to note were

- Differentials in pay for people doing the same job, in the same workplace but different employers
- Are there grounds for equal pay claims
- Competencies play a part in gradings, It is a recognition of skills
- Job evaluation and reviews is relevant and an ongoing process
- If one partner regrades should it not be automatically completed by the other employers
- These issues should be dealt with at local bi-partites and tri-partites.
- The HSCP has separate employing bodies who make decisions

5. **Management Update/Service Pressures**

AB advised the following

Today we have 16 people standard delayed. 13 people on code 9 (guardianships etc) Stirling Urban have nobody waiting; Rural has 5; Clackmannanshire has 40 that is down from 56 last month. We can see the difference that the additional staff have made to the reablement teams.

JS advised that last Tuesday we had one delay in all re-ablement teams and they were waiting on a bannister. One in Bellfield waiting on re-ablement.

Will be working with Phil Watt to pull runs/routes together, we are doing this with the capacity we already have. There are five people waiting in the rural area.

AB advised we are also looking at patch based working.

Recruitment Update

We are not getting traction in the rural Stirling areas. **AB** has asked the team to look at a contingency plan potentially where we support people to be transported into rural areas

JS advised that there is a recruitment event in Callander tomorrow 28/02, 10am to 2pm. There are interviews for nine people next week. Since New Year the number of applications has increased significantly, and all seems to be coming together but a lot of hard work has gone in to this.

AR had an observation to make regarding the advert that sits at the bottom of the emails which is quoted as saying you need no qualifications. She is concerned at the

message this is giving out and has previously raised with managers. Nothing behind this to say this is a highly skilled job and you will be given training. The strapline is deceptive and does it have any impact on applicants and what the expectations are when they see that

JS advised that has been updated, a new one has been added. It is evolving as recruitment continues.

Budget

AB advised that both Councils and the Health Board are going through their budget setting process at the moment. The HSCP savings target is projected at this time to be just under £7m, this is based on both Councils passing through the amounts advised by Scot Gov and we also need to consider reserves. . Ewan Murray, CFO has modelled up a draft of what it would mean for the Partnership. The initial proposal proposed 50% savings from services and the other 50% from policy decisions and we may need to use the reserves for a year.

RC advised that during budget setting that the Trade Unions will be looking for assurance that vacancy management is not a saving.

6. NHS Forth Valley Board Escalation

AB gave an update on the escalation. The escalation is because of Culture, Leadership & Governance issues. Integration implementation is also an issue alongside performance in several areas i.e CAMHS, Psychological Therapies Unscheduled Care and Out of hours. An improvement plan has been formulated and is regularly updated. A Cultural Development Programme is being worked on with work around a diagnostic for the organisation. **AB** has asked LA CEXs if they would be happy for social care staff to be included and they have agreed to this.

Service transfers have since happened for Specialist Mental Health Services; Primary Care (which will be hosted in Falkirk); GP Out Of hours transferred with the managers looking after that service. Health Improvement has been separated into the two partnerships areas. The Keep well team is still to be reviewed. There is some different thoughts on this and will be worked through

Robert Clark, Annemargaret & Patricia Cassidy (CO Falkirk) are all engaging in the escalation board and will also help build a strategic improvement plan for integration. In the shadow year of 2015/16 Forth Valley did not transfer the services but only the budget and the strategic planning. All this should have happened along with other considerations within the Integration Review Scheme and that is one of the reasons we are in the position of escalation.

RC advised that it should be noted that we are in level 4 of 5 and it is not the acute hospital but it is the NHS Board including the Board who have been escalated. At level 5 people come in and tell us what to do and that is when teams and the board members themselves are dismissed.

KM asked how they felt it was going. **AB** felt it was iterative and thought there was a need to bring in capacity to help. There are a number of meetings to attend. There is a Scot Gov meeting every 2 weeks with senior civil servants, a Programme Board of officers every 2 weeks; and a P & R committee.. There are also pre meetings & post meetings. **RC** advised that the amount of meetings are many and we still have the day job to do. The Assurance Board has made it clear they are not here for tick boxes. They are looking for clear and sustainable change within culture & leadership. They will be here for at least a year and could be up to two years. Cabinet Secretary is due to make an updated announcement in early March.

7. COVID 19 Update

We are continuing to support care home staff and residents through our Care Assurance weekly meetings. Covid is still going about in communities.

8. National Care Service Update

No update as this has been paused

9. OD & Wellbeing Update

Kelly Higgins had provided a written update which was for noting.

