

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **27 September 2023 2 pm – 4 pm** in The Boardroom, Carseview House, Stirling and hybrid via MS Teams

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

AGENDA

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| 1. NOTIFICATION OF APOLOGIES | For Noting |
| 2. NOTIFICATION OF SUBSTITUTES | For Noting |
| 3. DECLARATION(S) OF INTEREST | For Noting |
| 4. CASE STUDY – Joy’s ReACH Team Story
(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 21 June 2023 | For Approval
2.10 – 2.20 pm |
| 7. CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black, Chief Officer) | For Noting & Approval
2.20 – 2.30 pm |
| 8. BUDGET AND FINANCE | |
| 8.1 FINANCIAL REPORT
(Incorporating initial financial recovery considerations)
(Paper presented by Ewan Murray, Chief Finance Officer) | For Noting & Approval
2.30 – 2.40 pm |
| 8.2 2022/23 AUDITED ANNUAL ACCOUNTS AND
ANNUAL AUDIT REPORT (EXTERNAL)
(Paper presented by Ewan Murray, Chief Finance Officer) | For Noting & Approval
2.40 – 2.50 pm |

8.3 FINANCIAL REGULATIONS **For Noting & Approval**
(Paper presented by Ewan Murray, Chief Finance Officer) 2.50 – 3.00 pm

9. PLANNING, COMMISSIONING, DIRECTIONS AND NEEDS ASSESSMENT

9.1 LOCALITY PLANS **For Approval**
(Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement) 3.00 – 3.10 pm

9.2 PRIMARY CARE UPDATE **For Assurance Update, Noting & Approval**
(Paper presented by Kathleen Brennan, Stirling GP Clinical Lead for Clackmannanshire and Stirling HSCP) 3.10 – 3.20 pm

10. PERFORMANCE

10.1 QUARTER 1 PERFORMANCE REPORT **For Noting & Approval**
(April – June 2023)
(Paper presented by Annemargaret Black, Chief Officer) 3.20 – 3.30 pm

11. POLICY AND LEGISLATIVE REQUIREMENTS

11.1 CLIMATE CHANGE REPORT (2022-2023) **For Noting & Approval**
(Paper presented by Lesley Fulford, Senior Planning Manager) 3.30 – 3.40 pm

11.2 INFORMATION ASSURANCE REPORT **For Approval**
(Paper presented by Sarah Hughes-Jones, Data Protection Officer For CSIJB and NHS Forth Valley Head of Information Governance) 3.40 – 3.50 pm

12. FOR NOTING

12.1 DECISION LOG **For Noting**

12.2 MINUTES **For Assurance**






- a. Finance and Performance Committee – 2023.05.31
- b. Audit and Risk Committee – 2023.06.28
- c. Joint Staff Forum – 2023.05.03
- d. Strategic Planning Group – 2023.06.15
- e. Clinical and Care Governance Group – 2023.05.18

13. ANY OTHER COMPETENT BUSINESS (AOCB)

14. DATE OF NEXT MEETING

29 November 2023 2pm – 4pm, Ceteris, Alloa Business Centre, Alloa



Status/Progress	 0%	 25%	 50%	 75%	 100%
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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
21 June 2023 Paper 6	Minute of Meeting held on 21 June 2023	Update the Committee Terms of Reference papers, from meeting on 29 March 2023, and distribute them to all IJB Members	Mr Murray	ASAP	Updated Terms of Reference sent to IJB members	Complete
21 June 2023 Paper 7	Chief Officer Update	Presentation on unscheduled care to be sent to all IJB members	S Comrie	ASAP	Sent on 22 June 2023	Complete
21 June 2023 Paper 7	Chief Officer Update	Development Session or deeper dive on psychological therapies to be arranged for a future Finance and Performance Committee	Ms Fulford	Before year ending 31 March 2024	Lesley Fulford will progress an invite to the F & P Committee	Ongoing
21 June 2023 Paper 8	Annual Performance Report 2022-2023	Performance figures to be validated by Public Health Scotland and an appendix, containing the analysis of national data, to be added to the report and presented at the Finance and Performance Committee on 6 th September 2023	Ms Forrest	6th September 2023	Wendy Forrest presented to F & P on 6 th September 2023	Completed



<p>21 June 2023 Paper 9</p>	<p>Financial Report for the year ended 1 March 2023</p>	<p>Arrange a special Finance and Performance meeting, prior to the September IJB, where the Q 1 Financial Report will be presented.</p>	<p>Mr Murray</p>	<p>ASAP</p>	<p>The meeting has been arranged for 6 September 2023</p>	<p>Complete</p>
<p>21 June 2023 Paper 9</p>	<p>Financial Report for the year ended 1 March 2023</p>	<p>Financial Recovery Plan to go to Finance and Performance</p>	<p>Mr Murray</p>	<p>1 November 2023</p>	<p>In Progress</p>	



<p>21 June 2023 Paper 13</p>	<p>Alcohol and Drug Partnership Annual Report</p>	<p>Ms Forrest to feedback to SG re content of the ADP Annual Report as it didn't reflect the range of work which is underway locally.</p>	<p>Ms Forrest</p>	<p>ASAP</p>	<p>The comments from IJB around scope and range of work not being reflected in the template was fed back to SG as part of the annual reporting process. SG colleagues acknowledged receipt of the comments and reassured that they were looking to create a new reporting process to reflect more meaningful feedback, we still await guidance from SG around what that will look like going forward.</p>	<p>Completed</p>
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Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
21 June 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 21 June 2023 at Ceteris, Alloa Business Centre 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 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

Non-Voting Members

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Narek Bido, Third Sector Representative, Clackmannanshire
Alan Clevett, Third Sector Representative, Stirling
Louise Murray, Carers Representative, Stirling
Eileen Wallace, Service User Representative, Stirling
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

Lesley Fulford, Senior Planning Manager, HSCP
Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement
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.

Mr Rennie advised that Third Sector Representative, Anthea Coulter, was due to step down from the IJB. He acknowledged her drive and contribution on behalf of the Third Sector which would be missed.

Apologies for absence were noted on behalf of:

Helen McGuire, Service User Representative, Clackmannanshire
Councillor Martin Earl, Stirling Council
Cathie Cowan, Chief Executive, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Anthea Coulter, Third Sector Representative, Clackmannanshire
Andrew Murray, Medical Director, NHS Forth Valley
Lorraine Robertson, Chief Nurse HSCP
Carol Beattie, Chief Executive, Stirling Council
Nikki Bridle, Chief Executive, 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

A short film about the Riverbank Centre and Streets Ahead Coffee Morning 20 year Anniversary was shared with the IJB.

The service users had been supported to run a popular coffee morning in Bridge of Allan for nearly 20 years and it was agreed it showed a great example of people integrating, coming together, and supporting each other while also having fun.

5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

The Chair noted that as Item 12 was an exempt paper it would be considered at the end of the meeting.

He also highlighted the Strategic Planning Group meeting which had taken place the previous week. There had been interesting discussions on prevention and value based care and commissioning to support people along with the financial challenges that all IJBs would face.

5.1 ACTION LOG

Noted the following actions were now complete:

- Summary of Directions following the 2023/24 IJB Initial Revenue Budget. Mr Murray also advised that whilst the Directions Policy had been developed and considered during the pandemic it had been approved by the Board subject to its implementation being proportionate and seeking to add value to decision making and strategic alignment. It was noted further development work would now be required alongside the Strategic Commissioning Plan delivery plans being considered in draft by the Board today.
- A special Audit and Risk Committee meeting to consider the Annual External Audit Plan had taken place on 17 April 2023.

6. MINUTE OF MEETING HELD ON 29 MARCH 2023

The Integration Joint Board approved the draft minute of the meeting held on 29 March 2023.

Mr Clark asked whether Committee Terms of Reference had been amended and reissued to Committee members, as agreed at the 29 March meeting. As this had not been done Ms Black agreed it would be included as an action for this meeting.

7. CHIEF OFFICER UPDATE

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

Ms Black provided an overview of the content of the report and highlighted work still outstanding which included the investment plan, performance framework, and the risk register. Ms Black confirmed there was still a commitment to get these done.

A whole systems “deep dive” on unscheduled care was presented to the Scottish Government Assurance Board on 25th April 2023 and then at an NHS Forth Valley Seminar on 9th May 2023 to ensure all Health Board members could see the significant progress being made. This was presented at the IJB development session, held on 29 June 2023, to ensure all decision makers understood the challenges and progress in this area of work. Ms Black requested that copies of the presentation were sent to all IJB members.

Ms Black confirmed The World Health Organisation had declared Covid-19 no longer represented a “global health emergency”, which was a major step towards ending the pandemic. Delays supporting people to live in their own homes, or care homes, continued to be a cause for concern as there were still a lot of elderly people with complex needs. Delayed discharge information showed that since December 2022 there was approximately a 43% reduction in standard delays.

Ms Black was pleased to advise that HSCP staff and representatives had joined the National Trauma Training Programme. 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.

As the Third sector representative, Anthea Coulter would be stepping down from her IJB role after today. Anthea proposed Les Sharp as Third Sector Representative as per the Ms Blacks Chief Officer report. The IJB agreed to this nomination.

Ms Black confirmed the work to review of the Integration Scheme had commenced between the three Constituent Authorities, to discuss if anything needed to be changed. David Williams, a former Chief Officer, now working for Scottish Government was also supporting this work.

Ms Black requested that the key messages within the Accounts Commission Report on Local Government in Scotland 2023 regarding Adult Social Care be taken into account by IJB members when considering papers on proposals for services and how sustainable they can be within the current operating environment.

Ms Black added that people across Scotland were being invited to have a say on how a new National Care Service should work, and dates of the planned events were listed in the report.

The IJB discussed resource capacity, the feedback from the NHS Forth Valley Assurance Board, timescales involved in the review of the Integration Scheme, and the work to maximise staffing for Psychological Therapies with support from the Third Sector. Ms Black suggested a development session, or deeper dive at a Finance and Performance Committee, could be arranged in the future to explain the Psychological Therapies Local Delivery Plan in more detail.

Finally, Ms Black explained it continued to be a challenging and busy operating environment for leaders and teams across the HSCP and thanked everyone for their ongoing hard work to support the public.

The Integration Joint Board:

1) Noted the content of the report.

- 2) **Noted partners signing up to the National Trauma Training Programme pledge and training available through National Education Scotland.**
- 3) **Approved Les Sharp as the third sector member representative on the IJB.**

8. ANNUAL PERFORMANCE REPORT 2022-2023

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

Ms Black explained that the report went to the Finance and Performance Committee on 31 May for consideration and approval for submission to the IJB. The purpose of the report was to ensure that the IJB fulfils its responsibility to oversee effective monitoring of the services it commissions and funds.

The report included a range of data and narrative to describe and illustrate performance within the Health and Social Care Partnership (HSCP), Ms Black confirmed that some national numbers were still to be validated by Public Health Scotland and an update would be provided in due course. As the report contained a lot of information Ms Black shared some key achievements from 2022/23 which highlighted the wide range of work involved. These included delivery of the 10 year Strategic Commissioning Plan, setting an initial revenue budget for 2023/24, establishing Carers Investment Plan and locality planning networks, implementing the Rapid and Rural Assessment Teams from the previous IJB investment, progressing the Scottish Government programme discharge without delay, publishing the Integrated Workforce Plan, engaging with the frontline teams and partners and established the Commissioning Consortium which was the local approach to ethical commissioning.

Ms Black welcomed the Health Improvement Team following the operational delegation from NHS Forth Valley into the HSCP and the Specialist Mental Health and Learning Disability Team.

The IJB discussed the key indicator information and how performance was measured in the report. They agreed the information could be improved to show a clearer indication of the challenges faced and the improvements made. Ms Forrest explained that as the Public Health Scotland national data was not available until 4 July 2023, it had been agreed, at the Finance and Performance Committee in May, that an appendix containing the analysis of national data, be added to the report after the June IJB meeting and taken back to the next Finance and Performance Committee for approval. The IJB asked for their concerns to be noted by Ms Fulford to Scottish Government through the Strategic Planning and Performance Officers Group she chairs.

The Integration Joint Board:

- 1) **Approved the Draft Annual Performance Report 2022/23.**

9. FINANCIAL REPORT FOR YEAR ENDED 31 MARCH 2023

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

Mr Murray explained that the financial report reflected the IJB financial position at year ending 31 March 2023, subject to statutory audit. He discussed the economic outlook and the key messages, particularly the challenges faced by public expenditure and advised that the Medium-Term Financial Strategy, indicated spending requirements that could exceed central funding projections by £1bn in 2024/25 (2%) rising to £1.9bn in 2027/28 (4%). This would present a challenging outlook for Scottish Government and individual public bodies going forward.

Mr Murray discussed the financial position for 2022/23, explaining the improvements on the integrated budget and the increase of the IJBs general reserve from £3.323m to £4.399m is in line with the requirements of the integration scheme. He also outlined reasons for the overspend within set aside budget and the residual covid funding position.

Finally, he confirmed the draft 2022/23 financial position was an improvement in both outturn and reserves levels from the position reported to the IJB in March. The main reasons for the improvement were:

- Review of expenditure which could be classified as capital (and therefore transferred from revenue to capital)
- Lower than forecast actual expenditure on adult social care services compared to commitments reflected within recording systems
- Lower than projected expenditure on staffing investments in quarter 4; and
- Ongoing challenges in recruitment and retention across several staffing groups.

The quarter 1 financial report would be presented at a special meeting of the Finance and Performance Committee, to be arranged in August 2023, with the IJB receiving further updates at the September 2023 meeting.

Mr Fairbairn asked what the £2.066m of “Leadership and Transformation Funding” would be used for and where it came from, he also questioned why the directions for the financial year 2022/23 were just being approved and what the financial directions were for the financial recovery plan. Mr Murray explained the extant protocol around directions as part of financial year end procedures and that a full review of reserves was planned in the near future and the Leadership and Transformation Fund would be considered as part of this and there may also be some consideration as part of developing a financial recovery plan.

Ms Black explained that an interim Head of Service was due to start for 6 months in early August and the IJB had previously approved some

investment into strategic improvement capacity, and an individual from the Improvement Service was also due to commence. Their remit would focus on current savings delivery schemes and improving the governance around this including directions, working with staff and partners, and developing a programme of future savings. Ms Black also advised that any investment into systems and IT infrastructure was the responsibility of the constituent authorities as they continued to be accountable for support services and infrastructure.

- 1) **Noted the Economic Outlook per Scottish Government Medium Term Financial Strategy published in May 2023.**
- 2) **Noted 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 had been met in full by NHS Forth Valley (figures subject to statutory audit).**
- 3) **Noted 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) **Approved the issuing of final directions for the financial year 2022/23 reflecting the draft outturn positions.**
- 5) **Noted that it was envisaged that projections at Quarter 1 would trigger the requirement, per the Integration Scheme, to prepare a financial recovery plan and, in anticipation of this, agreed that initial potential recovery options be presented to the IJB Finance and Performance Committee in August 2023.**

10. STRATEGIC DELIVERY PLAN FOR STRATEGIC COMMISSIONING PLAN

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

Mr Forrest provided a brief overview of the Strategic Delivery Plan, Operational Delivery Plan, and the finalised version of the Strategic Improvement Plan which together supported the delivery of actions and priorities set out in the Strategic Commissioning Plan, approved by the IJB in March 2023.

- The Strategic Delivery Plan contains the key areas of focus for the Strategic Commissioning Plan, the reporting structures and the accountability for each area of committed priority areas, therefore providing clarity for all members and stakeholders to see the progress and updates against agreed priorities.
- The Operational Delivery Plan details the actions and outcomes to be progressed in year 1 to achieve the agreed priorities identified within the Strategic Commissioning Plan, it also formed the HSCP Senior Management and Leadership Team objectives for 2023/24.

- The Strategic Improvement Plan reflected the legacy actions from previous inspections and audits which have been completed, any outstanding actions have been aligned to and are reported through the Transforming Care Board, where there is oversight on the progress and updates on areas of work.

The three papers align with the priorities of the Strategic Commissioning Plan and offer a clear management, review and oversight structure to deliver the agreed activity within the Plan.

The IJB discussed the Governance and Performance Board which would enable Ms Black and Mr Murray to monitor and assess the position with governance across the HSCP and IJB and the development of performance indicators.

The Integration Joint Board:

- 1) Approved the draft Strategic Delivery Plan and asked officers to progress the actions and activities.**
- 2) Approved the draft Operational Delivery Plan and asked the Chief Officer to have oversight of progress and commence engagement with Clackmannanshire and Stirling Councils and NHS Forth Valley on the Operational Delivery Plan.**
- 3) Noted 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) Sought for officers to provide six monthly updates to the Integration Joint Board against the actions outlined in the Strategic Delivery Plan.**

11. EQUALITY

11.1 EQUALITY AND HUMAN RIGHTS COMMISSION – AUDIT AND OUTPUT

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

Ms Fulford explained that the IJB recently received correspondence from the Equality and Human Rights Commission (EHRC) confirming the support the EHRC would provide to assist all Integration Joint Boards (IJBs) to advance equality through improved compliance with the Public Sector Equality Duty (PSED), and the steps the IJB needed to take to meet its PSED obligations.

EHRC noted the IJB was compliant with publishing equality outcomes and Mainstreaming and Progress Reports. The IJB had published one Equality Impact Assessment (EQIA) and were non-compliant with publishing accessible EQIAs on the HSCP website.

The EHRC requested that the IJB review its policies and practices in relation to EQIAs and develop and agree on a functioning EQIA system. The IJB should be able to demonstrate reasonable progress by 31 March 2023. An agreed extension was granted, and a process was submitted to EHRC on 6 April 2023, but no response had yet been received.

The IJB discussed the requirements of an EQIA. It was noted that this was required for any significant service change or savings proposal and any impact and implications would be reflected through the impact assessment.

The Integration Joint Board:

- 1) Noted the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.**
- 2) Approved the documentation to assess the equality impact of any decision the IJB makes:**
 - a. Appendix 2 – Equality Process**
 - b. Appendix 3 – Standard Impact Assessment**
 - c. Appendix 4 – Equality Impact Assessment Process**
 - d. Appendix 5 – Improvement Plan**

11.2 EQUALITY IMPACT ASSESSMENT – MAINSTREAM PROGRESS REPORT 2021-2023

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

Ms Fulford explained that in March 2021 the IJB approved the equality outcomes for 2021/2022 to 2024/25. The IJB was required to produce and publish an Equality Mainstreaming and Outcomes report on progress to March 2025 and produce and publish equality outcomes for 2025/30.

The Equality Act 2010 also requires that Public Bodies in Scotland report on Mainstreaming and Outcomes in terms of progress and Ms Fulford explained the report set out progress over the last two financial years, 2021/22 and 2022/23.

The Integration Joint Board:

- 1) Noted the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.**
- 2) Noted the requirement to produce and publish an Equality Mainstreaming and Outcomes report on progress for March 2025.**
- 3) Approved the Equality Mainstreaming and Outcomes report on progress to March 2023.**
- 4) Approved publication of the Equality Mainstreaming and Outcomes report on progress to March 2023.**

13. ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT

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

Ms Forrest explained she was also the Chair of the Alcohol and Drug Partnership (ADP) multi-disciplinary group and seeking IJB approval prior to submission to the Scottish Government.

Ms Forrest explained that while the recently amended annual report template took account of national level priorities it did not show the scope and range of work undertaken by the team such as the delivery of Medication Assisted Treatments (MATs) standards work stream, investment in local community services, and the commissioning consortium approach with partners and those with a lived experience. Mr Bido added he would like to see the report reflecting the work carried out for recovery and other areas which had not been included. Ms Forrest agreed that more of the work in community services needed to be reflected in the report. Councillor Benny suggested this should be fed back to Scottish Government.

The Integration Joint Board:

- 1) Approved the contents of the ADP Annual Report 2022-23**
- 2) Approved the submission of the ADP Annual Report 2022 - 2023 to Scottish Government.**

14. FOR NOTING

14.1 Decision Log
Noted

14.2 Minutes
Noted

- 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 – 16.03.2023**

15. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

All non IJB members including members of the public left the meeting.

12. COMMISSIONING FOR CARE (EXEMPT)

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

The Integration Joint Board:

- 1) Noted the requirement for an additional local care & support framework in Stirling to ensure compliant commissioning of care & support and, therefore, approve directing Stirling Council to award a local care & support contract in addition to the Scotland Excel Care & Support Framework which is currently in place on the proposed terms set out herein in compliance with Paragraph 14.3 of Stirling Council's Contract Standing Orders;**
- 2) Approved directing Clackmannanshire Council and Stirling Council to award a contract for Support Services for the HSCP from Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out;**
- 3) Approved commitment of the additional funding required to deliver the Ideas, Innovation, and Improvement Fund and include this in the proposed contract with Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out;**
- 4) Noted the progress made towards co-production of a Contract for Support to Unpaid Carers.**

13. DATE OF NEXT MEETING

27 September 2023 2 pm -4 pm

Clackmannanshire & Stirling Integration Joint Board

27 September 2023

Agenda Item 7

Chief Officer Update

For Noting & Approval

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

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

Purpose of Report:	To provide the Integration Joint Board with updates and progress on a range of areas not covered in detail in other Board reports.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the content of the report. 2) Note that the 29 November 2023 IJB development session will be delivered by the Standards Commission Scotland. 3) Approve Helen Duncan as a third sector representative on the IJB as nominated by Stirling Voluntary Enterprise. 4) Note the resignation of the Stirling Council voting member Cllr Danny Gibson from the IJB. 5) Note Cllr Gerry McGarvey as the new IJB voting member for Stirling Council. 6) Note that Stirling Council will provide a nomination for the IJB Vice Chair role after their next Council Meeting which will be held on 5 October 2023. This will be confirmed at next IJB in November 2023. 7) Note that Les Sharp who was previously approved as third sector representative for Clackmannanshire third sector, will no longer be able to take up his position. 8) Members are asked to note the NHSFV interim Chief Executive appointment, and that NHS FV Health Board will nominate a new voting member to the Board. 9) Note that the Audit and Risk Committee is seeking a (non-voting) member of the IJB to join the committee. 10) Note that the IJB Finance and Performance Committee is seeking a Stirling Council voting member to join the committee. 11) Note the memorandum of understanding for Scottish Prisons.
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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
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1. Background

- 1.1. As always, there are a number of key papers on the agenda, these include:
- Finance Report
 - 2022/23 Audited Annual Accounts and Annual Audit Report (external)
 - Update to financial regulations
 - Climate change report 22/23
- 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 to 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.

3. Unscheduled Care

- 3.1. The National Associate Director for Unscheduled Care issued a letter on 4 July 2023 outlining an approach to unscheduled care and set out dates for unscheduled care discovery days to be held in July 2023.
- 3.2. The Forth Valley session was held on 31 July 2023 and included five key areas of focus as outlined below. It further set out the move from high impact change areas to the below portfolios.

Portfolio 1 – Community Urgent Care	9.30 – 10.30
Portfolio 2 – Flow Navigation	10.30-11.30
Portfolio 3 – Virtual Capacity/Hospital @ Home	11.30-12.30
Portfolio 4 – Front Door Flow	13.00-14.00

- 3.3. Feedback from Health and Social Care Partnership colleagues included a desire for more emphasis on whole system work and impacts, as currently the priorities remain, on the whole, hospital focused.

4. Vaccinations

Coronavirus

- 4.1. There are no COVID-19 rules or restrictions in Scotland. At this stage of the pandemic we are now living with COVID-19 as a respiratory infection.
- 4.2. There are things you can do to stay well and protect others:
- stay at home if you have symptoms.
 - if you have symptoms and do need to go out, wear a well-fitting face covering.
 - get the vaccine if offered to ensure you are fully protected.
 - wash your hands regularly.
 - meet in well-ventilated spaces.
 - support Distance Aware, for anyone who prefers others to take extra care around them

Tests

- 4.3. Most people can no longer get free covid tests. You can still access tests if you are:
- [a patient-facing NHS worker](#)
 - [eligible for new COVID-19 treatments due to a health condition](#)

Winter Vaccination Programme

- 4.4. If you are a frontline health (including Serco staff) or social care worker and have face-to-face contact with patients, you are eligible for the flu and Covid-19 vaccines this winter.
- 4.5. If you're a non-frontline NHS healthcare worker, you are eligible for the flu vaccine this winter.
- 4.6. Options are to attend a drop-in session, [book](#) an appointment or visit a vaccination bus.

5. Delayed Discharges

- 5.1. The latest published data available from Public Health Scotland¹ (June 2023); states number of delays for standard reasons (health & social care or patient & family related) at census point were 32 people across the HSCP area. With total number of people delayed (including code 9's) standing at 41 people.
- 5.2. Delayed discharge information is collated internally on a daily basis and is up to date operational data. As of 20 September 2023, there were 22 people who are experiencing 'standard delays' (health & social care or patient & family related) across the HSCP area. This includes 5 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.
- 5.3. As of 20 September 2023, there were 12 people in NHS beds with special codes, this includes guardianship.
- 5.4. A delayed discharge recovery plan is in development and the ambition is to have nobody delayed in hospital for longer than they need to be there. This is a challenging ambition and one with people at the heart.
- 5.5. The HSCP teams continue to work on a whole system basis to support people back to their own homes or homely setting on a daily basis.

5. IJB Development Sessions

- 5.1. The development session delivered today was around risk appetite for the IJB.
- 5.2. The 29 November 2023 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. Members are asked to note this.

Board Membership

- 5.3. The Board is asked to approve Helen Duncan as a third sector representative on the IJB as nominated by Stirling Voluntary Enterprise.
- 5.4. The IJB is asked to note the resignation of Stirling Council voting member Cllr Danny Gibson from the IJB.
- 5.5. The IJB is asked to note Cllr Gerry McGarvey as the new Stirling Council voting member for Stirling Council.

¹[Delayed discharges in NHSScotland monthly - Figures for March 2023 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland](#)

- 5.6. Stirling Council will provide a nomination for the IJB Vice Chair role after their next Council Meeting which will be held on 5 October 2023. This will be confirmed at next IJB in November 2023.
- 5.7. The IJB is asked to note, Les Sharp who was previously approved as third sector representative for Clackmannanshire third sector, will no longer be able to take up his position.
- 5.8. On 29 August the NHSFV Chief Executive announced she was retiring; the new Interim Chief Executive is now in post. Amanda Croft, is a former Chief Nursing Officer for the Scottish Government and Chief Executive of NHS Grampian, will provide support on an interim basis until a new Chief Executive is appointed. Amanda trained as a nurse in Sheffield and completed a MSc degree in nursing at the University of Aberdeen. She has held a number of professional and senior management roles since she moved to Scotland in 2000 including Director of Nursing, Midwifery and Allied Health Professions at NHS Grampian.
- 5.9. Members are asked to note the NHSFV interim Chief Executive appointment, and that NHS FV Health Board will nominate a new voting member to the Board.

Committee Membership

- 5.10. The IJB Audit and Risk Committee is seeking a (non-voting) member of the IJB to join the committee. If any non-voting member has an interest, can they advise at the meeting or email fv.clackmannanshirestirling.hscp@nhs.scot to advise.
- 5.11. The IJB Finance and Performance Committee is seeking a Stirling Council voting member to join the committee. If any voting member has an interest, can they advise at the meeting or email fv.clackmannanshirestirling.hscp@nhs.scot

6. Workforce

- 6.1. The Senior Management and Leadership Team are engaged in a programme of leadership and development work supported by an external development provider who have been facilitating the development of Team objectives for the next financial year as part of this programme. Some of these objectives are incorporated into the year 1 Operational Delivery Plan approved at the June IJB. The last session was held on 14 September 2023 and considered the Senior Management and Leadership Team roles, responsibilities and members as well as governance and culture.

7. Scottish Prisons Service

- 7.1. On 15 August 2023 the NHS Scotland Board Chief Executives Group met and approved a memorandum of understanding for Scottish Prisons. This

agreement would be between the NHS Territorial Board and the Integration Joint Boards.

- 7.2. Whilst Scottish prisons are referenced in the Public Bodies Act (Joint Working)(Scotland) Act 2014 they are not currently a delegated function in the current Clackmannanshire and Stirling Integration Scheme. This may be an issue for consideration as part of the of the Integration Scheme currently being progressed.
- 7.3. It is worthy of note, within the Forth Valley area there are three national prisons:
- His Majesty's Prisons (HMP) and Young Offenders Institute (YOI) Stirling which is Scotland's national facility providing remand in custody for convicted young and adult women.
 - Glenochil (in Alloa) manages adult male individuals who are short term prisoners, long term prisoners, life sentence prisoners and extended sentence prisoners (Order of Lifelong Restrictions).
 - His Majesty's Prisons (HMP) and Young Offenders Institute (YOI) Polmont which is Scotland's national holding facility for young people aged between 16 - 21 years of age. Sentences range from 6 months to Life. The average sentence length is between 2 - 4 years. This is in the Falkirk Council area.
- 7.4. Members are asked to note the memorandum of understanding for Scottish Prisons.
- 7.5. A meeting of Falkirk IJB Chief Officer, Clackmannanshire and Stirling IJB Chief Officer and NHS Forth Valley CEO will take place on 28th September to discuss prison healthcare.

8. Winter Plan 2023/2024

- 8.1. HSCP officers are currently drafting a winter plan to respond to the demands presented by the winter season.
- 8.2. The purpose of the Clackmannanshire & Stirling Health and Social Care Partnership (HSCP) Winter Plan for 2023/24 is to set out HSCP commitment to deliver high quality community health and care services whilst also ensuring that arrangements in place have sufficient capacity, accurate costs and reflect impact this will have.

9. NHS Forth Valley Escalation Update

- 9.1. At a previous IJB, members were notified of NHS Forth Valley being escalated to Stage 4 of NHS Scotland's National Performance Framework for Governance, Leadership and Culture.

9.2. An Assurance Board was established and have met a number of times to oversee the improvement work being undertaken.

9.3. Some progress has been made in relation to the three priority areas:

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

9.4. The update report to NHS Forth Valley Health Board on 25 July 2023 outlined the following progress.

- Number of 12-hour waits in our Emergency Department reduce significantly from 649 in December 2022 to 291 in June 2023 and less reliance on contingency beds which have reduced from approximately 60 on the acute site at time of the HIS report being reported to approximately 20 in June 2023.
- The Board launched its Culture Change and Compassionate Leadership programme in April 2023 and in September will review key themes, issues and priorities identified by local staff and primary care colleagues which will inform the development of an improvement plan.
- Integration of local health and social care services has progressed well with the transfer of specialist mental health and learning disabilities, primary care, contractor services and primary care out-of-hours services to the two local Health and Social Care Partnerships. Key leadership posts are being recruited for Primary Care and a Job Description is being finalized for a Heads of Strategic Planning for Mental Health, Learning Disabilities and Addictions Services. Health Improvement services have also been aligned to localities within both Partnerships to further support the focus on improving health and addressing inequalities. The Keep Well Team has yet to be reviewed and a decision is required to finalise the future operating model of care.
- With respect to Psychological Therapies for adults. In June 2022, 224 people had been waiting over a year for an initial assessment. Currently 4 people are waiting over a year for assessment (down from 7 at the end of April 2023).
- A significant reduction in the number of long waits is reported with the number of 12-hour waits having fallen from 649 in December 2022 to 291 at the end of June 2023.

9.5. Further updates will be forthcoming.

10. Development Work

- 10.1. Meet The IJB Chair and Chief Officer visits will continue to be planned for interested teams. Thanks to the teams for the invitations so far.
- 10.2. If your team are interested in arranging a visit can you advise by emailing fv.clackmannanshirestirling.hscp@nhs.scot

11. Annual Accounts 2022/2023

- 11.1. The 22/23 Annual Accounts were presented at Audit and Risk Committee earlier this month and are here today for approval. They mention that “*due to the nature of IJB Board Membership, a conflict of interest can arise between any IJB Board Members’ responsibilities to the IJB and other responsibilities that they may have*”.
- 11.2. Whilst the IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon. There is specific guidance from the [Standards Commission for IJB members](#)².
- 11.3. The IJB may wish to consider this when approving membership to the IJB.

12. National Care Service

- 12.1. People across Scotland are being invited to have a say on how a new National Care Service should work.
- 12.2. This year’s National Care Service forum is on Monday 30 October, which is being held at the [Glasgow Science Centre](#) which has accessible facilities as well as excellent transport links and parking. As the nominated representative for National Care Service. the Senior Planning Manager for the HSCP will attend this event and feedback to the IJB.
- 12.3. This event is a chance for people with lived experience of accessing social care support, unpaid carers, people who work in community health and social care, and other organisations to come together and talk about the progress of the National Care Service and what needs to happen next. It will also be an opportunity for us to share the feedback we gathered from the regional co-design events held across Scotland this summer.
- 12.4. The Scottish Government has reached an initial agreement with Local Government and the NHS about accountability arrangements for the National Care Service (NCS).

² [1638785304211202AdviceNoteforMembersofHealthandSocialCareIntegrationJointBoardsv1.pdf](#)
(standardscommissionscotland.org.uk)

- 12.5. The agreement aims to establish who will be responsible for people’s care once the NCS is established. Overall legal accountability will be shared with between Scottish Government, the NHS and local government. Staff will continue to be employed by Local Authorities, and councils will still be responsible for assets like buildings and the delivery of services.
- 12.6. New governance arrangements will be introduced to ensure consistently high levels of service across the country, while building the flexibility to meet varying community needs at a local level.
- 12.7. The Scottish Government is committed to attracting and retaining people to work in social care support, as well as raising the status of social care as a valued profession.
- 12.8. The campaign ‘There’s More to Care than Caring’ is designed to reach school leavers, college and university students, as well as parents of children returning to school, who may be looking for a job and would potentially be suited to a role in adult social care. The campaign features case studies of care workers across that can be shared on social media.

13. Verity House Agreement

- 13.1. On 30 June 2023, the Convention of Scottish Local Authorities (COSLA) and the Scottish Government have agreed a new Partnership Agreement, known as the [Verity House Agreement](#)³, setting out a vision for a more collaborative approach to delivering shared priorities for the people of Scotland.
- 13.2. Implications of this agreement for the IJBs *“From this point onwards, the default position will be no ring-fencing or direction of funding, unless there is a clear joint understanding for a rationale for such arrangements for example where quantum needs to be assessed over a transitional period to ensure the costs are accurately understood. Additionally, current funding lines and in-year transfers will be reviewed ahead of the draft 2024-25 Budget Bill, with a view to merging into General Revenue Grant funding (more details will be set out in the Fiscal Framework).”*
- 13.3. This could mean that social care and social work funding will no longer be ring fenced and could place a financial burden on Integration Joint Boards across Scotland and create risks for people living across communities.

14. Conclusions

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

³ [Supporting documents - New Deal with Local Government – Verity House Agreement - gov.scot](https://www.gov.scot/supporting-documents/new-deal-with-local-government-verity-house-agreement)
(www.gov.scot)

- 14.2. 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.
- 14.3. 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.

15. 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.

	<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

27 September 2023

Agenda Item 8.1

Financial Report (incorporating initial
financial recovery considerations)

For Noting and Approval

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 checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide the IJB with an overview of financial performance and projected outturn for the 23/24 Budget along with initial considerations in respect of financial recovery
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the projected overspend based on financial performance to Month 4 of £7.221m on the Integrated Budget and £5.850m on the Set Aside Budget for Large Hospital Services. 2) Note and comment on the integrated financial report including commentary on areas of material variance 3) Note that estimated financial recovery measures are projected to reduce the overspend on the Integrated Budget to £2.901m. 4) Approve the proposed approach in respect of residual Covid funding in earmarked reserves and an deployment of a further £1m of service pressures reserve as part of the financial recovery plan for 2023/24. 5) Note that, on the basis of recommendation 3, it is not possible to give the IJB assurance on financial recovery in 2023/24 at this point. 6) Agree that further updates in respect of financial recovery, funding and 2024/25 financial planning are brought to the Finance and Performance Committee and IJB in November 2023. 7) Note that a combination of transformative activity and service reduction will be required to achieve service and financial sustainability in the short, medium and longer term.
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Key issues and risks:	<i>As a public body it is best practice for the IJB to set a balanced budget and deliver services within resources available. There is, however, significant service and financial pressures across the entire Health and Social Care system both locally and nationally. Therefore the IJB is at high risk of overspend for the current financial year unless significant corrective action is taken and/or additional funding support is forthcoming.</i>
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	<p><i>The IJB is therefore at significant risk of overspend in year and not being in a position to set a balanced budget for 2024/25. Furthermore should the projected outturn set out in this paper come to fruition the IJB and the overspend be met from general reserves the IJB would breach its own reserves policy. The reserves policy, itself, requires annual review and is scheduled to be discussed at the Audit and Risk Committee meeting in December 2023.</i></p> <p><i>Ultimately, whilst opportunities to reduce costs remain there is also a need to prioritise and make service reductions in order to balance financial and service sustainability. This will have implications for risk and service performance.</i></p>
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1. Background

- 1.1. The IJB set an initial balanced revenue budget for 23/24 at its meeting of 29 March 2023. This incorporated £2m of non recurrent support from IJB reserves and an ambitious savings and efficiency programme of £4.392m in relation to the Integrated Budget. The budget incorporated a set of planning assumptions and a risk assessment of both assumptions and the savings and efficiency programme.
- 1.2. As a result of the level of risk associated with the revenue budget the financial resilience risk scoring within the IJBs strategic risk register was increased to 25, the highest possible level.
- 1.3. From discussions with Chief Officers and Chief Finance Officers groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees. Data from other partnerships will be used to inform the committee and IJB when available.
- 1.4. Given early indications of significant financial pressures building the IJB agreed at its June meeting to trigger the requirement for a financial recovery plan per the requirements of the Integration Scheme.
- 1.5. This was further discussed with the Finance and Performance Committee at their meeting of 6 September 2023 and the views from this discussion are reflected within this paper as far as has been possible.
- 1.6. A version of this finance report along with an accompanying presentation was discussed with the Finance and Performance Committee.

2. Financial Outlook and Programme for Government

- 2.1. The financial outlook for the Scottish and UK economies, and therefore public expenditure, continues to look challenging. Work on producing an updated Medium Term Financial Plan (MTFP) will be undertaken in the coming weeks to allow a presentation to the IJB in November 2023. Further commentary on economic outlook and specific outlook for Health and Social will accompany the MTFP.
- 2.2. The UK Autumn Statement will be on 14 November 2023 which suggests a Scottish Draft Budget is likely on or around 14 December 2023 setting out the Scottish Governments expenditure plans for 2024/25.
- 2.3. The Scottish Government published its Programme for Government 2023 [Programme for Government 2023 to 2024 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/programme-for-government-2023-to-2024/pages/introduction.aspx) to 2024 on 5 September 2023. Specific commitments in relation to the accountabilities of the IJB included:
 - Commitment to provide the necessary funding in the next Budget to increase the pay of social care workers in a direct care role to at least £12 per hour.

- Restated commitment to agreeing an approach to end all non residential social care support charges within the lifetime of this Parliament.
- Improving workforce planning practice and culture supported by the commencement of the Health and Care (Staffing)(Scotland) Act 2019
- Improving access to GP services through further expansion to multi-disciplinary teams
- Delivering the National Care Service legislation
- Reopening the Independent Living Fund on a phased basis
- Publishing the new Mental Health and Wellbeing Delivery Plan and accompanying workforce plan in the autumn.

It remains to be seen what provision in the budget will be made for these commitments however the commitment to increase social care pay requires an uplift of c10% from the current Scottish Living Wage so funding is likely to have opportunity costs in terms funding for other areas notably any funding for population driven increases in demand for services.

3. Development of Integrated Financial Reporting

- 3.1. As previously reported work on the development of a more integrated style of financial reporting has been ongoing for some time.
- 3.2. Whilst further development of this reporting style is required, this report reflects a substantive move towards the aim of more integrated financial reporting reflecting the aims and 'spirit' of the Public Bodies (Joint Working)(Scotland) Act 2014.
- 3.3. As 'customers/users' of these reports the views of members as to the style of reporting and how its meets members requirements is sought to inform further development and evolution of reporting within the constraints of available capacity and differing ledger systems used by the constituent authorities.
- 3.4. The initial feedback from Finance and Performance Committee members was positive with members wishing to see more detail on savings progress. This and addressing the recommendations in the Annual Audit Report will be fully addressed in future iterations of reports.

4. Overview of Projected Budget Outturn

- 4.1. Whilst it is still relatively early in the year the projections summarised below based on Month 4 which is the period to 31 July 2023 set out a deeply concerning position.

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2023-24
M4

	Annual Budget	Annual Forecast	Forecast Variance
	£m	£m	£m
Integrated Budget			
Health Services	146.098	149.653	(3.555)
Adult Social Care			
Stirling Localities	51.229	53.479	(2.249)
Clackmannanshire Locality	26.209	29.626	(3.416)
Adult Social Care Total	77.438	83.104	(5.666)
Non-Recurrent Support from Reserves	2.000	-	2.000
Integrated Budget Outturn	223.536	232.757	(7.221)
Set Aside Budget for Large Hospital Services	32.531	38.381	(5.850)
Strategic Plan Budget Outturn	256.068	271.139	(13.071)

- 4.2. There are 8 key areas or drivers of financial pressure and these are common with other areas across Scotland. These are:
- Family Health Services Prescribing Costs and Volumes
 - Unfunded Beds remaining in system (also referred to as contingency beds)
 - Temporary Workforce Costs
 - Legacy Covid related costs
 - Traction on Delivery of Efficiency and Savings Programmes
 - Inflationary cost pressures
 - Pay (particularly local government pay > 2% assumption)
 - Potential additional winter costs.
- 4.3. The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and it is assumed, subject to agreement, this will be the case for 2023/24 also. Many of the cost pressures within the set aside budget are related to additional unfunded beds (often referred to as contingency beds) within the system at both Forth Valley Royal Hospital and on the Stirling Health and Care Village site. This also drives additional usage of temporary workforce solutions. The IJB Chief Finance Officers are working with acute finance colleagues to understand the cost drivers and financial implications associated with this and improve reporting and understanding for IJB members. It is envisaged this will develop further in future reports.

5. Integrated Financial Report

- 5.1. The table below forms the proposed main basis of integrated financial performance to the IJB. Once feedback from the IJB and committee on this format has been taken consideration of it is intended to build a dashboard type overlay to give a visual overview of performance and potentially balance of care between residential and community settings to assist the Board in tracking direction of travel for expenditure over time. Where there are material variances against budget a brief narrative will be provided to give further information on the key issues and drivers.
- 5.2. This format has the benefit of examining the IJB budget on a service and care group basis rather than along organisational silos supporting the IJBs accountability for achieving maximum benefit from public resources at its disposal.

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000	Ref
Community Nursing	5,280	5,235	46	
Complex Care Adults	1,359	1,881	(523)	1
Community Hospitals & Bellfield	11,166	11,631	(465)	2
Palliative Care in the Community	24	35	(10)	
Older People/Physical Disabilities - Residential	22,701	26,138	(3,438)	3
Older People/Physical Disabilities - Non Residential	22,329	24,217	(1,888)	4
Learning Disabilities - Residential	6,799	6,139	660	
Learning Disabilities - Non Residential	18,901	18,734	168	
Mental Health - Residential	1,160	1,285	(125)	5
Mental Health - Non Residential	13,146	13,166	(19)	
Assessment & Care Management	9,779	9,749	30	
Reablement	12,919	12,619	301	
Housing Aids & Adaptations	835	835	-	
Health Promotion, Health Improvement & Corporate Services	1,723	1,526	197	
Addictions	4,015	3,934	81	
Public Dental Service	1,164	1,243	(80)	
Management & Other	199	140	58	
Community Admin	1,563	1,540	23	
Transformation Funds	3,315	3,315	(0)	
Leadership Funds	-	-	-	
COVID	21	21	-	
Family Health Services	48,924	48,914	10	
GP Out of Hours Services	2,297	1,816	480	6
Primary Care Improvement Plan	1,908	1,908	-	
Prescribing	31,413	36,141	(4,729)	7
Community Pharmaceutical Services	1,400	1,400	-	
Vaccinations (Woman & Children Team)	5	5	-	
Non-recurrent support from Service Pressure Reserve	2,000	-	2,000	
Integrated Budget Total	225,536	232,757	(7,221)	
Set Aside	32,531	38,381	(5,850)	
Partnership Total	258,068	271,139	(13,071)	

Areas of Material Variance

1. Complex Care – related to costs associated with patients/ service users cared for under complex care arrangements. These are often patients who would previously required hospital care and they often require medical devices to facilitate care provision at home. It is intended to review these arrangements in future for multiple reasons including fit with Self Directed Support and our strategic priorities. The service is managed by Falkirk HSCP on a pan FV basis and the figures reflect a population based share of budget and costs. There are currently 2 high cost out of area patients one of whom is being repatriated to FV in period 5.
2. Community Hospitals and Bellfield Centre - relates to the wards at Clackmannanshire Community Healthcare Centre and Intermediate Care Beds at the Bellfield Centre. These areas experience increases in temporary workforce costs during the past year and there are additional beds open in Bellfield as part of whole systems responses to Covid and

system pressure over and above beds run by acute services within the centre. These were previously funded through Covid consequential funding and are projected to cost £0.4m this financial year and will be part of the costs sought to be offset from residual Covid funding. There has been a need to respond to staffing and care challenges in recent months at CCHC which is resulting in increased staffing costs at least in the short term.