10. Update on Business Case

JS has provided this previously and is also in her update paper
AB advised that there has been a suggestion from the staff of the Rapid Team that they change the name of the team and they have provided a proposal. This would need to be done collaboratively with the public and a launch date organised
AR asked if there was a reason why they want to change the name
AB advised that they want it to sound more like what they do on the team
JS advised the teams are registered with the Care Inspectorate as re-ablement teams. How could we include and reflect more fully what we are doing. Going forward if it is called the Rapid teams there are expectations around this.
AB advised that we will have a further look into this and the rapid assessment team was set up to respond quickly

11. Service Updates

Stirling Locality

Bob Barr provided a verbal update.

We are continuing to struggle to recruit OT's which has been ongoing for a couple of years. This is a national issue

We are very busy with Adult Support & Protection work. Two large scale investigations are ongoing. One an LD Provider and the other a Community Care Provider. These are worthwhile pieces of work but are hugely resource intensive and are focusing a lot of time and effort. However, we are keeping people safe and improving the quality of care for service users.

There is significant work ongoing to restructure and improve our services around SdS following on from the Social Work Review report. There is a lot of work ongoing and hoping to provide a more streamline service and also has the potential to achieve service efficiencies and saving

Staff are very busy, covering a lot of vacancies particularly in the OT space. This is having an impact on managing our waiting list as we are just dealing with the day to day work coming in the door. Staff teams are doing well, no concerns have been brought forward. New IT equipment has also been provided to staff.

Clackmannanshire Locality

Caroline Robertson provided a verbal update

There are issues around recruitment, unable to fill posts as they are temporary and neighboring authorities offering permanent posts at increased rates. One social work post has been unfilled for over 10 months

CR described the challenges within the services and the risks that were involved.

AB thanked the Locality Managers for raising the issues and advised she would speak with Carolyn Wyllie, Head of Service on her return from bereavement leave.

Discussion followed on the current delays. **AB** advised that teams are working very hard to pick up people to get them back home and there are no delays in FVRH today.

KM advised that this is not the message that they get inside Forth Valley about the number of people delayed. **JS** invited KM to the daily huddle meeting at 9.15
RC noted that narratives vary on who you speak to and it is important to look at the data. The vast amount of people in FVRH are not waiting on a package of care to leave. Length of stay has increased and Covid is no longer a reason. There are huge variations in clinical judgement and there are no challenges to why people are in the hospital.

AB advised that she meets with the four CEX's, Acute & HSCP colleagues every week to oversee the delays. They are working on key indicators.

Mental Health & Learning Disability

A written report had been provided, which was for noting

Hospital, Reablement & District Nursing

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

RC wished to acknowledge thanks to Judy Stein for MH Community Nursing for training stats