3. Older People/Physical Disabilities – Residential – relates to Menstrie House and placements in Care Homes. Care Home placements are now in excess of pre Covid levels and the increase is more acute in Clackmannanshire locality which has seen an increase of more than 30 placements. Additionally more placements in Clackmannanshire are publicly funded than in Stirling. The pressures experienced across the whole Health and Social Care system may also be resulting in more placements in long term residential care. There may be ways of reducing this however this is dependent on multiple factors including efficient hospital care, rehabilitation and reablement and adequate care at home capacity.
4. Older People / Physical Disabilities – Non Residential. This is predominantly Care at Home which, whilst projecting an overspend is interdependent with hospital and residential care. Care at home is generally more cost effective than residential care and is more often than not the place of choice for service users.
5. Mental Health Residential – this relates to social care residential placements. Inpatient hospital mental health sits within the Set Aside budget.
6. GP Out of Hours Service – Out of hours primary care services provided on a pan FV basis now hosted by Falkirk partnership. Budget and variance reflects a population based share.
7. Prescribing – Cost associated with drugs and other therapeutics (such as some dressings etc.) prescribed in Primary Care by GPs and other primary care prescribers such as nurse prescribers. This is the most material element of projected overspend in the Integrated Budget.
Actual data is 3 months in arrears therefore the costs and volumes are based on best information available at the current point in time including the impact of inflation on prices.
23/24 costs include Buvidal (a medicine used to treat dependence on opioid drugs) which was formerly separately funded by Scottish Government. This amounts to £0.199m to period 4 which would equate to £0.6m for the year.
Costs associated with the Pharmacy First service also illustrate significant year of growth with April 2023 seeing a 30% growth in volumes and an almost 90% growth in costs. This could add between £0.127m and £0.250m to the prescribing bill for the year.
It is possible the current 3 month estimate within prescribing is on prudent side however it is clear volumes and costs are increasing overall. Analysis of NHS FV Prescribing compared to other boards showed FV was 6th of 14th Health Board areas and slightly below the Scottish average illustrating this is growing issue nationally.

6. Savings and Efficiency Programme Progress and Risk Assessment

- 6.1. As detailed above there is a lack of traction to date in delivery of the savings and efficiency programme.
- 6.2. The table below reflects the current risk assessment of these savings and quantification of estimated savings delivery in year. There is additional scope to increase savings delivery which must be progressed as far as possible within the current financial year which, in turn, increases full year effects into 2024/25. A high level assumption on this scope is in the region of £0.5-£1.0m. In particular, the dependency of prescribing savings on recruitment of specialist capacity on non medical prescribing and care home prescribing is key to untapping this scope.

Clackmannanshire & Stirling IJB - Approved Savings and Efficiency Plan

Grip and Control	Target £m	RAG Rating	Est Saving £m	Underachievement of Savings Viewed as Recoverable late 23/24 into 24/25	Comments
Workforce - Reducing Reliance on Temporary Workforce	0.359	Yellow	0.200	✓	Bellfield reduction evident but increase in CCHC linked to current actions to address risks. Scope for further improvement but may be offsets from impacts of Safe Staffing legislation.
Review of Ordinary Residence Cases	0.200	Red	0.000	✓	Recent focus on stabilising MH/LD services and addressing service risks (per Transforming Care Board presentation 31/8)
Continence Products	0.046	Yellow	tbc	?	New contract now in place. Assessment of financial impact being undertaken.
Address/Reduce Existing Cost Pressures in Community Health Services (Complex Care/Westmarc)	0.100	Red	0.000	?	No evidence of positive impact to date. Westmarc contract review meetings upcoming and review of complex care arrangements planned.
Strategic Approaches					
Prescribing - PC Elements of Medicines Optimisation Programme	1.700	Yellow	0.101	✓	Some evidence of achievement (PII) but some delayed due to recruitment (non med prescribing and care homes). Delay in prescribing information compromising accurate reporting. Further potential for prescribing savings in Primary Care being evaluated. Forthcoming media campaign on reducing waste.
LD Coming Home	0.250	Red	0.000	✓	Business case reviewed and template submitted to SG. Unlikely significant impact in 23/24. Recruitment of review team required to deliver change and benefits.
Strategic Commissioning and Health Improvement	0.500	Green	0.500		Plans in place but some non recurrent (c£.2m requires recurrent solutions)
Demand Management	1.000	Yellow	0.255	?	Some evidence of cost reduction but not at planned scale (70-80% of review result in no change)
Charging	0.045	Green	0.045		Stirling element not implement but compensatory funding to be provided instead
Policy Options					
Review of 22/23 investments	0.192	Green	0.192		
Total	4.392		1.293		

NOTES

Est Saving where provided is based on available intelligence at M4 and subject to ongoing review.

Where scope is identified to recover underachievement this requires to be quantified further in recovery plans and 24/25 IJB Business Case.

Delivery of savings potential in non-medical prescribing and care home prescribing is dependent on recruitment of specialist capacity.

7. Financial Recovery

- 7.1. Notwithstanding the considerations in relation to residual Covid funding it is assumed that NHS Forth Valley will meet the financial pressures associated with the set aside budget for large hospital services as in previous years. There is a need to pursue progress in the set aside arrangements and this will be discussed further with NHS Forth Valley in the near future with the outcome reported to the IJB.

- 7.2. Focussing on the Integrated Budget Financial Pressure most of the short term recovery measures are non recurrent. Whilst this helps to mitigate financial risk in the short term it is critical that measures to reduce cost on a recurrent basis are pursued at pace to have positive financial impact in both this and the coming financial year.
- 7.3. At this point it is not possible to give the IJB assurance on financial recovery in this financial year and clarity on the IJBs funding position both from NHS Forth Valley and Clackmannanshire and Stirling Councils in relation to new drugs and sustainability funding provided to the NHS Board by Scottish Government and local government pay awards and associated funding from Councils is being sought noting that some of these issues are live at the time of writing.
- 7.4. At the current point in time the projection for the IJB taking account of the issues and recommendations set out in this paper are as follows.

	£m
Integrated Budget Projection @ Month 4	<u>(7.221)</u>
Estimated Financial Recovery Impacts	
Service Pressures Reserve	1.000
Covid Earmarked Reserves (subject to evidence and agreement)	2.570
Savings and Efficiency Programme (£0.5 to £1m est range)	<u>0.750</u>
Projection After Estimated Financial Recovery Impacts	<u>(2.901)</u>
Potential additional funding impacts on IJB	TBA
Projection after additional funding impacts	TBA

- 7.5. Efforts require to continue at pace to reduce costs in both the current financial year and on a recurrent basis. We need to integrated this into one programme to minimise the current year overspend and produce a sustainable plan for the coming and future financial years. It is proposed the next steps should be
- Refresh and refocus our approaches to demand management drawing on independent evidence and learning from elsewhere
 - Hold budget sessions with key managers to identify and co-produce sustainable service options with external support
 - Focus on accelerating, where possible, areas of the savings and efficiency programme where additional financial savings maybe possible this financial year
 - Continue to work with Scottish Government on sustainable policy options
 - Consider where benchmarking may assist identifying future service and policy options
 - Ensure back to basics processes are in place to ensure consistency and quality in practice and reduce unexplainable variation
 - Ensure the HSCP Senior Management and Leadership Team are developed to work collaboratively across the public sector to

- Complete review of IJB reserves and transformation funding investments
- Evaluate value and impact from investments in Rapid Response and Rural Teams

8. Reserves Position

- 8.1. The IJB commenced the year with total reserves of £22.525m consisting of £4.398m of general or contingency reserves and £18.127m of earmarked reserves.

These earmarked reserves include a residual balance of £5.140m of Covid funding. This has been disclosed and discussed with Scottish Government and an initial conversation around making a case of retention of these as a source of bridging finance for recovery across both the integrated budget and set aside budget has taken place with both SG Finance and NHS Forth Valley Director and Deputy Director of Finance. This approach was discussed with the Finance and Performance Committee on 6 September who were supportive of the approach as an element of whole system recovery.

Work is ongoing to evidence these Covid legacy costs in order to conclude discussions however for the purpose of this paper a 50/50 split of these resources across the Integrated Budget and Set Budget as part of financial recovery is assumed. Whilst this assists the current financial year position it is critical that dependency on this funding is eliminated as quickly as possible. The first stage of this is closure of the contingency beds in Stirling Community Hospital Ward 5.

- 8.2. The finance and performance committee discussed and supported a recommendation for utilisation of a further £1m of Service Pressures reserves towards the current year position on the Integrated Budget. The IJB is asked to agree this recommendation.
This leaves a balance of £0.512m in service pressure reserves (less existing commitments) which will require to support any additional costs in managing service demand and safety over the coming winter.
- 8.3. A full review of reserves is in progress and further detail will be reported to the Finance and Performance Committee and IJB meetings on 1 and 29 November post review with the HSCP Senior Leadership Team.
- 8.4. At the current point in time a balance of earmarked reserves of £6.475m is projected at 31 March 2024 subject to continuing progress towards financial recovery.
- 8.5. There is significant risk that the IJB reserves position will fall below target should financial recovery options not significantly reduce expenditure. This will increase the financial risk profile both of the IJB and constituent authorities.

9. Conclusion

- 9.1. This report sets out a deeply concerning position both for the IJB and its constituent authorities. Furthermore the financial positions of the constituent authorities means the IJB can and should not rely on additional financial support outwith the matters requiring clarity set out in this report. Whilst these issues and pressures are being experienced in partnerships across Scotland we require to focus on solutions.
- 9.2. Managing these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership over the coming period.

10. Appendices

None

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 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:	Per body of report.
Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable service planning.
Risk & mitigation:	<p>The IJB is at high risk of overspending based on current projections and significant reduction in spend on a recurrent basis is required to mitigate this risk. Reducing spend in turn heightens care and clinical risk and risk of not achieving demonstrable progress against the Strategic Commissioning Plan priorities.</p> <p>The IJBs risk appetite and tolerance will be discussed at a development session prior to the IJB meeting on 27 September.</p>
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.

	<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

27 September 2023

Agenda Item 8.2

2022/23 IJB Audited Accounts and Annual Audit Report

For Noting and Approval

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 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 audited 2022/23 Annual Accounts for approval and signing. To present the 2022/23 Annual Audit Report for noting.
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Recommendations:	The Integration Joint Board is asked to: 1) Note the recommendation of the IJB Audit and Risk Committee to approve, sign and publish the accounts. 2) Note the content of the Annual Audit Report from Deloitte LLP including the recommendations and management responses contained within the action plan. 3) Note that progress on the action plan will be monitored by the IJB Audit and Risk Committee.
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Key issues and risks:	<i>The management commentary within the accounts and the contain narrative in relation to key issues and risks.</i>
------------------------------	---

1. Background

- 1.1. The Local Authority Accounts (Scotland) Regulations 2014 places a statutory obligation on the Integration Joint Board to approve and publish the final accounts normally by 30 September each year.
- 1.2. The annual accounts were prepared by the Chief Finance Officer in line with the guidance on accounting for the integration of health and social care published by the Local Authority Scotland Accounts Advisory Committee (LASAAC). Finance officers from across the constituent authorities support this process and the external audit.

2. Considerations

- 2.1. The Clackmannanshire and Stirling IJB audited annual accounts 2022/23 are appended to the paper.
- 2.2. The IJB Audit and Risk Committee (ARC) considered the audited accounts and the Annual Audit Report at their meeting of 13 September 2023. Subject to some minor wording amendments the ARC recommended the accounts to the IJB for approval, signing and publication. Subject to the IJBs approval

signing by the Chief Finance Officer, Chief Officer and Chair takes place electronically after the Board meeting and the accounts will be published on the website thereafter.

- 2.3. 2022/23 was the first year of Deloitte LLPs appointment as the IJBs external auditors and initial discussions have taken place to reflect on ways future audits can be conducted more efficiently. This will be taken account of in audit planning for 2023/24.
- 2.4. The IJB should pay specific attention to the annual audit report including the action plan which will be monitored by the IJB Audit and Risk Committee (ARC).

3. Appendices

- Appendix 1 – Audited Annual Accounts**
- Appendix 2 – Annual Audit Report (ISA260)**

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting Empowered People and Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input 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:	As detailed within the annual accounts and annual audit report.
Other Resources:	As detailed.
Legal:	Preparation, approval and publication of annual accounts and the requirement for external audit are statutory requirements of the IJB.
Risk & mitigation:	Both the annual accounts and annual audit report detail risks to the financial and wider operating environment of the IJB.
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

<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 does not require a Fairer Duty assessment.</p>
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Clackmannanshire and Stirling Integration Joint Board

2022/23 Annual Accounts



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Management Commentary

Introduction & Purpose

This publication contains the financial statements for the financial year from 1 April 2022 to 31 March 2023.

The Management Commentary outlines the key messages in relation to the Integration Joint Board's (IJB) financial planning and performance for the year 2022/23 and how this supports delivery of the IJBs strategic priorities as defined in the 2019-2023 Strategic Commissioning Plan. This commentary also takes a forward look and outlines future plans for the IJB and particularly the ambitious 2023/2033 Strategic Commissioning Plan approved by the IJB in March 2023. The commentary also highlights the challenges and risks we will face as we endeavour to meet the needs of and improve outcomes for the population of Clackmannanshire and Stirling.

Understandably, the continuing impacts of the Covid 19 pandemic continues to feature within the commentary as we evolve our understanding of the medium-term effects on the Health and Social Care needs of the partnership population.

The IJB is responsible for the strategic planning, funding, and commissioning of Adult Social Care Services, Community and Family Health Services, and strategic planning and funding of large hospital services with NHS Forth Valley and Falkirk Integration Joint Board. These large hospital services continue to be operationally managed by NHS Forth Valley as part of pan Forth Valley arrangements.

The IJB and the Health and Social Care Partnership (HSCP) Senior Management Team would wish to take this opportunity to convey thanks for the tremendous work that staff, both directly employed, and commissioned through providers of health and social care services, have done to continue delivery of services to our citizens during what has been a significantly challenging year. The IJB would also wish to thank our wider range of partners it works with including partners in the Third Sector.

Role and Remit of the Clackmannanshire and Stirling Integration Joint Board

The Clackmannanshire and Stirling Integration Joint Board was formally established in October 2016 through the legal partnership agreement between NHS Forth Valley and Clackmannanshire and Stirling Councils known as the Integration Scheme.

The IJB has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Clackmannanshire and Stirling area. The functions delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) are detailed within the Integration Scheme <https://clacksandstirlinghscp.org/about-us/integration-scheme/>.

Clackmannanshire and Stirling IJB is unique in Scotland as the only IJB consisting of two local authorities and one NHS Board. This arrangement brings additional complexity particularly with regard to issues such as funding losing its identity, service delivery being seamless from the point of the service user, governance arrangements, and assurance required from an operational perspective.

IJB Business Model

The role of the IJB is to plan health and social care services for the population it covers, including preventative type provision such as Health Improvement. The IJB discharges this role through:

- Carrying out a strategic needs assessment for the partnership population
- Developing and agreeing a Strategic Commissioning Plan including defined priorities to pursue improvement against the 9 National Health and Wellbeing Outcomes that seek to measure the impact that integration is having on people's lives.
- Directing Clackmannanshire and Stirling Councils and NHS Forth Valley to deliver services within the Strategic Commissioning Plan and budget.
- Implementing Locality Planning Networks within the IJBs agreed localities which are the engine room for local planning and delivery.



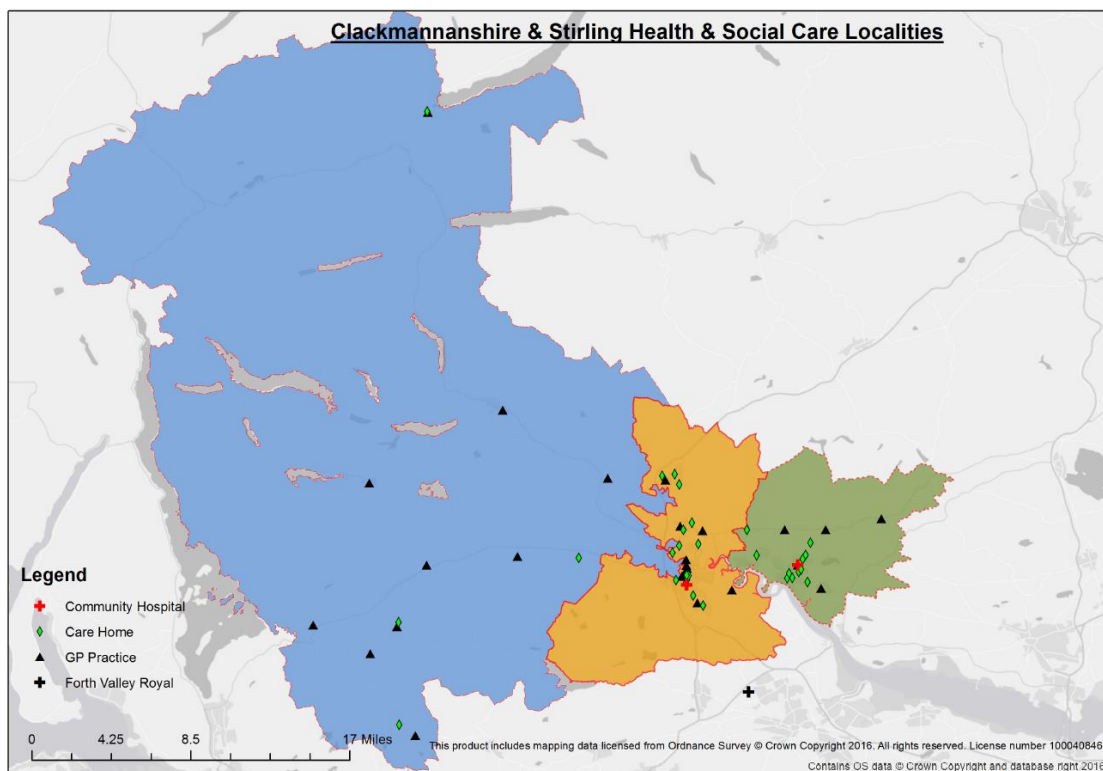
There is therefore a distinction between the Integration Joint Board as the Public Body and the Health and Social Care Partnership as the mechanism or 'delivery vehicle' for delegated integration functions covered by the Integration Scheme. These functions are delivered by means of the IJB directing the constituent authorities to deliver services on the IJBs behalf using the resources available to deliver the Strategic Commissioning Plan.

Review of Integration Scheme

Under the requirements of the Act, Local Authorities and NHS Boards are required to review Integration Schemes within five years of the scheme being approved in Parliament. An initial review of the Integration Scheme was undertaken in January 2020, however due to the pandemic, ongoing service pressures, and other competing demands, consideration of a revised scheme has not yet been taken forward at 31 March 2023 although a plan for the process was developed. This plan is in place with the constituent authorities to complete the substantive review during 2023/24.

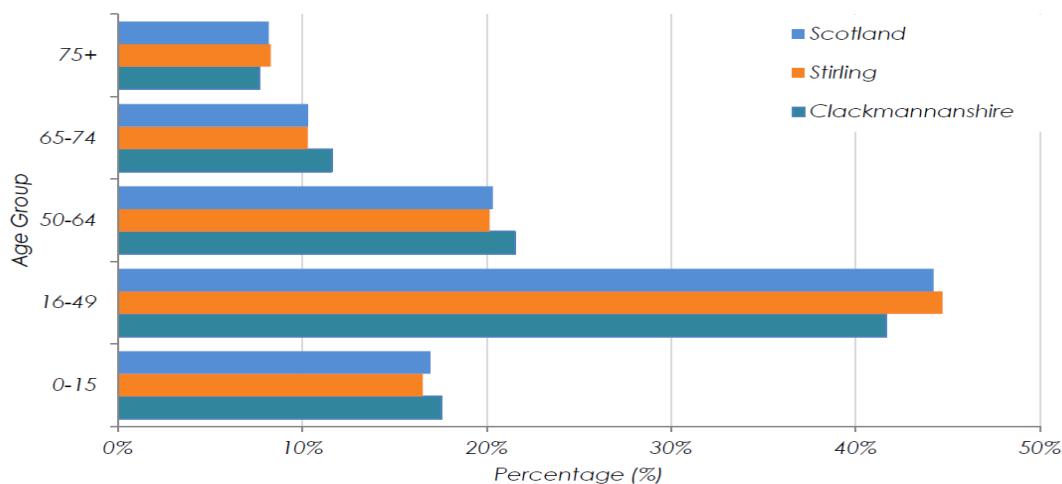
Clackmannanshire and Stirling Health and Social Care Partnership

The Clackmannanshire and Stirling Health and Social Care Partnership population is approximately 146,000 and the partnership provides services over an area of 1454 square miles with urban centres around Stirling and Alloa and very rural areas to the North and West of Stirling including a significant element of the Loch Lomond and Trossachs National Park.



Note: The acute hospital that serves Clackmannanshire & Stirling is the Forth Valley Royal Hospital in Larbert. Some residents in Rural Stirling also access nearby Glasgow hospitals.

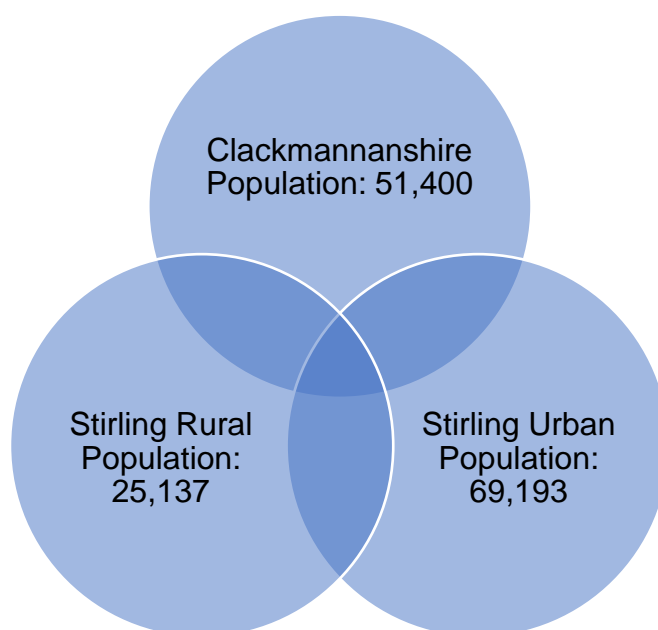
The age distribution of the population of Clackmannanshire and Stirling compared to Scotland is illustrated below:



Our Strategic Needs Assessment highlights a number of key messages for the partnership population:

- We have an ageing population.
- It is projected that Clackmannanshire and Stirling will have growing numbers of individuals living with long term conditions, multiple conditions, and complex needs.
- Supporting unpaid carers is a priority.
- Reducing unplanned emergency hospital care will benefit the service as well as the individual.
- Reducing behaviours such as smoking, alcohol consumption, drug use, and poor diet could have a positive effect on an individual's health and, in general, on the future burden of disease across communities.
- There are significant differences in the issues affecting health and social care within each locality including socio-economic issues.

There are three localities in the partnership:



We have developed locality profiles with key findings for each of our localities to better understand the differing needs and challenges in each and target responses in each.

Clackmannanshire Locality Key Findings

- 28% of Population in most deprived quintile
- 55% of households are council tax bands A or B
- 22% of population being prescribed medication for anxiety, depression or psychosis (Scotland 20%)
- Mental health unscheduled bed days are 14% higher than for Scotland
- Cancer registrations are 5.7% higher than for Scotland
- Early mortality rate for 15-44 year olds is 19% higher than for Scotland
- There has been a 136% increase in drug related hospital admissions since 2011/12

Stirling Rural Locality Key Findings

- Larger Older Population - 23% of population > 65 versus 19% for partnership area
- Considerably higher life expectancy for both males and females compared to partnership area
- Hospital Emergency Admission rate is considerably lower than the other 2 localities however unschedule care bed days rate is higher
- People in rural Stirling spend more time in community in their last 6 months of life in comparison to the other localities
- Access is a barrier to services
- Other indicators tend to be in line with or better than Scottish averages

Stirling Urban Locality Key Findings

- 16% of Population in most deprived quintile
- There are notable 'pockets' of deprivation in Cowie, Plean, Fallin, Coenton and Raploch
- 53% of households are council bands A-C
- Accident and Emergency attendances are higher than the other localities but similar to Scotland
- 18% of population being prescribed medication for anxiety, depression, or psychosis
- Emergency readmissions within 28 days are slightly higher than the national average

Integration Joint Board Vision, Strategic Commissioning Plan and Priorities

The vision of Clackmannanshire and Stirling Health and Social Care Partnership is:

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

Partnership Vision - Rich Picture

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 has been used in the development of the Strategic Plan, guiding discussions, setting priorities, and agreeing next steps with our communities.



The vision is based on the Partnership Principles, which are to ensure that services are provided in a way which:

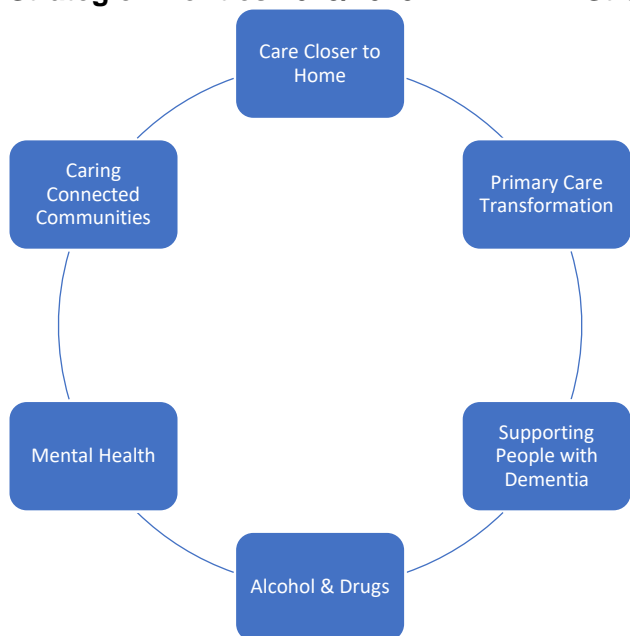
- Are integrated from the point of service users
- Take account of the particular needs of different service users
- Respects the rights and takes account of the dignity of service users
- Protects and improves quality and safety
- Are planned and led locally in a way which is engaged with communities
- Anticipates needs and prevents them arising where possible
- Makes best use of available facilities, people and other resources

The Integration Joint Board approved the 2023/2033 Strategic Commissioning Plan in March 2023. Financial year 2022/23 therefore reflects the fourth year of four of the 2019/23 Strategic Commissioning Plan. The plan built on the priorities within the 2016 to 2019 and 2019 to 2023 Strategic Commissioning Plans informed by focused refresh of the Strategic Needs Assessment for the adult population and an extensive consultation and engagement process with the public, partners, and other stakeholders.

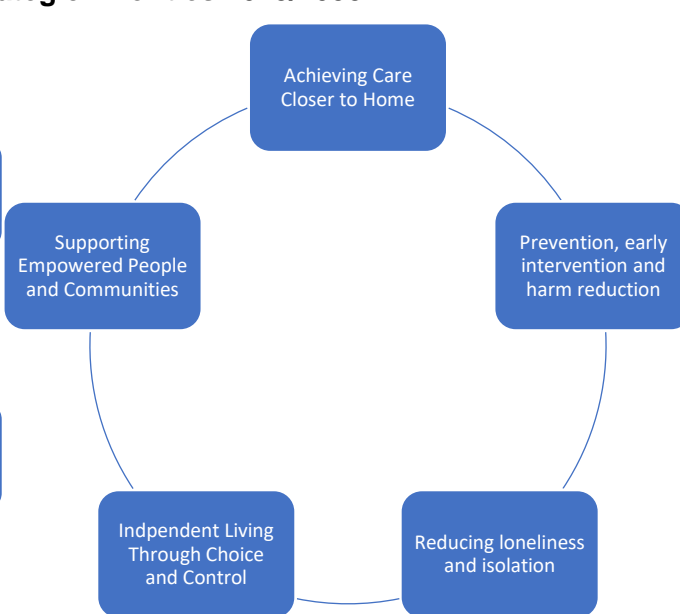
The IJB has agreed that the 2023/33 Strategic Commissioning Plan will be a 10-year plan and the plan approved in March 2023 built on the priorities and successes of the previous plan after an extensive period of public engagement and participation. The 2023 to 2033 Strategic Commissioning Plan will be subject to substantive review at least every 3 years to comply with extant legislation and statutory guidance and progress on delivering the plan will be the focus of annual performance reports (APRs) during the lifecycle of the plan.

The priorities defined in the 2019/2023 Plan and 2023/2033 Plans are illustrated below. By looking at the priorities side by side the evolution is relatively obvious.

Strategic Priorities 2019/2023



Strategic Priorities 2023/2033



The partnerships ‘plan on a page’ below illustrates how the partnership vision, ethos, priorities and aims, and enabling plans and strategies to deliver change align with the partnership principles detailed above.



A Year 1 Delivery Plan has been developed and is being implemented to deliver against the priorities in a sustainable manner aligned to the Transforming Care Programme. The Strategic Commissioning Plan is supplemented by regular reports to the Integration Joint Board on Transforming Care, Governance, Finance and Performance.

The Strategic Commissioning Plan can be found here: <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

Covid 19 – Ongoing Responses and Impacts

The financial year 2022/23 continued to be impacted by Covid as the medium-term impacts on the Health and Social Care needs of the population evolve.

The partnerships financial position continued to be supported by a degree of Covid consequential funding however the direct demonstrable impacts of this reduced significantly and a degree of funding was reclaimed by Scottish Government.

Principal Activities & Key Achievements in 2022/23

During 2022/23 the key activities and achievements of Clackmannanshire and Stirling Integration Joint Board included:

- Continuing our responses to the Covid 19 pandemic to continue to deliver safe high-quality services to our citizens. Responding to operational service delivery pressures in the face of significant and enduring increases in demand and complexity was our primary focus as a partnership during the year.
- Developing and agreeing the 2023/2033 Strategic Commissioning Plan
- Continuing to significantly progress implementation of the Primary Care Improvement Plan (PCIP) incorporating implementation of the General Medical Services Contract Arrangements and Mental Health Action 15 plans. This also incorporated testing the model for Community Link Workers in partnership with the Third Sector.
- Developing and agreeing a Workforce Plan including an improvement action plan.
- Continuing to evolve and progress delivery of the Transforming Care Programme overseen by the Transforming Care Board as the key delivery vehicle to modernise and transform integrated service delivery to improve outcomes for citizens. This included agreeing with the IJB key investments for Rapid Response Services and Rural Care at Home provision and implementing plans for Analogue to Digital changeover for Mobile Emergency Care Service (MECS) community alarms.
- Developing our approach to Locality Planning and supporting the role of locality planning groups.
- Developing and beginning to implement Commissioning Consortium arrangements.
- Implementing Senior Management and Leadership and IJB development programmes.
- Agreeing and implementing Carers Recovery Plans in partnership with Third Sector and Carers Centres.
- Developing models to understand demand and capacity for provision of Adult Social Care.
- Further developing strategic relationships including the partnership's role in leading on the Community Wellbeing Agenda in Community Planning Partnerships.
- Agreeing arrangements for further service delegation.
- Developing a refreshed approach to Self-Directed Support and SDS Implementation Plan.
- Developing and implementing a Winter Plan to deliver high performing safe service delivery and improvements in Unscheduled Care performance.
- Securing financial support from Scottish Government for the financial implications of Covid 19 to offset the ongoing demonstrable cost implications of Covid including exceptional demand levels.

Forward Look: Policy Landscape Reform

Further to the Independent Review of Adult Social Care published in September 2020 Scottish Government agreed policy intent to establish a National Care Service (NCS) over the current parliamentary term.

The Scottish Governments 'New Leadership – A fresh start' document published on 18 April 2023 sets out key policy commitments including Delivery of the National Care Service legislation, subject to the agreement of parliament, to tackle consistency of provision and improvements in health and social care, in partnership with Local Government, to improve social care across Scotland.

There is also a commitment to increased social care pay to help reduce the workforce challenges in the sector with a timescale yet to be defined.

At the time of writing further consideration of the NCS legislation by Scottish Parliament has been delayed until January 2024.

2022/23 Annual Accounts

The Accounts report the financial performance of the Integration Joint Board. Its main purpose is to demonstrate the use of the public funds available for the delivery of the Integration Joint Board's vision and priorities as set out in the Strategic Commissioning Plan.

The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2022/23 Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting and the Local Authority Accounts (Scotland) Regulations 2014.

For financial year 2022/23 a deficit of £5.722 million has been declared reflecting the net decrease in reserves held between 1 April 2022 and 31 March 2023.

At 31 March 2023 the Integration Joint Board holds £22.525 million of reserves which are earmarked for use during 2023/24 and future years.

The level of reserves held at 31 March 2023 continues to be temporarily high as a result of:

- A balance in Covid earmarked reserves of £5.140m which is subject of ongoing discussion with Scottish Government.
- An increase in general reserves as a result of net underspend in the integrated budget for financial year 2022/23.
- Higher than projected balance of service pressures earmarked reserve at 31 March 2023.
- A number of new earmarked reserves including reserves established in agreement with NHS Forth Valley for PCIP Transitional Payments and Prescribing Invest to Save costs which are fully committed and will be expended during 2023/24 financial year.

Given plans to expend earmarked reserves and financial risks and pressures projected for 2023/24 it is anticipated reserves will fall to target levels by 31 March 2024.

The IJBs extant reserves policy incorporates a prudential reserve target of 2.5% of budgeted expenditure and a minimum general or contingency reserve level of 1% of budgeted expenditure.

The table below summarises the net total movement in reserves from 2021/22:

	£m
Total Reserves at 1 April 2022	28.248
Net Decrease in Reserves	(5.722)
Total Reserves at 31 March 2023	22.525

The reserves held at 31 March 2023 are across three broad categories as summarised in the table below:

Reserve Category	£m
General Reserves	4.398
Earmarked Reserves: Residual Covid Funding	5.140
Other Earmarked Reserves	12.987
Total Reserves at 31 March 2023	22.525

A fuller analysis of reserves and movements therein is provided within Note 8 to the financial statements.

Whilst reserves held at 31 March 2023 are higher than target, it should be viewed as a positive that the IJB continues to hold a degree of general or contingency reserves for future financial risks or unforeseen events with financial consequence. Given the increasing future financial risk profile of the IJB it is particularly important to hold sufficient reserves and maintain a prudential reserves strategy.

Performance Reporting

The Integration Joint Board continues to further develop its performance management frameworks, infrastructure, and culture in partnership with support services drawn from the constituent authorities. Specific further work will be undertaken this year in developing an integrated performance framework and this is reflected in delivery plans for 2023/24. This is aimed at developing over time ways to demonstrate improved outcomes for citizens, best value for the use of public money, and evidence of progress in relation to the agreed Strategic Plan Priorities. There are ongoing challenges with regard to access to data, in particular, automated data. Information Technology and Management Information Systems across the three constituent authorities require significant modernisation from both an individual organisational perspective but also to report and measure the impact of integrated service delivery and gather evidence of improved outcomes.

The Integration Joint Board receives a performance report at each meeting which along with financial reports and periodic progress reporting on the Transforming Care Programme, giving a rounded view of the overall operational and financial performance, financial sustainability, and progress in implementing the Strategic Commissioning Plan priorities of the Partnership.

Taken together, information on key performance indicators, measurable progress in delivering the priorities of the Strategic Plan, and financial performance collectively aim to demonstrate best value within a culture of continuous improvement.

The published Annual Performance Reports for the Partnership, including those for previous years, can be found here <https://clacksandstirlinghscp.org/performance/>.

The 2022/23 report represents the 7th Annual Performance Report for the Partnership. It is acknowledged the approach to, and quality of performance reporting will continue to develop over time.

The 2022/23 Annual Performance Report, details progress in relation to the partnership priorities along with summary and detailed performance information.

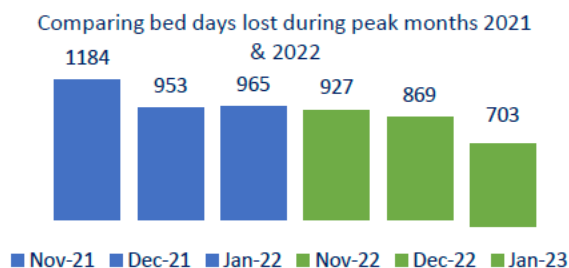
The partnerships 2022/23 Annual Performance Report was considered by the IJB in draft form in June 2023 and will be published on the partnership website in due course.

Key elements of performance highlighted within the Annual Performance Report was aligned to the partnerships strategic priorities and supported by real live evidence from service users illustrating improved personal health and wellbeing outcomes.

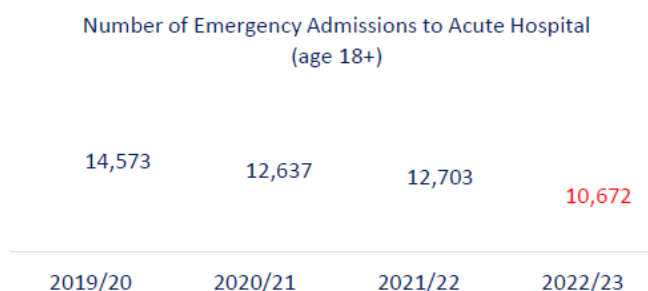
Key elements of performance in relation to Care Closer to Home is provided below. This is the overarching partnership priority and the priority for which there is more comparative data available for to illustrate performance.

Performance Highlights: Care Closer to Home

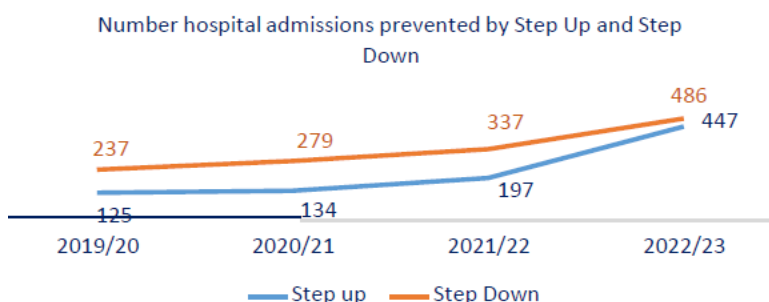
Bed days lost to Delayed Discharges has reduced since November 2021



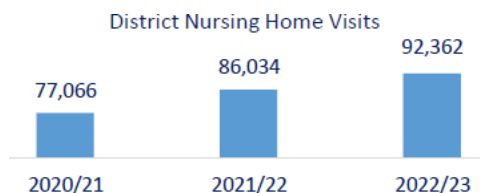
The Number of Emergency Admissions to Acute Hospital (age 18+) has reduced since 2019/20



The Number of hospital admissions prevented by use of Step Up and Step Down Care has increased since 2019/20



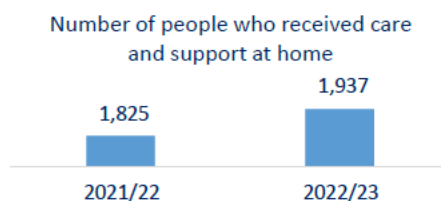
The number of home visits by District Nurses has increased since 2020/21



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

The number of people who received care and support at home increased by 6% from 2021/22 to 2022/23

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



A supplementary update to the Annual Performance report will be published in due course using the information from the Core Suite of Integration Indicators published by Public Health Scotland once local analysis and quality assurance of the data has been completed.

Financial Performance and Outlook, Risks, and Plans for the Future

Financial Performance

The Partnership has continued to face significant financial challenges in 2022/23 requiring ongoing development and implementation of options for financially sustainable service delivery aligning, as far as possible, to the priorities agreed within the Partnerships Strategic Commissioning Plan 2019-2023.

The challenges included:

- Significant and enduring increased demand for health and social care services.
- Linked to the point above, increased acuity and complexity of care requirements with associated increased costs.
- Increasingly competitive labour markets and scarcity of appropriately skilled and trained workforce.
- Inflationary pressures.
- Delivery of local transformation programmes including Scottish Government supported policy initiatives e.g. Primary Care Transformation.
- Linked to the point above, delivery of sufficient savings and efficiency programmes to maintain a balanced budget position.

The 2022/23 Revenue Budget was approved by the IJB on 23 March 2022. The plan was predicated on a savings requirement of £2.651 million on the Integrated Budget and £0.628 million in relation to the Set Aside Budget for Large Hospital Services with risk assessed plans in place to deliver these. The budget also contained business cases for investment in a Rapid Response Service and a Rural Care at Home team.

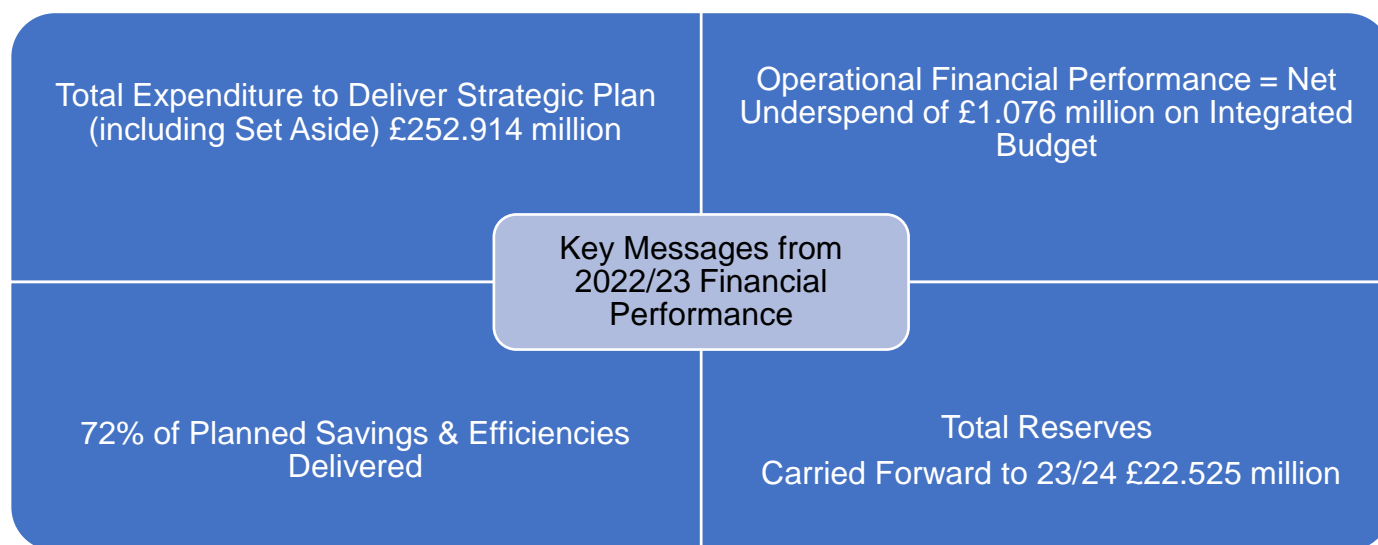
Approximately 72% of the planned savings and efficiencies programme were achieved in the year in relation to the Integrated Budget. Less than full delivery of savings and efficiency targets and other cost pressures were offset by in-year slippage on implementation of the key business cases approved by the IJB and other underspends including from staff vacancies demonstrating the challenges in relation to workforce recruitment and retention.

The operational financial position on the Integrated Budget (the partnership budget excluding set aside budget for large hospital services) was a net underspend of £1.076 million.

The set aside budget for large hospital services was overspent by £3.511 million for the financial year due to costs of contingency beds, associated staffing for these beds and other workforce

costs including increased use of temporary workforce solutions. This financial pressure was met by NHS Forth Valley and poses a significant ongoing risk for the Health and Social Care system.

No additional financial contributions from the partners were required to reach this position.



Key factors Impacting Financial Performance in 2022/23:

- Residual Scottish Government financial support for the financial impacts of Covid.
- Underspends across several areas of Community Health Services including predominantly staffing related underspends in:
 - District Nursing
 - Addictions
 - Allied Health Professionals
 - Community Learning Disabilities
 - Community Mental Health Services
- Family Health Services Prescribing remained the most significant cost pressure area within the partnership.
- Increasing temporary workforce costs across both the Integrated and Set Aside elements of the budget.
- Levels of staffing underspends across services reflecting recruitment and retention issues.

The accounts illustrate a deficit of £5.722 million for the Partnership for the 2022/23 financial year.

	£m
Sum Set Aside for Large Hospital Services	<u>31.513</u>
Integrated Budget Income	215.679
Integrated Budget Expenditure	<u>221.402</u>
Deficit for Financial Year 2022/23	<u>(5.722)</u>

	£m
Integrated Budget Underspend	1.076
COVID Reserves	(7.859)
Increase in Other Earmarked Reserves	1.062
Deficit for Financial Year 2022/23	<u>(5.722)</u>

Whilst core financial performance was positive, the Partnership will continue to face significant financial challenges to deliver the current and future Strategic Plan priorities and improved outcomes for service users, unpaid carers, and communities in a climate of growing demand, cost, and complexity.

Set Aside Budget for Large Hospital Services

The Set Aside budget covers the in-scope integration functions of the NHS that are carried out in a large hospital setting providing services to the population of more than one Local Authority and/or Partnership area. For the Clackmannanshire and Stirling Partnership this includes services provided at the Forth Valley Royal Hospital site including the Lochview Learning Disability Inpatient facility and at Bellsdyke hospital in Larbert (Mental Health Inpatients). This covers areas such as emergency department, geriatric and general medicine, palliative care, learning disability and mental health inpatient services.

For financial year 2022/23 NHS Forth Valley met the pressures associated with the set aside budget and therefore the financial risk does not currently lie with the Integration Joint Board. As a result, the figures disclosed in the accounts reflect the budget position for the Set Aside element. Financial reports to the Integration Joint Board include information on the actual estimated expenditure against the Set Aside budget, noting that NHS Forth Valley currently meets the financial pressure associated.

	£m
Set Aside Budget	31.513
Estimated Expenditure	35.024
Overspend met by NHS Forth Valley	3.511

Arrangements for the Set Aside budget continue to be under review. Work on completing this review has not been concluded during 2022/23 due to the focus on significant operational pressures across the whole Health and Social Care system. The further work required to complete the review and agree future arrangements in line with extant legislation and the partnership action plan in response to the Ministerial Strategic Group recommendation on Progress on Integration is planned to be completed over the course of 2023/24, with recommendations being made thereafter to the IJB and NHS Board. This, along with the review of the Integration Scheme, may impact how this is financed and accounted for in future years.