12 STANDING ITEMS

H & S Partnership Group Minutes

Minutes are attached for noting

13. AOCB

There was no other business

14. Date of Next Meeting(s)

Wednesday 3 May at 3pm

Strategic Planning Group

Minute of meeting held on 16 February 2023 @ 2.30pm – Hybrid

| Name | Position |
|-----------------------|---|
| Allan Rennie | Integration Joint Board Chair and Chair of Strategic Planning Group |
| Wendy Forrest | Head of Strategic Planning and Health Improvement, C&S Health & Social Care Partnership |
| Ewan Murray | Chief Finance Officer, IJB/C&S Health & Social Care Partnership |
| Ryan Waterson | Planning and Policy Development Manager, C&S Health & Social Care Partnership |
| Kelly Higgins | Senior Organisational Lead, C&S Health & Social Care Partnership |
| Carolyn Wyllie | Head of Community Health and Care C&S Health & Social Care Partnership |
| Linda Riley | Service User Representative |
| Hazel Meechan | Public Health, NHS Forth Valley |
| Agnes McMillian | Falkirk and Clackmannanshire Carers Service |
| Lesley Shaw | Service Improvement Manager, C&S Health & Social Care Partnership |
| Stevie Irvine | Police Scotland |
| Jessie Anne MacDonald | Public Involvement Co-ordinator NHS Forth Valley |
| Michelle Duncan | Planning & Policy Development Manager, C&S Health & Social Care Partnership |
| Hazel Meechan | NHS Forth Valley Public Health |
| Jennifer Kennedy | Carers Lead Officer, C&S Health & Social Care Partnership Carers Lead |
| Marie Valente | Chief Social Work Officer Stirling Council |
| Judy Stein | Locality Manager, C&S Health & Social Care Partnership |
| Liz Rowlett | Third Sector/HSCP Partnership Officer |
| Jamie Brown | Alzheimer Scotland |
| Lesley Fulford | Senior Planning Manager, C&S Health & Social Care Partnership |
| Tony Cain | Interim Head of Housing, Clackmannanshire Council |
| Julie Anne Moore | Alzheimer Scotland |
| Hazel Chalk | Short Break Co-ordinator, C&S Health & Social Care Partnership |
| Simon Jones | Lead Officer Alcohol & Drug Partnership, C&S Health & Social Care Partnership |
| Coleen McGregor | Centre Manager, Stirling Carers Centre |
| Shiona Hogg | AHP Manager, C&S Health & Social Care Partnership |
| Anthea Coulter | Manager – CTSI third Sector Interface CTSI |
| In attendance | |
| Fiona Norval | Minute taker / PA |
| Apologies | |
| Abigail Robertson | UNISON Rep |
| Marjory McKay | Strathcarron Hospice |
| Annemargaret Black | Chief Officer, C&S Health and Social Care Partnership/IJB |
| Caroline Robertson | Locality Manager, C&S Health & Social Care Partnership |
| Lorraine Robertson | Chief Nurse, Health & Social Care Partnership |
| Janette Fraser | Head of Planning, NHS Forth Valley |
| Elizabeth Ramsay | Carers Representative |
| Claire Copland | Pharmacy, NHS Forth Valley |
| Jennifer Baird | Contract & Commissioning Service Manager, C&S Health & Social Care Partnership |
| Stephen Clark | Head of Housing, Stirling Council |
| Margaret Silver | Care Representative |
| Ann Farrell | Principal Information Analyst, S&C Health & Social Care Partnership |

| Name | Position |
|-----------------------|--|
| Anne Knox | Interim CEO Stirling Voluntary Enterprise & Third Sector Interface |
| James King | GP Clinical Lead and Locality Coordinator S&C Health & Social Care Partnership |
| Helen Duncan | CEO Town Break |
| Carol Johnson | Principal Information Analyst S&C Health & Social Care Partnership |
| Joanne O'Suilleabhain | Principal Public Health Officer /Keep well programme Manager |
| Bob Barr | Locality Manager, C&S Health & Social Care Partnership |

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 14 December 2022

The note of the meeting held on the 14 December 2022 the meeting was approved as an accurate record.

3. Matters Arising & Rolling Action Log

Action Log pick up via agenda in meeting and updated.

4. Presentation on our capacity across our services, including supporting people across our localities, numbers of providers and hours of care. (Lesley Fulford)

Lesley Fulford shared a presentation on Capacity Across our Service, advising the HSCP vision is to ensure care and support is person-centred, based on dignity, fairness, equality, respect and independence.

Wendy Forrest advised that the volume of activity which has been mobilised to date, is down to the great effort from our operational colleagues and support services.

Carolyn Wyllie advised that we are still experiencing challenges with waiting lists. Staff are working well, but there are still challenges with placement and care at home. The Partnership will have continued challenges, but will continue to be outcome focused and deliver care to those in greatest need.

The meeting wished to pass on their thanks to all staff.

Hazel Meechan stated in terms of the presentation, the Health Improvement Strategy and the Strategic Commissioning Plan will be looking at prevention pieces and would look to ascertain what else could be undertaken to assist.

Wendy Forrest welcomed this update from Hazel, advising we are moving into business as usual model after two and half years of COVID. Health Improvement Services have now been delegated into the Partnership and they will be able to assist with this work.

Carolyn Wyllie advised the new Rapid Team will have four strands being more multi-operational.

Discussion took place around using the voluntary sector, Wendy Forrest advised the Partnership are working with the 3rd sector. The benefits of Community Link Officers are starting to be seen, it is about continuing to work together and not losing the continuity. Discussion took place around how we collate all these opportunities, bring this all together, and how do we measure this.

Wendy Forrest advised that we are starting to see the benefits from the locality meetings, and patch working drawing the locality work together. This has been difficult to land over the last two and half years due to the impact of COVID but now starting to see real momentum around this area of work.

The Partnership have the structures in place within the Locality Planning Working Group and currently working on a Locality Plan for each are; Stirling City, Rural and Clackmannanshire. This will be a whole system approach, including voluntary sector, independent and third sectors.

Action: Update to be brought to a future meeting around the Locality Working Group. – Wendy Forrest.