Financial Outlook

The medium-term impacts of the Covid 19 pandemic, world events, and economic conditions including ongoing high inflation is having significant effect on Scottish, UK, and the global economy. The longer-term impacts remain very uncertain and issues such as high general inflation, energy prices, and geopolitical events will have ongoing effect on economies, public expenditure, and costs. The Scottish Governments Medium Term Financial Strategy published on 25 May 2023 set out a very challenging fiscal environment for public sector expenditure in the coming years.

The IJBs 2023/24 Revenue Budget, approved in March 2023, incorporated a budget gap of £9.466 million in relation to the IJBs Strategic Plan budget requiring to be addressed through efficiency and savings programmes to achieve financial balance. This figure was made up of £6.392 million in relation to the Integrated Budget and £3.074 million in relation to the set aside budget for large hospital services.

A balanced initial budget was approved by the IJB in March 2023 after £2 million non-recurrent support from IJB Reserves. Given the risk assessment in relation to delivery of savings and efficiencies and non-recurrent support from reserves the financial risk profile of the IJB has significantly increased and it will be increasingly difficult to continue to deliver levels of service for assessed need and unmet need is likely to grow. There are also significant risks to whole system performance and safety including ability to support hospital discharges timeously.

Changing Scottish Government policy in relation to Health and Social Care and particularly the establishment of a National Care Service may have a significant effect on the finances and accountabilities of the IJB going forward. The IJB awaits further detail of the legislative and policy direction of the Scottish Government in this regard.

The IJB Initial 2023/24 Revenue Budget incorporated a medium-term financial outlook over the next five years which estimates a gap between projected costs and resources requiring to be met by savings of £34.013 million. This outlook was aligned to the Scottish Governments May 2022 Resource Spending Review and will be superseded by a refreshed Medium Term Financial Plan by November 2023. Plans are ongoing to develop sustainable service options to deliver services within resources available however, given increasing demand and complexity, it will also be necessary to work collegiately with partners and Scottish Government on sustainable policy solutions for Health and Social Care.

Future Key Risks and Mitigation

There are multiple risks facing the IJB and the IJB maintains a Strategic Risk Register. The IJBs Audit and Risk Committee regularly scrutinises the Strategic Risk Register and high risks are reported to the IJB on an exception basis via routine performance reporting.

The key risks and mitigation are summarised in the table below:

Key Risk	Mitigation (where possible)
Continued economic uncertainty, high inflation, and wider impacts of world events and political influences. Resultant implications for public expenditure.	Financial planning and efforts to control costs.
Increasing demand for and cost of health and social care services driven by demographic change including an ageing and increasing population with multiple and complex long-term conditions inequalities and wider determinants of health such as deprivation, housing, and employment	Transformation Programme and Strategic Shift to Early Intervention and Preventative Approaches.
Increasing public expectations from health and social care services:	Public engagement and consultation of priorities and service delivery options.
The changing policy landscape particularly in relation establishment of a National Care Service (NCS) and rising expectations associated with this.	Working collegiately with partners, Health and Social Care Scotland and Scottish Government to inform and influence policy and service delivery structures.
Workforce challenges, staff wellbeing, the ageing workforce, and issues around recruitment and retention within the health and social care workforce. This specifically and notably includes challenges in relation to GP Practice Sustainability.	Workforce planning, effective working relationships with staff and trade unions and ongoing focus on workforce health and wellbeing.
Maintaining performance against key local and national indicators whilst maintaining service delivery within resources available.	Transformation Programme and alignment to strategic priorities.

All of the above risks may have an impact on the partnership's costs in future years and, therefore, add to the financial pressures over the medium to longer term.

Plans for the Future

There continues to be opportunities for the Integration Joint Board to use its combined resources in a more effective, efficient, and person-centred ways focusing on place-based services to make better use of public resources and improve outcomes for our citizens.

The significantly increasing demands on health and social care services risks exceeding available resources and approaches to service design and delivery requires to be focused on better outcomes for citizens and co-produced with our communities through meaningful and ongoing engagement.

Demonstrable delivery of progress on the priorities defined in the 2023/33 Strategic Commissioning Plan and improved outcomes for our communities will be the focus of service delivery and our transforming care programme as we try and balance service performance and financial sustainability. Going forward increasingly difficult decisions locally, including disinvestment decisions, and collaborative work with Scottish Government on sustainable policy approaches will be required.

The Partnership continues to adopt a whole-systems approach to improve health and social care outcomes and will work alongside Community Planning partners to address wider issues in relation to congruence with Local Outcome Improvement Plans, driving public value through place-based services, community empowerment, public health, and health improvement.

These approaches will ensure a joint contribution to encouraging, supporting, and maintaining the health and wellbeing of people who live in our communities thus assisting the partnership in addressing the challenges faced.

It is recognised that without significant further change to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore continue to embed new ways of working and seek to focus resources away from bed-based models of care into community-based services and invest in early intervention and prevention. We need to continue to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients and that crucially we co-produce these harnessing the capacity of local communities to support the wider preventative health and wellbeing outcomes.

Moving forward there will increasingly be a requirement to focus investment of available resources on Strategic Commissioning Plan Priorities and ensure we and partners meet statutory requirements in innovative ways including increasing use of assistive technologies and digital solutions. It is paramount these solutions are co-produced with communities through an ongoing commitment to public and service user engagement – this process is commonly known as co-production.



The key elements of this approach are set out in the 'plan on a page' schematic on Page 10 of this document and supplemented the detailed planning within and aligned to our Transforming Care Programme.

Conclusion

In this seventh year of operations the Partnership has focussed heavily on responding to the increased level of demand for Health and Social Care Services presenting across the whole system and supporting whole system performance and safety.

Going forward, the Clackmannanshire and Stirling Health and Social Care Partnership will continue to face significant financial challenges in delivering better outcomes for its patients and service users in line with its Strategic Commissioning and Financial Plans in a climate of growing demand and complexity with increasingly scarce resources.

In order to achieve this, we must continue to identify and implement innovative ways of delivering sustainable services to our citizens in ways that are truly co-produced with our communities, that draw on lived experience of our service users and that are human rights based.

We will continue to work with staff, managers, services, partners (including the third and independent sectors) and our localities and communities to lead and support sustainable service design approaches, identify, and implement innovative, cost effective and person centred, outcomes focused and place-based service delivery models and pathways, and contribute to the delivery of the Partnership's Strategic Commissioning Plan 2023/2033 priorities within the resources available.

Where to find more information

If you would like more information, please visit our webpage at:

<https://clacksandstirlinghscp.org/>

The papers and minutes from meeting of the Integration Joint Board can be found here:

<https://clacksandstirlinghscp.org/integration-joint-board-meetings/>

Other publications from the partnership, past and present can be found here:

<https://clacksandstirlinghscp.org/publications/>

Acknowledgements

The Integration Joint Board would wish to take this opportunity to thank the staff, volunteers, and paid and unpaid carers whose work contributes to the provision of services to the populations of Clackmannanshire and Stirling.

Allan Rennie
Chair

Annemargaret Black
Chief Officer

Ewan C. Murray
Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In Clackmannanshire and Stirling Integration Joint Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient, and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature on 27 September 2023.

Signed on behalf of the Clackmannanshire and Stirling Integration Joint Board.

Allan Rennie
Chair

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that were reasonable and prudent.
- complied with legislation.
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance Officer has also:

- kept proper accounting records which were up to date.
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Clackmannanshire & Stirling Integration Joint Board as at 31 March 2023 and the transactions for the year then ended.

Ewan C. Murray
Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Membership of the Integration Joint Board in 2022/23

Voting members of the Integration Joint Board constitute Councillors nominated as Board members by constituent authorities and NHS representatives nominated by the NHS Forth Valley. The voting members of the Clackmannanshire and Stirling Integration Joint Board were appointed through nomination by Clackmannanshire Council, NHS Forth Valley, and Stirling Council.

Voting Membership of the Integration Joint Board during 2022/23 was as follows:

Clackmannanshire Council

Councillor Martha Benny
Councillor Wendy Hamilton
Councillor Janine Rennie

NHS Forth Valley

Allan Rennie, IJB Chair
Cathie Cowan, Chief Executive
Martin Fairbairn, Non-Executive
Gordon Johnston, Non-Executive
Stephen McAllister, Non-Executive
John Stuart, Non-Executive

Stirling Council

Councillor Danny Gibson, IJB Vice Chair
Councillor Martin Earl
Councillor Rosemary Fraser

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by Clackmannanshire & Stirling Councils and NHS Forth Valley. Nomination of the Integration Joint Board Chair and Vice Chair postholders alternates between a Councillor and a Health Board representative.

The Chair and Vice Chairs of the IJB changed in May 2022 with Allan Rennie, Non-Executive Director of NHS Forth Valley appointed as IJB Chair and Councillor Danny Gibson, Stirling Council appointed as Vice Chair.

The Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the Integration Joint Board

The Integration Joint Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board must be appointed and the employing partner must formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Integration Joint Board.

The Chief Officer took up post on 17 June 2019 and is employed by NHS Forth Valley.

Other Officers

No other staff are appointed by the Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The Chief Finance Officer is employed by NHS Forth Valley.

2021/22 Total	Senior Employees	Salary, Fees, & Allowances	Taxable Expenses	Total 2022/23
£		£	£	£
105,183	Chief Officer: A Black	108,023	0	108,023
80,513	Chief Finance Officer: E Murray	82,059	0	82,059

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers.

The Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employees	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/2022	For Year to 31/03/2023		Movement from 31/03/2022	As at 31/03/2023
	£	£		£000	£000
Chief Officer: A Black	21,983	22,577	Pension	13	44
			Lump Sum	31	108
Chief Finance Officer: E Murray	16,827	17,150	Pension	10	45
			Lump Sum	23	96

Accrued pension benefit estimates are provided by the Scottish Public Pensions Agency (SPPA).

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band	Remuneration Band	Number of Employees in Band
2021/22		2022/23
0	£75,000 - £79,999	0
1	£80,000 - £84,999	1
0	£95,000 - £99,999	0
1	£105,000 - £109,999	1

Exit Packages

There were no exit packages in relation to Clackmannanshire and Stirling Integration Joint Board in financial year 2022/23 or 2021/22.

Allan Rennie
Chair

Annemargaret Black
Chief Officer

Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that:

- its business is conducted in accordance with the law and appropriate standards.
- that public money is safeguarded, properly accounted for, and used economically, efficiently, and effectively.

The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's delegated functions and make arrangements to secure best value.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims, and objectives. Reliance is also placed on the NHS Forth Valley and Clackmannanshire and Stirling Councils systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

Given the IJB utilises the systems of internal control with NHS Forth Valley, Clackmannanshire Council, and Stirling Council the system can only provide reasonable and not absolute assurance of effectiveness.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Commissioning Plan. The governance framework will be continually updated to reflect best practice, new legislative requirements, and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises the Chair, Vice Chair and ten other voting members; six are Council Elected Members nominated (three each council) by Clackmannanshire and Stirling Council and six are Board members of NHS Forth Valley (four Non-Executive Directors and two Executive Directors). There are also a number of non-voting professional and stakeholder members on the IJB including the Chief Officer, Chief Finance Officer, and professional medical, nursing, and social work advisors to the IJB. Stakeholder members currently include representatives from the third sector interfaces, carers, and service users.

The main features of the governance framework in existence during 2022/23 were:

- The Integration Scheme
- Standing Orders
- Scheme of Delegation
- Financial Regulations and Reserves Policy and Strategy
- Code of Conduct and Register of Interests

- IJB Committees operating within approved Terms of Reference
- Clinical and Care Governance Framework
- Risk Management Framework and Strategic Risk Register
- Complaints Handling Procedure
- Information Governance Arrangements and Information Security Policy

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision, and delegation.

The IJB utilises the internal control systems of NHS Forth Valley, Clackmannanshire Council and Stirling Council in the commissioning and delivery of in-scope functions. As such the Annual Governance Statements of the constituent authorities have been reviewed and no matters which pose significant additional risk to the IJB are highlighted.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA) The Head of Internal Audit reports directly to the Integration Joint Board Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Integration Joint Board Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a risk assessment drawn from review of the Integration Joint Boards Strategic Risk Register and is approved by the Integration Joint Board Audit and Risk Committee.

From April 2022 the IJBs Chief Internal Auditor has been appointed on behalf of Clackmannanshire Council. As Clackmannanshire Council procures Internal Audit Services from Falkirk Council’s Internal Audit service the IJBs Chief Internal Auditor is the Internal Audit Risk and Corporate Fraud Manager from Falkirk Council. Up to 31 March 2023 the Chief Internal Auditor to the IJB was from FTF Internal Audit Services appointed on behalf of NHS Forth Valley.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team, work of the IJBs internal audit service and the Chief Internal Auditor’s annual assurance report, and reports from external auditors and other review agencies and inspectorates.

The Chief Internal Auditors 2022/23 Annual Assurance Report was presented to the IJB Audit and Risk Committee in June 2023 and provided substantial assurance on the IJBs arrangements for risk management, governance, and control for the year to 31 March 2023.

The review of the IJB’s governance framework is supported by a process of self-assessment and compiled by the Chief Finance Officer.

The Chief Finance Officer has completed a “Governance Questionnaire” and any supplies further supporting evidence requested as evidence of adequacy and review of key areas of the IJB’s internal control framework; this is provided to the IJBs Chief Internal Auditor as part of the evidence base to inform the opinion within the Annual Internal Audit Assurance Report.

The Chief Officer also gives assurances as Director of Health and Social Care through the Annual Governance Statement processes of the constituent authorities and the IJB Chief Finance Officer reviews the Annual Governance Statements of the constituent authorities to identify any identified weaknesses in governance which may affect integration functions and/or pose a risk to the IJB.

The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal

control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

The appointed IJB Chief Internal Auditor provides an annual report to the Audit and Risk Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management, and internal control. The IJB Audit and Risk Committee will consider this at its next meeting in September 2023.

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon. There is specific guidance from the Standards Commission for IJB members.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB (Pg. 20).

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for Clackmannanshire and Stirling Health and Social Care Partnerships financial arrangements.

The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit and Risk Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities. The Committee's core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

Governance Issues Relating to Ongoing Impacts of COVID-19

The IJB considered and approved an updated Scheme of Delegation in March 2022 and operated within this during financial year 2022/23 superseding specific governance arrangements put in place during the Covid-19 pandemic. Whilst Covid continues to have impacts on demand for, and delivery of, health and social care services there are no specific governance issues to disclose in this regard.

Other Governance Issues

There are no other specific governance issues to report.

Management of Risk

The Integration Joint Board monitors and seeks to mitigate significant risk through its Risk Management Framework and Strategic Risk Register. The Strategic Risk Register is regularly

reviewed by the partnership Senior Leadership Team. The Audit & Risk Committee provide a scrutiny role for the Integration Joint Board by reviewing, scrutinising, and approving the Strategic Risk Register as a standing agenda item at each meeting. High risks on the Strategic Risk Register are reported to the Integration Joint Board through routine Performance Reports.

The IJBs risk management framework remains under review and an HSCP Risk Management Network has been re-established during the year to enhance risk management arrangements and provided professional risk management input. The review will consider any updates required to the risk management framework and improving interfaces with risk management arrangements across the constituent authorities assisting in linking operational and strategic risk identification, management, and reporting.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit and Risk Committee.

Update on Action Plan

Areas for Improvement Identified	Action Undertaken in 2022/23	Responsible Party(s)	Previous Planned Date of Completion	Revised Date of Completion
A comprehensive review of the IJBs Governance Frameworks will be undertaken aligned to changes in operational responsibilities of the Chief Officer	Action partially complete.	Chief Officer and Chief Finance Officer		Complete
	Reserves Strategy & Policy Updated			Complete
	Delegation agreed and approved by both IJBs within Forth Valley		December 2021	Complete
	Financial Regulations reviewed, updated and presented for approval.		January 2023	September 2023
	Consideration of requirement to prepare revised Integration Scheme has now been revisited and a programme to undertake review is now in place. Note the Integration Scheme is the legal partnership agreement between the constituent authorities.		October 2022	In progress. Completion estimated by March 2024
Development of Local Code of Corporate Governance	Action Outstanding. Local Code of Corporate Governance will be developed as part of review of governance frameworks post review of Financial Regulations	Chief Officer and Chief Finance Officer	December 2021	December 2023

Areas for Improvement Identified	Action Undertaken in 2022/23	Responsible Party(s)	Previous Planned Date of Completion	Revised Date of Completion
Implement Revised Approach to Directions	Partially complete. Revised directions policy approved, and full implementation linked to agreement of 2023-2033 Strategic Plan	Chief Officer, Head of Service (SP&HI) & Chief Finance Officer	March 2023	Over course of 2023/24 linked to delivery plan
Produce Annual Assurance Reports for IJB Committees	Action previously deferred due to operational pressures however IJB agreed to annual assurance reporting from 2023/24 as part of review of committee terms of reference in March 2023.	Chief Finance Officer & HSCP Business Manager	December 2022	March 2024 (first annual assurance reports)
Review of relationship between IJB and Community Planning Partnerships (CPPs)	<p>Action is being progressed.</p> <p>The IJB Chief Officer is a member of Clackmannanshire Alliance and Stirling Community Planning Partnership; with HSCP Managers as member of CPP Delivery groups in both Councils.</p> <p>As part of developing good governance arrangements the IJBs has taken on the CPP leadership role for the Alcohol and Drug Partnership across Clackmannanshire and Stirling areas. This includes regular reporting into CPP for both Council areas.</p> <p>The delegation of Health Improvement Service has been completed. Service and financial planning is underway to align the work to the new Strategic Commissioning Plan and Locality Plans in each Locality area.</p>	Head of Service (Strategic Planning & Health Improvement)	March 2022	Completed
Further Develop Best Value Arrangements	Action partially complete. Further consideration as part of delivery plan and integrated performance framework.	Chief Finance Officer	March 2022	Ongoing

Areas for Improvement Identified	Action Undertaken in 2022/23	Responsible Party(s)	Previous Planned Date of Completion	Revised Date of Completion
Further Develop Strategic Improvement Plan	Superseded by agreement to develop annual delivery plan to underpin Strategic Commissioning Plan.	Chief Officer, Chief Finance Officer, and Head of Service Strategic Planning & Health Improvement	Ongoing	Complete
Undertake Review of Strategic Plan / Strategic Commissioning Plan	Complete	Chief Officer & Head of Service, Strategic Planning & Health Improvement	March 2023	N/a

Some of the actions reflected within the Action Plan above has been materially delayed as largely as a result of the Covid 19 pandemic and enduring significant system pressures being faced by Health and Social Care Services.

Conclusion and Opinion on Assurance

Whilst recognising that further improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team and reported and scrutinised by IJB and the IJB Audit and Risk Committee.

Allan Rennie

Chair

27 September 2023

Annemargaret Black

Chief Officer

27 September 2023

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

		2021/22			2022/23	
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
24,736	0	24,736	Large Hospital Services	31,513	0	31,513
127,956	(8,462)	119,493	Community Health and Social Care Services	138,938	(8,632)	130,306
83,691	0	83,691	Primary Care	90,720	0	90,720
317	0	317	IJB Running Costs	375	0	375
236,699	(8,462)	228,237	IJB Operational Costs	261,546	(8,632)	252,914
	(242,272)	(242,272)	Taxation and Non-Specific Grant Income		(247,192)	(247,192)
		(14,035)	(Surplus) or Deficit on Provision of Services and Total Comprehensive (Income) and Expenditure			5,722

There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the Integration Joint Board's reserves.

	General Fund Balance £000	Unusable Reserves £000	Total Reserves £000
Movements in Reserves 2022/23			
Opening Balance at 31 March 2022	(28,248)	0	(28,248)
Total Comprehensive Income and Expenditure	5,722	0	5,722
Closing Balance at 31 March 2023	(22,525)	0	(22,525)

	General Fund Balance £000	Unusable Reserves £000	Total Reserves £000
Movements in Reserves 2021/22			
Opening Balance at 31 March 2021	(14,212)	0	(14,212)
Total Comprehensive Income and Expenditure	(14,035)	0	(14,035)
Closing Balance at 31 March 2022	(28,248)	0	(28,248)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022 £000		Notes	31 March 2023 £000	
<u>28,248</u>	Short Term Debtors	Note 7	<u>22,525</u>	
<u>28,248</u>	Current Assets		<u>22,525</u>	
<hr/>			<hr/>	
<u>28,248</u>	Net Assets		<u>22,525</u>	
<u>(28,248)</u>	Useable Reserves: General Fund	Note 8	<u>(22,525)</u>	
<u>(28,248)</u>	Total Reserves		<u>(22,525)</u>	

Ewan C. Murray
Chief Finance Officer
27 September 2023

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2022/2023 financial year and its position at the year ended 31 March 2023.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

The IJB's funding from and commissioning of services to partners has been confirmed for 2023/24 and a Medium-Term Financial Outlook has been prepared covering the next 5 financial years with a commitment in place to fully update the IJBs Medium Term Financial Plan later in 2023. The IJB considers there are no material uncertainties around its going concern status.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the Integration Joint Board.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The Integration Joint Board is funded through funding contributions from the statutory funding partners Clackmannanshire Council, Stirling Council, and NHS Forth Valley which includes the pass through of funds from Scottish Government for the specific use of the IJB. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Clackmannanshire and Stirling.

Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently, the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities, and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2023 shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

The Integration Joint Board has no unusable reserves.

Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley, Clackmannanshire and Stirling Councils have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in CNORIS. The Integration Joint Boards participation in the CNORIS scheme is therefore supplementary to normal insurance arrangements for clinical and care services.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

VAT

The Integration Joint Board is not registered for VAT and as such VAT is settled or recovered by the partner agencies.

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Accounting Standards That Have Been Issued but Not Yet Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

3. Critical Accounting Estimates and Assumptions

Set Aside Budget for Large Hospital Services

For financial year 2022/23 the sum included within the accounts in relation to the Set-Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity. The reason for uncertainty in relation to this is the inability of systems to accurately estimate expenditure relating to the populations of Clackmannanshire and Stirling. Systems continue to be developed to be able to accurately provide this information within the accounts in future financial years in partnership with NHS Forth Valley. Development of these arrangements has been materially impacted by the pandemic and ongoing pressures across the health and social care system but is ongoing.

In terms of risk of misstatement, a 10% shift in activity would equate to an estimated £3.502m in costs which would, in turn, be matched by additional income from NHS Forth Valley.

The approach to developing arrangements was detailed in a report to the Integration Joint Board meeting in June 2018 and within the partnerships consolidated response to the Ministerial Strategic Groups proposals on Progress on Integration. The Integration Joint Board, and its committees, will continue to receive reports on progress of this work.

4. Events after the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance Officer on 27 September 2023. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

31 March 2022 £000		31 March 2023 £000
26,011	Services Commissioned from Clackmannanshire Council	30,158
46,482	Services Commissioned from Stirling Council	52,218
163,889	Services Commissioned from NHS Forth Valley	178,795
343	Other IJB Operating Expenditure	343
3	Insurance and Related Expenditure	3
29	Auditor Fee: External Audit Work	29
(4,427)	Service Income: Clackmannanshire Council	(5,066)
(4,035)	Service Income: Stirling Council	(3,566)
(242,330)	Partners Funding Contribution and Non-Specific Grant Income	(247,192)
(14,035) (Surplus) or Deficit on the Provision of Services		5,722

Service income reflected in the table above reflects contributions received from service users towards the costs of adult social care services provided in line with the extant charging policies of Clackmannanshire and Stirling Councils.

6. Taxation and Non-Specific Grant Income

31 March 2022 £000		31 March 2023 £000
21,012	Funding Contribution from Clackmannanshire Council	27,909
41,122	Funding Contribution from Stirling Council	48,852
180,138	Funding Contribution from NHS Forth Valley	170,431
242,272	Taxation and Non-Specific Grant Income	247,192

The funding contribution from the NHS Board shown above includes £31.513 million in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Forth Valley which currently retains responsibility for managing the costs of providing the services. The Integration Joint Board, however, has strategic responsibility for the consumption of, and level of demand placed on, these resources.

7. Debtors

31 March 2022 £000		31 March 2023 £000
5,232	Stirling Council	5,319
2,396	Clackmannanshire Council	5,138
20,619	NHS Forth Valley	12,068
28,248	Total Debtors	22,525

8. Useable Reserve – General Fund

The Integration Joint Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management and pursuance of best value from available resources.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as an element of the Integration Joint Board's financial resilience framework. The IJB held contingency funding totalling £4.398 million at 31 March 2023.

The table below shows the movements on the General Fund balance:

Balance at 31 March 2022 £000	Reserve Detail	Transfers Out £000	Transfers In £000	Balance at 31 March 2023 £000
(1,914)	Transformation & Leadership Fund	1,000	(1,151)	(2,066)
(3,296)	Service Pressures (from Winter Funding)	1,303	(1,520)	(3,512)
(512)	Community Living Fund	0	0	(512)
(12,999)	COVID Funding	12,072	(4,213)	(5,140)
(4,586)	Other Earmarked Reserves	1,596	(1,052)	(4,042)
(1,246)	Primary Care Improvement Plans	1,028	0	(218)
(90)	Action 15 - Mental Health	67	0	(23)
(281)	Alcohol and Drug Partnerships	0	0	(281)
0	Invest to Save Fund	0	(500)	(500)
0	MDT Funding	0	(705)	(705)
0	B2-4 Healthcare Support Workers	0	(775)	(775)
0	PCIP Transitional Payments	0	(153)	(153)
0	Prescribing HSCP Invest to Save	0	(200)	(200)
(24,925)	Total Earmarked	17,066	(10,268)	(18,127)
(3,323)	Contingency	0	(1,075)	(4,398)
(28,248)	General Fund	17,066	(11,344)	(22,525)

The table above is in condensed format and the presentation is intended to aid understanding and highlight the reserves with significant values.

The following constitute the material elements of earmarked reserves and further information of the intended purpose are provided below:

Transformation & Leadership Funding

Funding retained to support non recurrent costs of implementing the transformation programme.

Service Pressures

£2 million of this funding was deployed to support the Initial 22/23 Revenue Budget with the balance being held to support specific service pressures including any additional costs associated with the 23/24 Winter Plan.

Covid Funding

The residual balance of Scottish Government funding support. The funds use will be subject to further discussion with Scottish Government. This reserve has reduced significantly due to deployment to support Covid costs during 2022/23.

Invest to Save Fund

Funding to support ‘pump priming’ initiatives intended to release cash savings in future periods.

MDT Funding

Funding to support development of Multi-Disciplinary Teams. This is held in reserves at 31 March 2023 due to a timing difference between the allocation of funding from Scottish Government and the incurrence of expenditure.

Band 2-4 Healthcare Support Workers

Funding to support increasing the numbers of Healthcare Support Workers. This is held in reserves at 31 March 2023 due to a timing difference between the allocation of funding from Scottish Government and the incurrence of expenditure.

Other Earmarked Reserves

The IJB held a number of smaller earmarked reserves at 31 March 2023 which have specific spending plans but are not individually material. These include residual elements of specific Scottish Government allocations received in 22/23 but not due to be fully expended until financial year 2023/24.

9. Related Party Transactions

The IJB has related party relationships with the NHS Forth Valley and the Clackmannanshire & Stirling Councils. In particular, the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board’s accounts are presented to provide additional information on the relationships.

There are no material transactions with Clackmannanshire and Stirling Integration Joint Board officers or with organisations they have an interest in. The remuneration and any other taxable payments to senior officers, the Chair and Vice Chair are disclosed in the remuneration statement. Each Board member’s registered interests will be published on the Integration Joint Board webpage in due course.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a ‘service in kind’. The support services provided by the constituent authorities mainly consist of performance management, human resources, financial management, information services, information technology and payroll.

Transactions with NHS Forth Valley

31 March 2022 £000		31 March 2023 £000
(180,138)	Funding Contributions received from the NHS Board	(170,431)
163,889	Expenditure on Services provided by the NHS Board	178,795
159	Key Management Personnel: Non-Voting Members	187
(16,091)	Net Transactions with NHS Forth Valley	8,551

Key Management Personnel: The Chief Officer and Chief Finance Officer are employed by NHS Forth Valley and recharged to the Integration Joint Board via contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and Chief Finance Officer is provided in the Remuneration Report.

Balances with NHS Forth Valley

31 March 2022 £000		31 March 2023 £000
<u>20,619</u>	Debtors Balances: Amounts due from NHS Board	<u>12,068</u>
<u>20,619</u>		<u>12,068</u>

Transactions with Clackmannanshire Council

31 March 2022 £000		31 March 2023 £000
(21,012)	Funding Contributions received from the Council	(27,909)
(4,427)	Service Income Received from the Council	(5,066)
26,011	Expenditure on Services provided by the Council	30,158
63	Key Management Personnel: Non-Voting Members	75
<u>635</u>	Net Transactions with Clackmannanshire Council	<u>(2,742)</u>

Balances with Clackmannanshire Council

31 March 2022 £000		31 March 2023 £000
<u>2,396</u>	Debtors Balances: Amounts due from Council	<u>5,138</u>
<u>2,396</u>		<u>5,138</u>

Transactions with Stirling Council

31 March 2022 £000		31 March 2023 £000
(41,122)	Funding Contributions received from the Council	(48,852)
(4,035)	Service Income Received from the Council	(3,566)
46,482	Expenditure on Services provided by the Council	52,218
95	Key Management Personnel: Non-Voting Members	112
<u>1,420</u>	Net Transactions with Stirling Council	<u>(87)</u>

Balances with Stirling Council

31 March 2022 £000		31 March 2023 £000
<u>5,232</u>	Debtors Balances: Amounts due from Council	<u>5,319</u>
<u>5,232</u>		<u>5,319</u>

10. Expenditure Analysis

Expenditure on services commissioned by the Clackmannanshire and Stirling Integration Joint Board from its constituent authorities is analysed below:

	Year Ended 31 March 2022 £000	Year Ended 31 March 2023 £000
NHS Forth Valley - Health Services		
<u>Set Aside</u>		
Accident and Emergency Services	6,793	10,725
Inpatient Hospital Services Relating to:		
General Medicine	3,265	3,753
Geriatric Medicine	3,937	6,566
Rehabilitation Medicine	1,706	2,790
Respiratory Medicine	1,264	2,123
Psychiatry of Learning Disability	1,115	1,243
Palliative Care (Hospital Based)	1,149	1,218
Mental Health Inpatient Services	5,984	6,605
Set Aside Subtotal	25,212	35,024
Adjustment to budget	(476)	(3,511)
Adjusted Set Aside Subtotal	24,736	31,513
<u>Operational</u>		
Nursing Services	4,550	5,003
Community Addiction Services	3,212	3,662
Community Based AHP Services	6,663	6,886
Community Mental Health	761	998
Community Learning Disabilities	4,672	5,504
Community Hospitals	5,629	6,573
Other Health Care Services	5,582	6,406
Integration Fund & Resource Transfer	24,393	21,530
Partnership Costs	159	187
Operational Subtotal	55,621	56,749
<u>Universal</u>		
Primary Medical Services (GMS Contract)	29,843	32,417
Primary Dental Services (GDS Contract)	9,281	10,369
Community Ophthalmic Services	2,801	2,849
Community Pharmaceutical Services	39,961	43,307
GP Out of Hours Services	1,805	1,779
Universal Subtotal	83,691	90,720
Total Health Services	164,047	178,982

Clackmannanshire Council - Adult Social Care Services

Long Term Care	10,496	13,459
Care at Home	9,036	11,799
Staffing	8,162	9,127
Direct Payments	890	1,300
Third Party Payments	4,148	1,774
Other Adult Social Care Services	1,103	1,222
Partnership Costs	63	75
Income	(4,427)	(5,066)
Resource Transfer	(7,825)	(8,521)

Total Adult Social Care Services - Clackmannanshire	21,647	25,167
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Stirling Council - Adult Social Care Services

Long Term Care	15,389	15,719
Care at Home	18,614	21,260
Staffing	6,329	6,398
Bellfield Centre	3,703	4,478
Reablement	2,358	3,135
Direct Payments	1,290	1,613
Third Party Payments	903	1,393
Respite	960	1,569
MECS / Telecare / Telehealth	661	686
Other Adult Social Care Services	3,360	3,562
Partnership Costs	95	112
Integration Fund & Resource Transfer	(11,120)	(11,160)

Total Adult Social Care Services - Stirling	42,543	48,765
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Partnership Total	228,237	252,914
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Independent auditor’s report to the members of Clackmannanshire and Stirling Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Clackmannanshire and Stirling Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement and Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the **Integration Joint Board** as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27 we are independent of the **Clackmannanshire and Stirling Integration Joint Board** in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the **Clackmannanshire and Stirling Integration Joint Board**. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the **Integration Joint Board’s** ability to continue to adopt

the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the **Integration Joint Board** current or future financial sustainability. However, we report on the **Integration Joint Board** arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that We identified and our judgements thereon.

Responsibilities of the chief finance officer and Clackmannanshire and Stirling IJB for the financial statements

As explained more fully in the Statement of Responsibilities, the chief finance officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the chief finance officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the chief finance officer is responsible for assessing the Integration Joint Board ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the **Integration Joint Board** operations.

The **Integration Joint Board** is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud.

Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the **Clackmannanshire and Stirling IJB**;

- inquiring of the chief officer and chief finance officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the **Clackmannanshire and Stirling IJB**;
- inquiring of the chief officer and chief finance officer concerning the **Clackmannanshire and Stirling IJB** policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the body operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This includes the Public Bodies (Joint Working) (Scotland) Act 2014
- Do not have a direct effect on the financial statements but compliance with which may be fundamental to the body's ability to operate or to avoid a material penalty. These include the Data Protection Act 2018 and relevant employment legislation.

As a result of performing the above, we identified the greatest potential for fraud was in relation to management override of controls. In common with audits under ISAs (UK) we are required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulation described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatements due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the

effectiveness of the **Clackmannanshire and Stirling IJB** controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The chief finance officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and We do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with

statutory guidance issued under the Local Government in Scotland Act 2003;
and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations We require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pat Kenny, CPFA (for and on behalf of Deloitte LLP)
110 Queen Street
Glasgow
G1 3BX
United Kingdom

[Full date]

Glossary

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period	The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.
Accruals	The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.
Balance Sheet	A statement of the recorded assets, liabilities, and other balances at the end of the accounting period.
CIPFA	The Chartered Institute of Public Finance and Accountancy.
Consistency	The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.
CNORIS	The Clinical Negligence and Other Risks Indemnity Scheme
COSLA	Convention of Scottish Local Authorities
Creditor	Amounts owed by the IJB for work done, goods received, or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.
Debtor	Amount owed to the IJB for works done, goods received, or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.
Entity	A body corporate, partnership, trust, unincorporated association, or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.
Events after the Reporting Period	Events after the Reporting Period are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.
IAS	International Accounting Standards
IFRS	International Financial Reporting Standards
ISA	International Standard on Auditing
ISD	Information Services Division Scotland
LASAAC	Local Authority (Scotland) Accounts Advisory Committee
Liability	A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.
NRAC	NHS Scotland Resource Allocation Committee (Scottish NHS resource allocation formula)
Provision	An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.
PSIAS	Public Sector Internal Audit Standards.
Related Parties	Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer and their close family and household members.
Remuneration	All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax)

	and the monetary value of any other benefits received other than in cash.
Reserves	The accumulation of surpluses, deficits, and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.
Revenue Expenditure	The day-to-day expenses of providing services.
Significant Interest	The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.
SOLACE	Society of Local Authority Chief Executives.
The Code	The Code of Practice on Local Authority Accounting in the United Kingdom.



Clackmannanshire & Stirling Integration Joint Board

Final report to the Audit & Risk Committee, the IJB and the Controller of Audit on the 2022/23 audit

Issued on 8 September for the meeting on the 13 September 2023

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1.1 Partner introduction

The key messages in this report

Audit quality is our number one priority. We plan our audit to focus on audit quality and have set the following audit quality objectives for this audit:

- A robust challenge of the key judgements taken in the preparation of the financial statements.
- A strong understanding of your internal control environment.
- A well planned and delivered audit that raises findings early with those charged with governance.

I have pleasure in presenting our final report to the Audit and Risk Committee (“the Committee”) of Clackmannanshire and Stirling Integration Joint Board (“the IJB”) for the 2022/23 audit. The report summarises our findings and conclusions in relation to the audit of the Annual Accounts and the wider scope requirements, the scope of which was set out within our planning report presented to the Committee in April 2023.

I would like to draw your attention to the key messages of this paper:

Conclusions from our testing

Based on our audit work completed to date, we expect to issue an unmodified audit report.

The Management Commentary and Annual Governance Statement comply with the statutory guidance and proper practice and are consistent with the Annual Accounts and our knowledge of the IJB. We provided management with comments and suggested changes based on review of the first draft of the annual accounts and an update has been received confirming compliance.

The auditable parts of the Remuneration Report have been prepared in accordance with the relevant regulation.

A summary of our work on the significant risk is provided in the dashboard on page [10](#).

No material errors have been identified to date and there are no uncorrected misstatements. No corrected misstatements in excess of our reporting threshold of £183,000 has been identified up to the date of this report which is included within the Appendix to this report.

1.2 Partner introduction (continued)

The key messages in this report (continued)

Status of the Annual Accounts audit

Outstanding matters to conclude the audit include:

- Receipt of final Annual Accounts;
- Receipt of signed management representation letter;
- Our review of subsequent events since 31 March 2023.

Conclusions from wider scope audit work

Financial management

The IJB continues to have effective budget setting and monitoring arrangements in place.

Financial sustainability

The IJB is financially sustainable in the short-term however, there are significant funding gaps projected over the next four years, therefore is not financially sustainable in the medium term. It is positive to see that specific focus has been given to transformation change, however, significant work is still required to make the level of long-term transformational change needed to ensure financial sustainability.

Vision, leadership and governance

The IJB has a clear vision, however, there continues to be capacity constraints within the Senior Management Team and difficulties in filling posts within the Audit and Risk Committee.

The Constituent Authorities have not carried out a formal review of the Integration Scheme including issuance of a revised Integration Scheme. This is planned for 2023/24. The integration governance arrangements are also being reviewed as part of the Escalation Framework at NHS Forth Valley. The unique position of being an IJB with three partner bodies brings a number of complexities and challenges. There is scope, as part of the review of the Integration Scheme, to streamline and clarify roles and responsibilities.

Use of resources to improve outcomes

The IJB's performance management framework is being further developed following the approval of the new Strategic Commissioning Plan. This work aims to develop ways to demonstrate improved outcomes for citizens, best value for the use of public money and evidence of progress in relation to the agreed priorities. These plans are a positive step and we will monitor the progress as part of our audit appointment.

The current format of performance reporting provides a lot of detail but lacks clarity on targets and would benefit from a scorecard approach to provide a clear picture of where services are performing well and where additional scrutiny and challenge is required for areas of service declining or below target.

1.3 Partner introduction (continued)

The key messages in this report (continued)

Conclusions from wider scope audit work (continued)

Use of resources to improve outcomes (continued)

Performance during the year has seen some areas of improvement, however, a number of areas remain below the Scottish average.

Best value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability.

Climate change

As a public sector body that commissions services from its partner bodies and therefore does not directly employ staff or own assets, the opportunities for direct emissions reductions are limited. However, as the IJB is responsible for making decisions about service change, service redesign and investment and disinvestment, there is an indirect responsibility to consider the climate change implications of these decisions. We therefore recommend that the IJB should consider how climate change can be reflected in future Delivery Plans. This should be closely aligned with the work that the constituent authorities are doing to avoid duplication of effort and ensure full collaborative working.

Next steps

An agreed Action Plan is included on pages [42 to 49](#) of this report, including a follow up of progress against prior year actions. From this, we have concluded that one of the recommendations from the previous auditor has been completed, with the remaining six still in progress. It is important that realistic target dates are set, and closely monitored to ensure that actions are taken as agreed.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making, and more effective use of resources. This is provided throughout the report.

We have also included our “sector developments” on pages [39 to 40](#) where we have shared our research and informed perspective and best practice from our work across the wider public sector that are specifically relevant to Local Government.

Pat Kenny
Associate partner





Annual Accounts Audit



2.1.1 Quality indicators



Impact on the execution of our audit

Management and those charged with governance are in a position to influence the effectiveness of our audit, through timely formulation of judgements, provision of accurate information, and responsiveness to issues identified in the course of the audit. This slide summarises some key metrics related to your control environment which can significantly impact the execution of the audit. We consider these metrics important in assessing the reliability of your financial reporting and provide context for other messages in this report.

Area	Grading	Reason	Further detail
Timing of key accounting estimates		The timing of providing details for the key accounting estimates was in line with the set timetable provided.	N/A
Adherence to deliverables timetable		Over 42% of deliverables were not provided in accordance with the agreed timeline. This was in part due to delay in the IJB obtaining relevant supporting evidence from the constituent authorities.	12
Access to finance team		We had relatively good access to the finance team of the IJB during our audit work. However, as the underlying data is held by the constituent authorities, there was a need to also access their respective finance teams. There were some delays in getting access to the relevant staff within the constituent authorities.	N/A
Quality and accuracy of management accounting papers	N/A	There have been no management papers that have been required to be produced for the audit	N/A
Quality of draft Annual Accounts		The initial version of the draft Annual Accounts was of appropriate quality. We identified disclosure recommendations which have been corrected by management.	N/A

2.1.2 Quality indicators (continued)

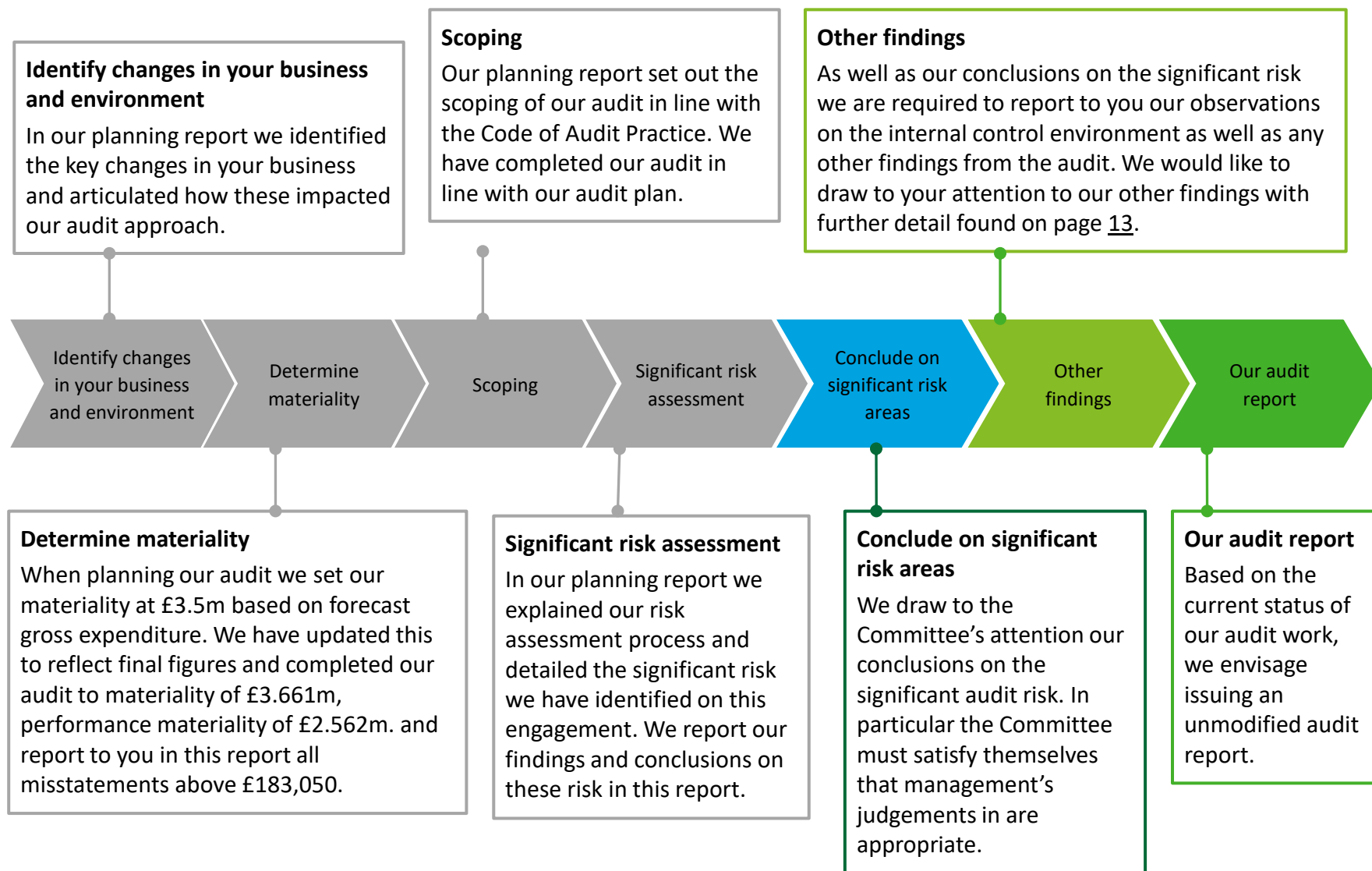
Impact on the execution of our audit

Area	Grading	Reason	Further detail
Response to control deficiencies identified		We have not discovered any control deficiencies during our audit	N/A
Volume and magnitude of identified errors		We have not discovered any errors during our audit	N/A

 Lagging  Developing  Mature

2.2 Our audit explained

We tailor our audit to your business and your strategy



2.3 Significant risk

Significant risk dashboard

Risk	Fraud risk	Planned approach to controls	Controls conclusion	Consistency of judgements with Deloitte's expectations
Management override of controls			Satisfactory	

Level of management judgement



High degree of management judgement



Some degree of management judgement



Limited management judgement

Controls approach adopted



Assess design & implementation

2.3.1 Significant risk (continued)

Management override of controls

Risk identified

Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

Deloitte response and challenge

In considering the risk of management override, we have performed the following audit procedures that directly address this risk:

Journals

- We have tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the Annual Accounts. In designing and performing audit procedures for such tests, we have:
- Tested the design and implementation of controls over journal entry processing;
- Made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments;
- Selected journal entries and other adjustments made at the end of a reporting period; and
- Considered the need to test journal entries and other adjustments throughout the period.