Discussion took place around how we capture the impact of the work we planning to undertake within each Locality Plan. We need to try and gather evidence along the journey, compiling this and then look at how we use this.

There continues to be an ongoing issue with recruitment and retention of staff within various roles in health and social care.

5. HSCP Commissioning Consortium – Dementia, ADP (Simon Jones)

Simon Jones shared a presentation which provided an update on the ADP Commissioning Consortium. The Third Sector ADP-commissioned contract is now within an extension year, with options for a further extension. There has been learning from the delivery of the MAT Standards work and other policy agendas which will help can guide improvements (multidisciplinary co-located teams, human rights-based approach, prevention and early support). We know that the system of care needs to be more adaptive to meet increasing and complex demands.

The proposed model of care will be a tier model the analysis lets us see what resources we have across the substance use system of care, and how it relates to other systems i.e. Mental Health and Criminal Justice.

- Tiers 1 and 2 include prevention, and support for people not currently seeking treatment (including people in recovery)
- Tier 3 includes specialist, non-medical support for a substance use issue. Focussed, psycho-social support to address underlying issues behind problematic use.
- Tier 4 is specialist substance use support, including MAT, Detoxification, and specialist psychological support.
- Tier 5 includes multidisciplinary, statutory management. We need to evidence how the substance use system of care mobilises for people and colleagues across the wider system.

The 5 Tier Model was presented to the Consortium and was warmly received. There were 60 attendees at the Consortium meeting; attendees are made up from representatives from NHS Forth Valley, Specialised Substance Use services, Recovery Scotland, Change Grow Live, Transform Forth Valley, Trade Union and staff side colleagues, and people in recovery, Third Sector Interfaces and senior managers and officers from the Partnership.

The Tier model does not describe someone's journey through care but rather the points of interaction with care and support. We need to mindful of the wider community link into the community. The next step will be to map out where it is all aligned, then we can map people's journey on a human right based approach.

The benefit of the Consortium model is that we have all these people coming together and making joint recommendations around commissioning, therefore any proposals going to IJB are well informed. The Consortium has positive support from GP colleagues who are keen to work with the Consortium model and this in turn informs the locality planning and PATCH base. ADP does not sit in isolation, we need to look at working with Mental Health colleagues.

6 HSCP Strategic Commissioning Plan, Localities Planning & Locality Working (Michelle Duncan)

Consultation on document from group and Implementation Plan

Michelle Duncan shared a presentation providing an updated position around the Draft 10 year Strategic Commissioning Plan, Localities Planning and Locality Working.

Draft version two of the Strategic Commissioning Plan is currently out for consultation, having been circulated to both Local Authorities, NHS FV colleagues, Third Sector colleagues and both Carer Centres. A presentation was given to both set of Elected Members.

Michelle Duncan advised she would welcome any comments on version 2. An updated Version 3 will be presented to the IJB on 31 March 2023 for approval.

Locality Plans will be published at the same time as the Strategic Commission Plan.

Version 3 of the Strategic Commissioning Plan will be uploaded on to our website after the Finance & Performance Committee of 1 March 2023.

This is the start of the delivery of the 10 year Strategic Commissioning Plan, as we further develop the delivery plan the Strategic Commissioning Plan will be updated as appropriate. As a Partnership we will be working with housing colleagues in both Local Authorities to link in with a Housing Strategy and Strategic Commission Plan with the outcome of this being the Housing Contribution Statement.

Roadshows will be arranged over the next year, to discuss the best way to deliver the plan especially within the first year.

An on line survey will be uploaded on to Citizen Space, which will be communicated via social media and on via our web site. Lesley Shaw also attend regular monthly meetings with the three communications officers for our employing organisations, along with engagement sessions in the community.

Hazel Meechan requested that early prevention and intervention are put on as a priority. Michelle Duncan advised she will check and make sure this is updated.

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| Action: Michelle Duncan to check if early prevention and intervention is on the plan as a priority. |
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7. HSCP Self Directed Support (Wendy Forrest)

Wendy Forrest shared a presentation on the work carried out to date around Self Directed Support and advised of the next steps:-

- SDS Lead will be on maternity leave from 17th February 2023
- Currently updating SDS Project Plan to reflect work completed to date
- SDS Project Plan phase 2 is also being written up, this will reflect current work in progress, what work the HSCP needs to take forward to make SDS improvements and identify who would be best placed to take this work forward.

Link below will take you to U-tube where we have uploaded various lived experiences videos:

<https://www.youtube.com/@clackmannanshirestirlinghs303/videos>

Wendy Forrest confirmed that the Partnership will continue to progress this work in Emma's absence, and took this opportunity to thank the Third Sector – SDS Forth Valley for all their support.

Discussion took place around all the good work undertaken to date and how there is a lot of momentum currently and how do we keep this going, another point was around how we measure the engagement.

Carolyn Wyllie advised that working is starting with the Hospital Discharge Team, stating the SDS agenda is key. Starting with the hospital teams, means we will be working with clients at the start of their journey to ascertain what each person needs and how we can achieve and help. We are aiming to simplify the process, make it more people centred in a bid to reduce bureaucracy and paper work. Once person reaches their end journey we will then revisit with a view to review.

8. HSCP Locality Networks Clackmannanshire, Stirling Urban & Stirling Rural and Implementation Plan (Lesley Shaw)

Lesley Shaw, shared a presentation, providing an update on the progress since the last meeting:-

- Engagement feedback published (Dec 2022)
- Locality Network dates for 2023 on website
- Finalised with Locality Planning Network (Jan 2023)
- Public Consultation sessions in each Locality (Jan 2023)
- Presented draft LP to Integration Joint Board (Feb 2023)
- Further consultation sessions with TSIs (Feb 2023)

Discussion took place around the requirement for continuous engagement with communities. As a Partnership we need to get to point where we are continuing to have the conversations. Previously we have been focused on having the correct priorities across both Local Authorities and NHS to agree the implementation of the agreed priorities, and looking at the plans to see where work crosses.

9. Financial update (Ewan Murray)

Ewan Murray provided an update advising that 22/23 a break even position will be achieved, but advised this is getting tighter in relation to cost related to prescribing which have increased significantly, various factors are contribution to this; short supply, increase in volumes and inflation.

A deep dive will be undertaken at the next Finance & Performance Committee on 1 March. Ewan advised we are not seeing the savings within national tariffs, but full breakeven is achievable. COVID costs / balance of funding has now been reclaimed by Scottish Government but assurance has been received around year end reconciliation process

23/24 budget work currently on going reviewing, challenging option developments around how we close budget gap, which would allow the IJB to set balance budget in March. The budget gap is just over £7 – 7.7m. Current issues are around pay award funding, high inflation, social care provide, prescribing and some of our constraints around staff and recruitment and pension and relent of supply staff etc.

Some options around deployment of IJB reserves which will be discussed at the Finance & Performance Committee on 1 March. Unfortunately there can be no guarantees but we will try to protect our key delivery services. We need to note that Reserves can only be used once and if used we need to replace during the year to address recurring gap.

Looking forward to 24/25 these challenges continue, challenges are falling across the whole of the public sector and health boards

Work continues with finance officers and offices to review all our options and delivery around any possible efficiencies. Budget options will also be invest to save;-

- Learning Disabilities will be looking to use government change fund around this
- Prescribing, input with care homes helps to reduce expenses.

As a Partnership we are looking at being as efficient and cost effective as we can be. Our finances need to align to our Strategic Commissioning Plan - Early Prevention, Intervention and Engagement.

Ewan Murray advised that Chief Finance Officers will be looking at co designing policy decision with Scottish Government in the future.

Alan Rennie advised all that any ideas/input around potential budget savings would be welcome, and please forward to Ewan Murray.

10. Any other business

Alan Rennie suggested that Active Stirling should be invited to attend these meetings going forward.

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| Action: Fiona Norval to add Active Stirling to distribution list/meeting appointments |
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If anyone has any other suggestions for membership of the Strategic Planning Group please email Allan Rennie.

11. Date of Next Meeting – 20 April 2023 – MS Teams

Proposed topics for future meetings

- 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)
- 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 16 March 2023, at 2.00pm, via Microsoft Teams

Present: James King, GP Clinical Lead and Locality Coordinator, HSCP (Chair)
Marie Valente, CSWO, Stirling Council
Bob Barr, Stirling Locality Manager
Caroline Robertson, Locality Manager
Judy Stein, Locality Manager
Barry Sneddon, Clinical Nurse Manager
Nicola Cochrane, Service Manager MH, LD
Shiona Hogg, Locality Manager
Joanne Sweeney, ASP Lead
Sharon Hamilton, (depute for Lynda Bennie)

In Attendance: Sam Neary, Business Support Officer (Minute)

1. WELCOME AND APOLOGIES FOR ABSENCE

James King welcomed everyone to the meeting. Apologies for absence were noted on behalf of Lorraine Robertson, Carolyn Wyllie, Lynda Bennie, Sharon Robertson and Lesley Fulford.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 26 JANUARY 2023

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

The Clinical and Care Governance Group considered the Clinical and Care Governance reports provided by the Locality and Service managers.