Accounting estimates and judgements.

We have reviewed accounting estimates for biases and evaluate whether the circumstances producing the bias, if any, represent a risk of material misstatement due to fraud. In performing this review, we have:

- Evaluated whether the judgements and decisions made by management in making the accounting estimates included in the Annual Accounts, even if they are individually reasonable, indicate a possible bias on the part of the entity's management that may represent a risk of material misstatement due to fraud. From our testing we did not identify any indications of bias. A summary of the key estimates and judgements considered is provided on the next page; and.
- Performed a retrospective review of management judgements and assumptions related to significant accounting estimates reflected in the Annual Accounts of the prior year.

Significant and unusual transactions

We did not identify any significant transactions outside the normal course of business or any transactions where the business rationale was not clear.

Deloitte view

We have not identified any instances of management override of controls from our testing to date. However we did have issues obtaining the transaction listings from each of the constituent authorities, which led to late delivery of the documents needed. This is part of the insight raised, which is discussed at page [13](#).

2.3.2 Significant risks (continued)


Management override of controls (continued)




Key estimates and judgements The key estimates and judgements in the Annual Accounts includes areas which management inherently has the potential to use their judgement to influence the Annual Accounts. As part of our work on this risk, we reviewed and challenge management’s key estimate below:

Estimate	Details of management’s position	Deloitte Challenge and conclusions
Set Aside Budget for Large Hospitals	<p>For financial year 2022/23 the sum included within the accounts in relation to the Set-Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity.</p> <p>Systems are being developed to accurately provide this information in future financial years. Development of these arrangements continues to be impacted by the pandemic but is ongoing.</p> <p>In terms of risk of misstatement, a 10% shift in activity would equate to an estimated £3.502m in costs which would, in turn, be matched by additional income from NHS Forth Valley.</p>	<p>We have reviewed the evidence and concluded that the rationale provided is reasonable and that the accounting treatment of the set aside budget is appropriate.</p>

2.4 Your control environment and findings

Control deficiencies and areas for management focus

Observation	Deloitte rating	Deloitte recommendation	Management response and remediation plan
Although we were provided with appropriate supporting documentation to complete our audit testing, there were challenges in obtaining evidence from the relevant constituent authorities. While the IJB finance staff are responsible for preparing the IJB Annual Accounts, they are reliant on information being provided by the constituent authorities. This caused a delay in completing the audit.		The IJB and constituent authorities finance teams should agree a clear timeline and list of deliverables for preparing the Annual Accounts and preparing for the audit.	See action plan at page 42

-  Low priority
-  Medium Priority
-  High Priority

2.5 Other significant findings

Financial reporting findings

Below are the findings from our audit surrounding your financial reporting process.

Qualitative aspects of your accounting practices:

The IJB's Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting (the "Code"). Following our audit work, we are satisfied that the accounting policies are appropriate.

Significant matters discussed with management:

The Constituent Authorities are currently working on issuing a revised integration scheme which has been delayed. This is discussed further at page [27](#).

There were initial understanding in terms of the accounting treatment relating to the set aside budget. We note there was an overspend compared to the budgeted expenditure, which was not recognised as income or costs. Whilst we note the risk sits with NHS Fourth Valley ("NHS FV") in terms of covering the additional costs, the utilisation of the underlying resources is within the remit of the IJB, and we were of the opinion it should be included in the actual costs (and corresponding actual income). We have consulted with Audit Scotland and noted the treatment by the client as well as what we have highlighted are both appropriate.

Liaison with internal audit

The audit team, has completed an assessment of the independence and competence of the internal audit department and reviewed their work and findings. In response to the significant risk identified, no reliance was placed on the work of internal audit and we performed all work ourselves.

We will obtain written representations from the IJB on matters material to the Annual Accounts when other sufficient appropriate audit evidence cannot reasonably be expected to exist. A copy of the draft representations letter has been circulated separately.

2.6 Our audit report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report.

66
99

Our opinion on the Annual Accounts

Our opinion on the financial statements is expected to be unmodified.



Going concern

We have not identified a material uncertainty related to going concern and will report that we concur with management's use of the going concern basis of accounting.

Practice Note 10 provides guidance on applying ISA (UK) 570 Going Concern to the audit of public sector bodies. The anticipated continued provision of the service is more relevant to the assessment that the continued existence of a particular body.



Emphasis of matter and other matter paragraphs

There are no matters we judge to be of fundamental importance in the financial statements that we consider it necessary to draw attention to in an emphasis of matter paragraph.

There are no matters relevant to users' understanding of the audit that we consider necessary to communicate in an other matter paragraph.



Other reporting responsibilities

The Annual Accounts is reviewed in its entirety for material consistency with the Financial Statements and the audit work performance and to ensure that they are fair, balanced and reasonable.

Our opinion on matters prescribed by the Controller of Audit are discussed further on page [16](#).

2.7 Your Annual Accounts

We are required to provide an opinion on the auditable parts of the Remuneration report, the Annual Governance Statement and whether the Management Commentary is consistent with the disclosures in the accounts.

	Requirement	Deloitte response
Management Commentary	The report outlines the IJB's performance, both financial and non-financial. It also sets out the key risks and uncertainties faced by the IJB.	<p>We have assessed whether the Management Commentary has been prepared in accordance with the statutory guidance.</p> <p>We have also read the Management Commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.</p> <p>Following updates made as agreed during the audit, including ensuring appropriate disclosure of the performance of the IJB, we are satisfied that the Management Commentary has been prepared in accordance with guidance, is consistent with our knowledge and is not otherwise misleading. Further improvements could be made to the Performance Reporting section as discussed further at page 33.</p>
The Remuneration Report	The remuneration report has been prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of Senior Employees of the IJB.	We have audited the disclosures of remuneration and pension benefits, pay bands and we can confirm that they have been properly prepared in accordance with the regulations.
The Annual Governance Statement	The Annual Governance Statement reports that the IJB's governance arrangements provide assurance, and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the Annual Accounts and has been prepared in accordance with the Delivering Good Governance in Local Government Framework. Following updates made as agreed during the audit for minor improvements we can conclude that the Annual Governance Statement is consistent with the Annual Accounts, our knowledge and the accounts regulations.

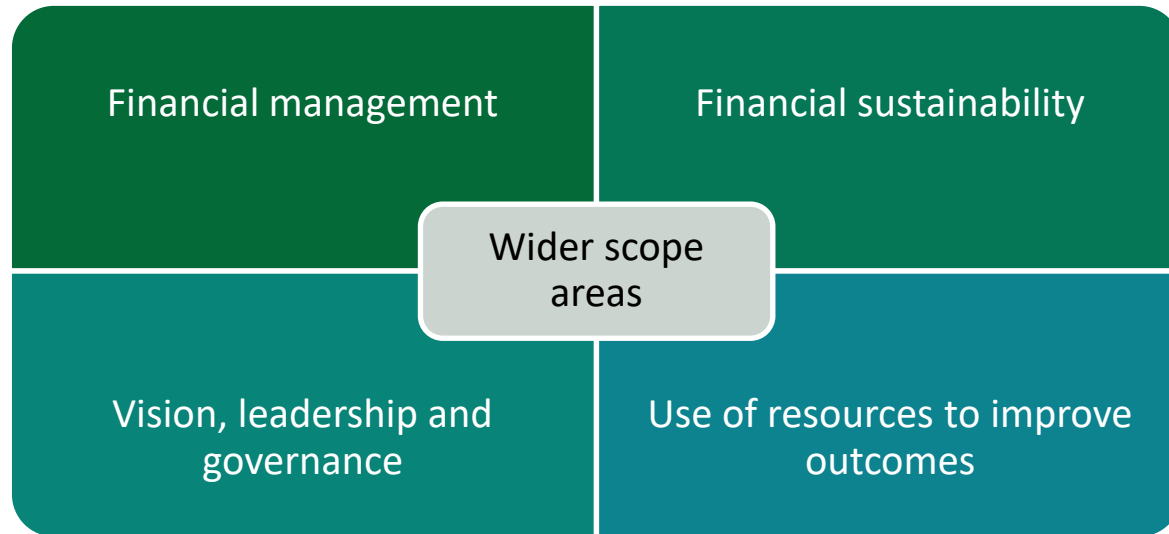
Wider scope audit



3.1 Wider scope requirements

Overview

As set out in our audit plan, reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The wider scope audit specified by the Code of Audit Practice broadens the audit of the accounts to include consideration of additional aspects or risks in the following areas.



In its planning guidance, Audit Scotland has also highlighted the following national or sectoral risks that the Auditor General and Accounts Commission wish auditors to consider at all bodies during the 2022/23 audits:

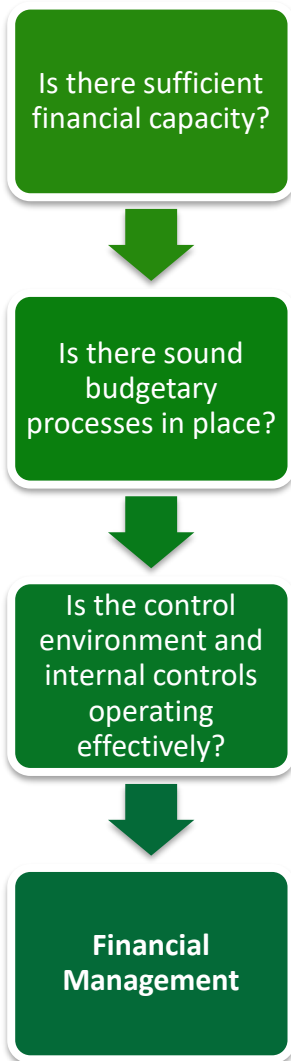
- Climate change.
- Cyber security.

Our audit work has considered how the IJB is addressing these and our conclusions are set out within this report, with the report structured in accordance with the four dimensions. Our responsibilities in relation to Best Value ('BV') have all been incorporated into this audit work.

As the IJB relies on the cyber security policies within the three constituent authorities, we have considered that as part of our separate audits of these bodies, and have therefore not replicated our conclusions in this report.

3.2 Wider scope requirements (continued)

Financial management



Significant risks identified in Audit Plan

We did not identify any significant risks in relation to financial management during our planning work. We therefore restricted our audit work to reviewing the budget monitoring to the Board during the year to assess whether financial management and budget setting has continued to be effective.

Current year financial performance

The 2022/23 budget of £228.822 million, including set aside, was approved by the IJB in March 2022. The budget has been updated throughout the year to include in-year movements and the final outturn position is a net underspend of £2.435 million, as summarised below.

	Approved budget (March 2022) £m	Final Budget (March 2023) £m	Final Outturn (March 2023) £m	(Under)/over spend £m
Integrated budget	204.160	222.478	221.402	(1.076)
Set Aside	24.662	31.513	35.024	3.511
Total	228.822	253.991	256.426	2.435

The net overspend is a combination of:

- A £3.511m overspend on the set aside budget for large hospital services due to costs of contingency beds, associates staffing for these beds, and other workforce costs including increased use of temporary workforce solutions. This overspend is being funded by NHS Forth Valley.
- Underspends across several areas of Community Health Services including district nursing, addictions, Allied Health Professionals, community learning disabilities and community mental health services. This is largely associated with underspends in staffing reflecting recruitment and retention issues, offset partly by increased temporary workforce costs.

3.3 Wider scope requirements (continued)

Financial management (continued)

Current year financial performance (continued)

The budget incorporated planned savings of £2.651 million. The final outturn has highlighted that approximately 72% of the planned savings and efficiencies programmes were achieved in year, which were offset by in-year slippage on implementation of key business cases and other fortuitous underspends including staff vacancies referred to above.

The Partnership Senior Management Team (SMT), the Finance and Performance Committee (FPC) and the Board regularly review progress against the budget throughout the year with quarterly reporting to the Board. From review of the reporting throughout the year, variances are reported and explained along with the key risks faced, however, the reporting format could be further enhanced by incorporating the following:

- Including a clear reconciliation from the original approved budget to the revised budget updated during the year.
- A RAG rating against the savings plan to show the likelihood of savings being achieved, and where there are risks of non-achievement, setting out the implications (for both current and future years).
- Clearer analysis on the progress with the approved use of reserves and projected position on earmarked balances.

Management have noted that further work is being progressed to develop and improve the integrated financial reporting and will be presented initially to the FPC in due course. We recommend that the above points are considered as part of that work.

Finance capacity

The finance team has remained consistent throughout the year. The IJB finance team is reliant on support from the three partner bodies finance teams to provide information to support the financial management of the IJB. As is the case across the public sector, finance teams are increasingly being stretched with additional reporting pressures. While this has not directly impacted the financial management of the IJB, this is an area that should be closely monitored.

Internal controls and internal audit

The IJB is largely reliant on the internal control arrangements within the respective partner bodies. Due to the unique nature of the IJB, discussed further on page [13](#), the use of three different financial systems, with their own coding structure, adds to the complexity of preparing accounts for the IJB.

The internal audit services were previously provided by FTF (Fife, Tayside and Forth Valley) Internal Audit Services, appointed on behalf of NHS Forth Valley. In accordance with the agreement with the three partners, from 2022/23, this has changed to being appointed on behalf of Clackmannanshire Council. As Clackmannanshire Council procure Internal Audit Services from Falkirk Council, the IJB's Chief Internal Auditor is the Internal Audit Risk and Corporate Fraud Manager from Falkirk Council.

3.4 Wider scope requirements (continued)

Financial management (continued)

Internal controls and internal audit (continued)

We have assessed the internal audit function, including its nature, organisational status and activities performed. We have reviewed all internal audit reports published throughout 2022/23. The conclusions have helped inform our audit work, although no specific reliance has been placed on this work.

The 2022/23 Internal Audit Plan was approved by the ARC in November 2022 and comprised three assignments for the year, covering 60 audit days. Detailed reports are provided to the Committee for each project. The approval of the plan in November 2022, some eight months into the financial year, is not in line with best practice but is as a result of the transition to Falkirk Council internal audit team. We are pleased to note that the 2023/24 internal audit plan has been approved much earlier in June 2023.

An Internal Audit Joint Working Protocol has also been agreed by the Internal Auditors of the partner bodies to allow the sharing of reports to provide additional assurance to the IJB.

Standards of conduct for prevention and detection of fraud and error

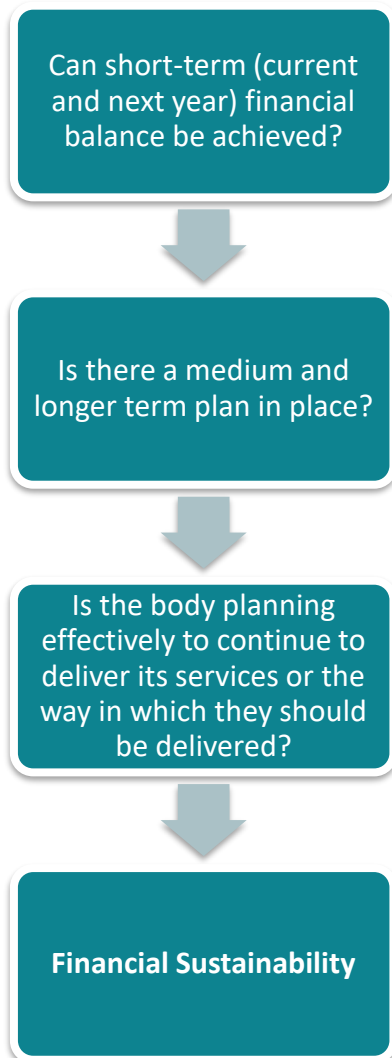
We have assessed the IJB's arrangements for the prevention and detection of fraud and irregularities. This has included specific considerations in response to the Audit Scotland's publication "Fraud and irregularities 2021/22 – sharing risks and case studies to support the Scottish public sector in the prevention of fraud". Overall, we found the arrangements to be to be designed and implemented appropriately.

Deloitte view – financial management

The IJB continues to have effective budget setting and monitoring arrangements in place. This is supported by an experienced finance team and a robust internal audit function, as well as appropriate arrangements for the prevention and detection of fraud and error. Financial reporting could be enhanced by providing a clearer track of changes in budgets and more detail on savings plans and use of reserves.

3.5 Wider scope requirements (continued)

Financial sustainability



Significant risks identified in Audit Plan

In our audit plan we highlighted that there was a risk that robust medium-to-long term planning arrangements are not in place to ensure that the IJB can manage its finances sustainably and deliver services effectively. This was as a result of the following factors:

- A projected overspend on the 2022/23 budget position;
- Pressures on expenditure including public sector pay costs and inflationary pressures not being met by increased income;
- The IJB was required to repay to the Scottish Government a sum of £8.098m from the reserves carried forward from 2021/22; and
- Indicative estimates gaps for future years beyond 2023/24.

2023/24 budget setting

The IJB approved a balanced budget of £243.670 million (inclusive of the estimated set side budget of £29.217 million) for 2023/24 in March 2023. In getting to the balanced position, a budget gap of £6.392 million was identified in the Integrated budget and a £3.074m gap in the Set Aside budget. An efficiency and transformation plan for £4.392m was agreed to offset part of this gap, with the remaining balance being funded from a one-off use of reserves of £2m. This targeted level of savings is a significant increase to that achieved in previous years, therefore is a challenging target. In addition, the use of reserves is not sustainable, but instead given the IJB time to fully develop a more detailed medium term plan.

The report to the Board in March 2023 referred to the arrangement for implementing set aside arrangements and noted further work was still required. This work includes developing an activity and cost model to fully comply with the legislation and guidance. This is expected to help identify where cost avoidance, through improved patient flow and bed management can be achieved. However, at this stage, the IJB has viewed the financial balance within the set aside budget as high risk. The risk sharing arrangements also require further discussion as part of the review of the Integration Scheme, referred to on page [28](#).

3.6 Wider scope requirements (continued)

Financial sustainability (continued)

2023/24 budget setting (continued)

In setting its budget, the IJB has also recognised a number of other risks including:

- Insufficient funding;
- Ongoing high inflation;
- Availability of workforce, reliance on and cost of use of temporary workforce solutions;
- Growing demand and complexity of service delivery;
- Absence of any specific COVID-19 funding support in 2023/24 and beyond, with risk that some COVID-19 driven costs continue without funding;
- Risks that the National Care Home Contract fails and wider sustainability risks in the social care provider market;
- Recurrent savings options are not identified, accepted or delivered;
- Management capacity risk to deliver strategic change; and
- Future policy decisions.

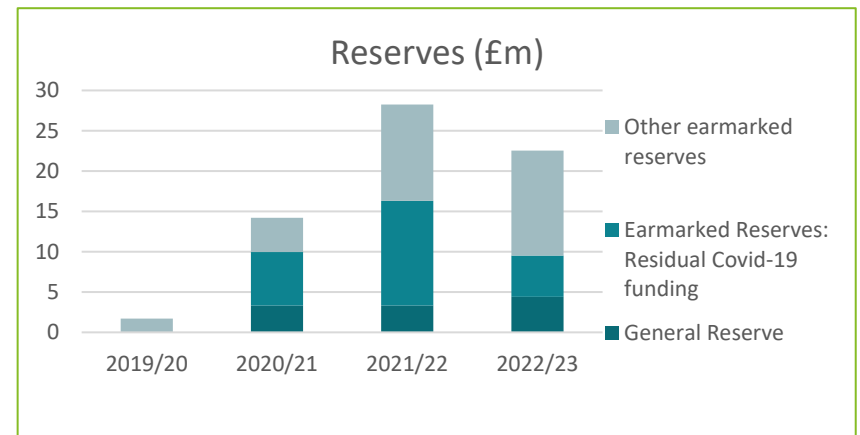
Board members were fully involved in the budget process in advance of the formal budget setting meeting. This included detailed considered at the FPC and as a change in 2023/24, a budget seminar was held, open to all members, to discuss in detail in advance of the formal budget setting meeting to ensure all were fully informed of the challenges faced.

Reserves

At the time of approval of the 2023/24 budget, the IJB carried out its annual review of its reserves strategy in line with good practice. The reserves policy and strategy is largely unchanged from previous years, with the key element being:

- A prudential reserves target of 2.5% of budgeted expenditure;
- A minimum general or contingency reserve level of 1% of budgeted expenditure.

An analysis of the reserves at the end of 2022/23 in comparison with previous years is illustrated below, with the General Reserve being 1.8% of budgeted expenditure, therefore in line with the policy.



3.7 Wider scope requirements (continued)

Financial sustainability (continued)

Reserves (continued)

The reserves balance is significantly higher than that projected at the time of setting the budget (£10.284m) due to the following:

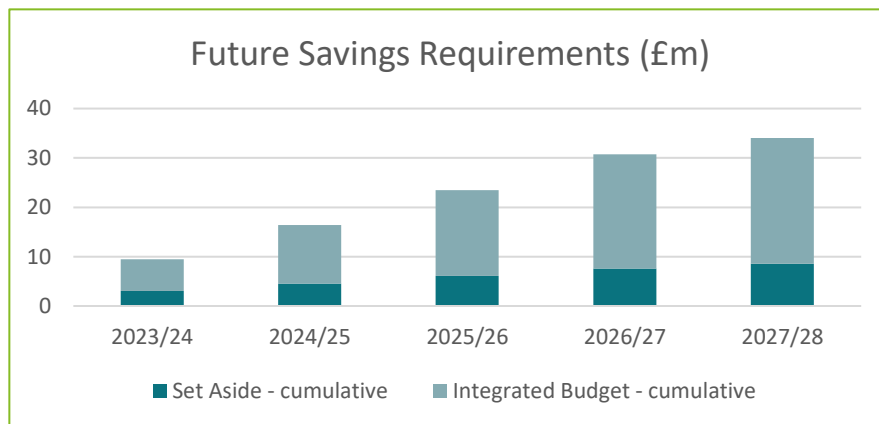
- £5.140 million of Covid-19 earmarked reserves which is subject to ongoing discussion with Scottish Government.
- An increase in general reserves as a result of a net underspend in the integrated budget for 2022/23, as discussed on page [25](#).
- Higher than projected balance of service pressures earmarked at 31 March 2023.
- A number of new earmarked reserves.

While management expect reserve levels to fall to target levels by 31 March 2024 as a result of the financial risks and pressures, it is important that clear plans are developed and monitored as part of the regular financial monitoring reporting to the Board to demonstrate how these funds are being used to improve outcomes.