4.1 Clackmannanshire Locality, CHART and Care Homes

Caroline Robertson provided further information on areas of concern including the continued rising demand on the Team. She noted that staffing was no further forward and agreement was required for Social Workers and Team Manager to be recruited permanently, noting this was a significant risk.

Joanne Sweeney also noted that ASP training for staff in Stirling was significantly higher than Clacks.

4.2 Integrated Mental Health Service and Learning Disabilities

The report provided relevant details and updates.

Nicola Cochrane provided further updates including waiting lists which were higher in Clackmannanshire than Stirling due to demand.

James King stated that V&A training had been cancelled but this was now a priority and work was being carried out to release staff to undertake the training.

4.3 Reablement, TEC, Community Nursing and Hospital

The report provided relevant details and updates.

Judy Stein advised that sickness remained high in intermediate care and Wallace had significant long term sickness Recruitment was moving forward with interviews taking place for a number of vacancies.

The issues regarding Clackmannanshire Reablement mobile phones had not resolved yet. She highlighted a similar issue for NHS staff with no mobile phones but they did have apps. Working with Brian Grome to support staff with lone working.

Rapid Team staff roles were being filled. Stirling have increased packages of care and reduced waiting list number from last year.

4.4 Stirling Locality

Bob Barr provided a verbal update including the details of a fatal incident. Staffing groups were struggling with this and anxieties were heightened, there were also concerns regarding lone working and the risks. HR and practice advisors had been arranged for staff with positive feedback received. Would continue this and formal intervention to be arranged if required. A learning review would also be required. Work continued in partnership with police.

The two LSIs continued with Enable and SCRT with slow progress being made and no further risks identified. A further LSI into Ashlea Care Home in Callander was now taking place and it is believed that the 13 week process for closure of the home, and movement of 18 residents, would commence. Intervention orders will be required for some.

The Mental Welfare Commission notification regarding AWI / guardianship was highlighted and a Social Worker had been reallocated for each. Bob Barr would discuss this further with Marie Valente out with the meeting and she would raise at the Chief Social Work Officers' meeting.

4.5 AHP

Report to be distributed with relevant details and updates.

Shiona Hogg provided a short verbal update highlighting that AHP's were working on a more robust reporting for Care Assurance and how to evidence

improvement. A business case was also being drafted for Environmental Controls.

The increase with waiting times for Speech Language Therapy was highlighted along with staffing challenges.

She advised that the main concern was vacancies across AHPs and noted that 7 day working was being discussed with TU colleagues. On a positive note though the Falls Lead was now in post.

4.6 Delayed without Discharge and CCHC

Barry Sneddon noted that delays were up slightly at CCHC. Ward 1 had substantial staff sickness absence and the Band 3 vacancies were having impact on the Ward. Care assurances were still good at 98% although Ward 2 figures were slightly down due to the additional beds.

Following the Mental Welfare Commission visit to Ward 2, some of the recommendations were easily rectified. IT systems had been highlighted and there was a need to fully move to one system by all colleagues.

The Delayed Without Discharge (DWD) meeting been stepped up but at a smaller scale. Feedback from leads on test of change had been good. Biggest action was on accommodation being insufficient and discussions are taking place.

4.7 Adult Support and Protection: Lead Officer report and progress update on ASP Improvement Plan

Joanne Sweeney provided a brief update including the significant changes in the system made by Scottish Government and the need for an ASP Officer post

Bespoke training events had taken place recently and had been very well attended. Also noted increased attendance at case conferences.

It was noted that Marie Valente and Sharon Robertson had rescheduled the meeting to discuss risk assessments.

5. ITEMS FOR OVERSIGHT AND ASSURANCE

5.1 Non-Clinical Claims report: March 2023 - noted

5.2 HSCP Complaints: NHSFV, Stirling Council, Clackmannanshire Council

5.3 Standards and Reviews report: Jan-Feb 2023- noted

5.4 Adverse Event Review Group (AERG) Annual Report 2022 – noted

5.5 MWC final Local Visit report and Action Plan: Ward 2, CCHC

6 AOCB

None

7 DATE OF NEXT MEETING

Thursday 18 May 2023 at 2pm