Medium-to-long term financial planning

As part of the 2022/23 budget papers, the IJB has set out the medium term financial outlook over the next 5 years. This provides a very high level view of the financial challenges facing the IJB and is aligned to the national financial planning assumptions in relation not the Health and Social Care Portfolio and an assumption that funding will continue to be provided for increases to the Scottish Living Wage.

The cumulative savings requirements over the 5 years are illustrated below, showing that by 2027/28, savings of £34.013 million will be required.



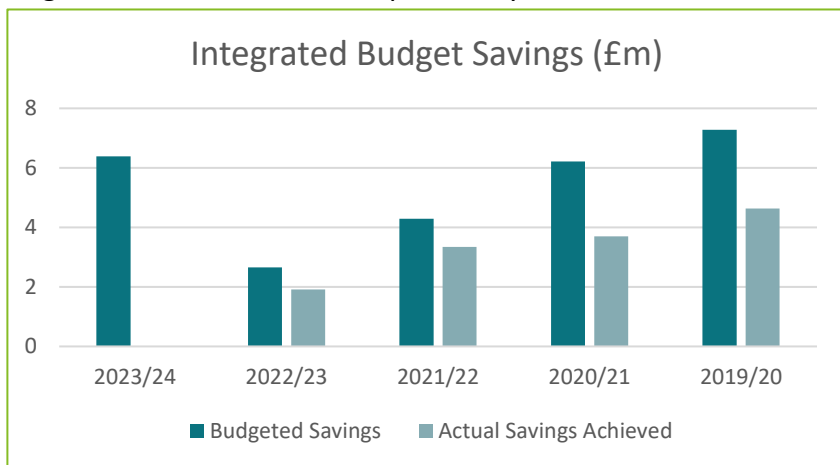
Management have confirmed that there are plans in place for a more in-depth review of the Medium Term Financial Plan later in the year. It is critical that this is developed, with transformation and savings plans aligned to demonstrate how financial balance is going to be achieved.

3.8 Wider scope requirements (continued)

Financial sustainability (continued)

Savings and transformational change

As explained on page [22](#), the approved budget incorporates the need to make savings in both the Integrated and Set Aside Budgets. The graph below illustrates the level of savings achieved over the last 4 years against the 2023/24 budgeted amount, demonstrating that the IJB has historically not met its savings targets and the 2023/24 savings target is significantly higher than that achieved in previous years.



The IJB has recognised that this is a significant challenge and work continues to identify, risk assess and deliver the required savings across 3 broad themes:

- Operational Grip and Control.
- Strategic Approaches.
- Policy Options.

Management has recognised that these approaches require to be accompanied by strong delivery planning and close monitoring to ensure progress, identify and mitigate risk where possible. There is also a need to closely monitor the balance between financial and non-financial performance. To support this, an overarching delivery plan, aligned to the Strategic Commissioning Plan, Financial Plan, Transforming Care Programme and Operation Planning has recently been developed.

In addition to this, an Operational Performance Board has been created to improve oversight of performance (financial and non-financial) of delegated integration functions. As part of the approval of the budget, agreement was given to re-allocate previous earmarked reserves of £237,000 which were no longer required to support additional management capacity to deliver this strategic change. This is now partly in place with additional part time capacity.

The Transformation Care Board continues to function, reporting to the FPC and Board. This, together with the additional management capacity is expected to assist in driving a refreshed transforming care programme, aligned to the single overarching deliver plan.

The IJB agreed a transformation funding investment programme as part of the 2022/23 budget. As the IJB refreshes the programme, the deployment of funding will also require to be reviewed based on strategic alignment and evidence of impact including improving outcomes. A fund of £2.478m is currently earmarked as transformation funding.

3.9 Wider scope requirements (continued)

Financial sustainability (continued)

Savings and transformational change (continued)

As part of the refresh of the transformation care programme, it is important that a structured approach to monitoring the transformational change is implemented to ensure that all projects are monitored and regular reporting is provided to the Board to give assurance that both operational and financial benefits expected are on track.

Workforce planning

A key enabling activity identified within the Strategic Delivery Plan is workforce planning. As noted on page [23](#), one of the biggest risks faced by the IJB is the availability of workforce and the reliance on temporary staff.

An Integrated Workforce Plan 2022-2025 was submitted to the Scottish Government in July 2022 for review and comments. Feedback was received and a final plan published in October 2022.

It is critical that the actions identified in the Workforce Plan are taken forward and closely monitored to support the delivery of the Strategic Commissioning Plan and ambitious programme of transforming care.

Deloitte view – Financial sustainability

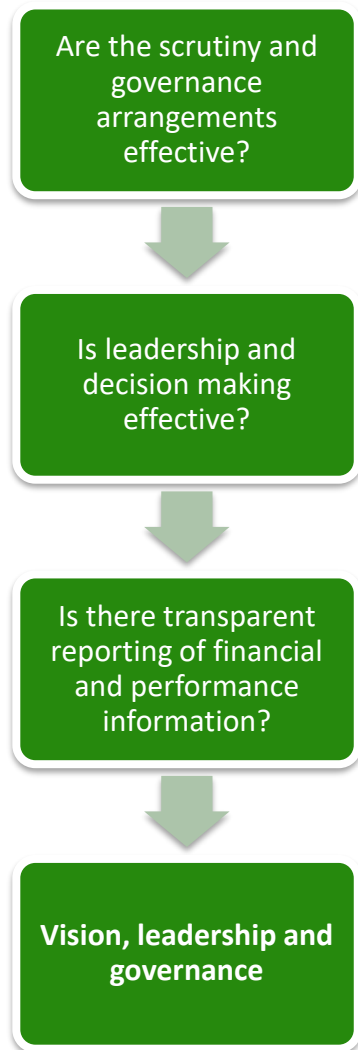
The IJB has achieved financial balance in 2022/23 and set a balanced budget for 2023/24 with a level reserves maintained in excess of the minimum set within its Reserves Strategy. It is therefore financially sustainable in the short-term. However, based on its high level assessment of its medium term financial outlook, there are significant funding gaps over the next 4 year, therefore it is currently not financially sustainable in the medium to longer term.

It is positive to see that specific focus has been given to transformation change in setting budgets, with additional capacity approved to drive forward this change. Funding has also been earmarked for transformation.

Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability. It is important that tools are developed to consistently track the benefits achieved (both financial and outcomes) from the transformational change to demonstrate that it is achieving the desired outcomes.

3.10 Wider scope requirements (continued)

Vision, leadership and governance



Significant risks identified in Audit Plan

In our audit plan, we recognised that NHS Forth Valley, as a key partner of the IJB, was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework in November 2022 for concerns relating to governance, leadership and culture. We therefore highlighted a significant risk in relation to the leadership, governance and culture in place, impacting on the IJB.

Vision and strategy

The IJB's previous Strategic Commissioning Plan covered the period 2019-2022. A revised Plan covering the period 2023-2033 was approved by the Board in March 2023. This followed extensive consultation and engagement with the public, partners and other stakeholders. The new plan also builds on the priorities and successes of the previous plan and will be subject to substantive review at least every 3 years to comply with legislation and statutory guidance.

The vision is clearly defined within the Plan, which has not changed in the new plan, as:

“Our Vision is to enable people in Clackmannanshire and Stirling to live full and positive lives with supportive communities”.

The plan sets out the following 5 strategic themes:

1. Prevention, early intervention and harm reduction
2. Independent Living through choice and control
3. Achieving care closer to home
4. Supporting and empowering people and communities
5. Reducing loneliness and isolation

Performance against the delivery of the plan is monitored as part of the Annual Performance Reports. These reports also set out how the IJB priorities link with the National Health and Wellbeing Outcomes.

3.11 Wider scope requirements (continued)

Vision, leadership and governance (continued)

Vision and strategy (continued)

In the 2021/22 Annual Audit Report, it was reported that elements of the IJB's Strategic Improvement Plan were delayed due to the pandemic, including the full delegation of all services that are part of the integration scheme. The IJB has confirmed that this work has now been complete, with further delegation of services implemented by 31 January 2023.

Leadership

The Partnership Senior Management Team has continued to be led by the Chief Officer having been in post from June 2019 and the Chief Finance Officer, who has been in post since the inception of the IJB in 2015. There have, however, been a number of changes across the SMT resulting in some capacity issues. These continue to be reported to the Board.

The Chair and the Vice Chair of the Board changed in May 2022 in line with the partnership agreement which requires these positions to rotate across constituent authorities every 2 years. As a result of the local government elections in May 2022, there were a number of changes to Board members during the year. While IJB specific induction took place, and additional seminars held, for example in setting the budget, the induction sessions were not mandatory and training and development has sat with the constituent authorities. We are pleased to note that proposals were agreed at the February 2023 Board meeting for a series of Board development sessions.

Governance and scrutiny arrangements

Integration Scheme

The Integration Scheme is a key feature of the governance arrangements in place and sets out the legal partnership agreement between NHS Forth Valley and Clackmannanshire and Stirling Councils. The Scheme sets out the functions delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

Under the requirements of the Act, local authority and NHS Boards are required to review the Integration Scheme within 5 years of the scheme being approved (i.e. by October 2020 at the latest). While an initial review was undertaken in January 2020, this has not progressed to the pandemic, ongoing service pressures and other competing demands. The review is expected to now be completed in 2023/24 with an expected issuance of a revised Integration scheme.

NHS Forth Valley Escalation Framework

On 23 November 2022, NHS Forth Valley, a key partner of the IJB, was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. Concerns were also raised in relation to a range of performance issues, including integration. Regular updates have been provided to the IJB, as part of the Chief Officer update, on the progress with the Escalation Improvement Plan.

3.12 Wider scope requirements (continued)

Vision, leadership and governance (continued)

Governance and scrutiny arrangements (continued)

A key focus of work is to review the Ministerial Strategic Group (MSG) for Health and Community Care principles and review of the integration scheme, with the Chief Executives of each part body and the Chief Officer. This work is being supported by an externally commissioned professional advisor.

Clackmannanshire and Stirling IJB is in a unique position, being the only IJB that is a partnership with two Councils and the NHS. This brings with it a number of complexities and challenges. Given the capacity issues noted within the leadership team, the lack of progress with the review of the Integration Scheme, and the escalation framework at NHS Forth Valley, this is an ideal opportunity to assess the governance and scrutiny arrangements between the IJB, its Committees and the respective Committees of the partner bodies.

At present, there is potentially a number of areas of work being duplicated in order to provide the relevant assurance to the partner bodies. For example, the Chief Officer and Chief Finance Officer are required to attend not only Board and Committee meetings of the IJB, but also the equivalent of the 3 partner bodies. This clearly will have a significant impact on their capacity to deliver on the transformation required. The IJB is a separate legal entity in its own right which is responsible for planning and overseeing the delivery of community health, social work and social care. While each of the partner bodies needs to receive sufficient assurance around the performance of the IJB, this could be achieved through an agreed protocol of sharing reports, with meeting attendance reduced to an exception basis. Clarity on roles and responsibilities should be considered as part of the review of the Integration Scheme.

Audit and Risk Committee

The ARC continues to be a key element of the governance arrangements in place. The Terms of Reference for the ARC specify membership to be 4 voting members (1 from each constituent Council and 2 from NHS Forth Valley), plus 2 non-voting members. The following issues arise during 2022/23:

- Due to a number of reasons, the ARC has had no non-voting members during the year, with one appointed by the Board at the end of March 2023.
- The NHS has been unable to appoint two members during the year due to lack of non-executive Board members, therefore the Chief Executive of NHS Forth Valley was appointed as the second NHS Forth Valley voting member.
- While the Chief Executive has sent apologies for each of the meetings and therefore not attending, having a Chief Executive of one of the partner bodies as a voting member of the ARC is not in line with good practice. The IJB had raised this as a formal concern during the year and the matter has been discussed with the Scottish Government regarding additional Non-Executive Board members to support committees. While meetings have continued to take place and are quorate, the reduced number of appointed members presents a risk to the capacity of the ARC to provide sufficient scrutiny and challenge.

3.13 Wider scope requirements (continued)

Vision, leadership and governance (continued)

Governance and scrutiny arrangements (continued)

Audit and Risk Committee (continued)

In line with good practice, the Committee should carry out an annual self assessment of its effectiveness. No recent review has been carried out, however, management has confirmed that a process has now been agreed. It is important that this is completed to allow the ARC to assess its effectiveness over the last year and develop an Action Plan for any areas identified from this review that require to be taken forward.

The ARC also provide oversight and scrutiny of the Strategic Risk Register, with regular updates then provided on high risks to the Board. The ARC carried out its latest review of the Strategic Risk Register at its June 2023 meeting and noted the update on the risk management arrangements. Due to the current challenging financial and service delivery climate, a key area for consideration was the IJB's risk appetite and tolerance. It was agreed that the September IJB Development session will consider the approach to risk and confirm/agree strategic risks to ensure the risk appetite can be used as a supporting and influencing process rather than constraining opportunities and development.

Transparency of reporting

All Board and ARC papers and minutes are publicly available through the Health and Social Care Partnership website.

The partnership website includes a comprehensive suite of information including strategic plan, annual accounts and annual performance reports, thereby demonstrating openness and transparency of decision making and performance information (which is considered further on page [27](#)).

Deloitte view – Vision, leadership and governance

The IJB has a clear vision, as set out within its Strategic Commissioning Plan. There continues to be capacity constraints within the Senior Management Team. There have also been a number of changes within the Board membership during the year, and difficulties in filling posts within the Audit and Risk Committee. We are pleased to note that development sessions are now in place for Board members and that progress has been made with filling some of the posts within the ARC. This continues to present a risk.

The Constituent authorities have not carried out a formal review of the Integration Scheme including issuance of a revised Integration Scheme. This is planned for 2023/24. It is important that this is progressed to ensure the Constituent authorities works towards issuance of a revised integration scheme which is currently in progress. The integration governance arrangements are also being reviewed as part of the Escalation Framework at NHS Forth Valley. Clackmannanshire and Stirling IJB is in a unique position, being the only IJB that is a partnership with two Councils and the NHS. This brings with it a number of complexities and challenges. There is, however, scope to streamline and remove duplication of roles and provide clarity on where responsibilities lie.

The IJB's approach to openness and transparency is in line with best practice, with both minutes and papers being published, along with plans and performance information.

3.14 Wider scope requirements (continued)

Use of resources to improve outcomes



Significant risks identified in Audit Plan

In our audit plan we highlighted that given the ongoing pressures across the health and care system, including issues on delays in patient discharge and workforce capacity, there is a risk that performance reporting has not been timely, reliable, balanced and transparent. There are also the longer term uncertainties around the National Care Service.

Performance management framework

The IJB's Performance Management Framework was first developed at the inception of the IJB, and updated in 2020. This set out the indicators and measurement, format and frequency of reporting, concepts and tools and the level of reporting and escalation as follows:

1. Annual Performance Report
2. IJB Performance Reports (quarterly)
3. Finance and Performance Committee (quarterly)
4. Strategic Planning Group Locality Reports
5. Operational Management Reports
6. Portfolio Scorecards
7. Local Authority Scrutiny
8. Unscheduled Care Dashboard

As highlighted in his blog "Christie 10-years on" [Blog: Christie 10-years on | Audit Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/blog/christie-10-years-on), the Auditor General for Scotland noted that Christie challenged us to make a shift towards prevention and deliver improved long-term outcomes for individuals and communities. But we still measure the success of public services by short-term, service specific measures. Public bodies need to rethink radically how we measure success and hold organisations to account for their performance.

The IJB continues to develop its performance management framework, and plans are in place to carry out specific work in 2023/24, with the aim to develop ways to demonstrate improved outcomes for citizens, best value for the use of public money, and evidence of progress in relation to the agreed Strategic Plan Priorities. These plans are a positive step and we will monitor the progress with this as part of our ongoing audit appointment.

3.15 Wider scope requirements (continued)

Use of resources to improve outcomes

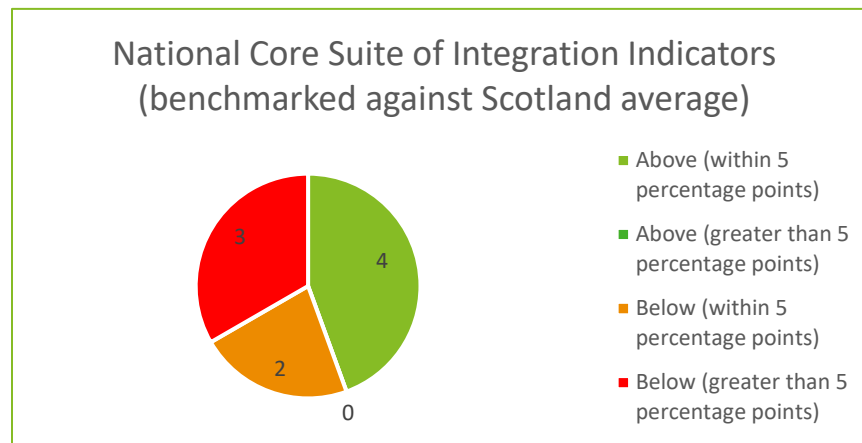
Performance management framework (continued)

Management has recognised that there continues to be ongoing challenges with regard to access to data, in particular automated data. This challenge is heightened due to the unique nature of the IJB, incorporating three partner bodies. The IT and management information systems across the three partner bodies require significant modernisation from both an individual organisational perspective but also to report and measure the impact of integrated service deliver and gather evidence of improved outcomes.

While the quarterly reporting to the Board and the Annual Performance Report include a lot of narrative against each Priority, along with data on key statistics, such as emergency admissions, delayed discharges and data in relation to carers, there are currently no benchmarks or targets to put the data into context. This is an area that was highlighted by the previous auditor in their report. As discussed on page 27, the new Strategic Commissioning Plan was approved in March 2023. This will support the development of a refreshed performance reporting style to include service focused performance targets, management information as well as benchmarking across services. The reports would benefit from a scorecard approach, providing a summary upfront to clearly identify where services are performing well, and those that are declining or below target which require additional scrutiny and challenge by the Board.

Performance data

Within the Annual Performance Report, the IJB has reported the national core indicators, as collated by Public Health Scotland. The outcome indicators are reported every 2 years, therefore the latest information is based on 2021/22 data. A summary of how Clackmannanshire and Stirling IJB compares with the Scottish average is shown in the chart below. In comparison with the equivalent data prepared in 2019/20, all but two of the indicators are reporting a declining performance.



As reported by the IJB, there is continued recognition of the impact of the Covid-19 pandemic on the care and support needs of the population and the impact on staff. Despite the end of the pandemic, there has not been a return to pre-pandemic trends. Instead, pressures on services have increased on care and support services.

3.16 Wider scope requirements (continued)

Use of resources to improve outcomes

Performance data (continued)

The Management Commentary within the Annual Accounts draws out key elements of performance in relation to Care Closer to Home, as this is the overarching partnership priority and the priority for which there is more comparative data available to illustrate performance. Key highlights include:

- Bed days lost to delayed discharge has reduced from 1184 in November 2021 to 703 in January 2023. This reflects the work done as part of the Hospital Discharge redesign work.
- The number of emergency admissions has reduced from 14,573 in 2019/20 to 10,672 in 2022/23. However, as referred in the Annual Performance Report, this is still above the Scottish average and further work is taking pace to reduce this.
- The following positive trends are reflective of the focussed work in supporting early intervention and community treatment model of care.
 - The number of hospital admissions prevented by use of “Step Up” and “Step Down” care has increased since 2019/20.
 - The number of home visits by District Nurses have increased from 77,066 in 2020/21 to 92,362.
 - The number of people receiving reablement support has increased by 35% in 2022/23.
 - The number of people who receive care and support at home increased by 6% in 2022/23.

Management should consider expanding the performance section of the Management Commentary to provide a more balanced picture of performance across all functions delegated to the IJB.

Deloitte view –Use of resources to improve outcomes

The IJB’s performance management framework is being further developed following the approval of the new Strategic Commissioning Plan. This work aims to develop ways to demonstrate improved outcomes for citizens, best value for the use of public money, and evidence of progress in relation to the agreed Strategic Plan Priorities. These plans are a positive step and we will monitor the progress with this as part of our ongoing audit appointment.

The current format of reporting provides a lot of detail on work being carried out, but would benefit from a scorecard approach, providing a summary upfront to clearly identify where services are performing well, and those that are declining or below target which require additional scrutiny and challenge by the Board.

Performance during 2022/23 has seen some areas of improvement, particularly in delayed discharge and focus on early intervention and community treatment. However, in comparison with the Scottish average across the national suite of indicators, a number of areas remain below the Scottish average.

3.17 Wider scope requirements (continued)

Best value

Requirements

It is the duty of the IJB to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. We have a statutory duty to be satisfied that the IJB have made proper arrangements for securing BV.

Duty to secure Best Value

1. It is the duty of the IJB to make arrangements which secure Best Value.
2. Best Value is continuous improvement in the performance of the IJB's functions.
3. In securing Best Value, the IJB shall maintain an appropriate balance among:
 - a) The quality of its performance of its functions;
 - b) The cost to the IJB of that performance; and
 - c) The cost to persons of any service provided by the IJB for them on a wholly or partly rechargeable basis.
4. In maintaining that balance, the IJB shall have regard to:
 - a) Efficiency;
 - b) Effectiveness;
 - c) Economy; and
 - d) The need to make the equal opportunity requirements.
5. The IJB shall discharge its duties in a way that contributes to the achievement of sustainable development.
6. In measuring the improvement of the performance of an IJB's functions, regard shall be had to the extent to which the outcomes of that performance have improved.

Conclusions

The IJB has a number of arrangements in place to secure best value. As noted elsewhere within this report, the Strategic Commissioning Plan provides a clear vision and has specific focus on some of the BV characteristics. There are, however, capacity issues within the Senior Management Team, and the Constituent authorities currently has not carried out a formal review of the Integration Scheme including issuance of a revised Integration Scheme (which is currently in progress). The integration governance arrangements are also being reviewed as part of the Escalation Framework at NHS Forth Valley.

Financial sustainability continues to be a significant risk to the IJB. It is important that tools are developed to consistently track the benefits achieved (both financial and outcomes) from the transformational change to demonstrate that it is achieving the desired outcomes.

Deloitte view – Best Value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability.

3.18 Wider scope requirements (continued)

Climate change

Risks identified in Audit Plan

Tackling climate change is one of the greatest global challenges. The Scottish Parliament has set a legally binding target of becoming net zero by 2045 and has interim targets including a 75% reduction in greenhouse gas emissions by 2030. The public sector in Scotland has a key role to play in ensuring these targets are met and in adapting to the impact of climate change.

The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work. For the 2022/23 audit, we have provided responses to a series of questions supplied by Audit Scotland to gather basic information on the arrangements for responding to climate change in each body. These are summarised below.

Question	IJB position
1. What targets has the body set for reducing emission in its own organisation or in its local area?	No specific targets have been set for the IJB to reduce emission.
2. Does the body have a climate change strategy or action plan which sets out how the body intends to achieve its targets?	<p>The IJB does not have a climate change strategy or action plan. There is also no reference to climate change in the Strategic Commissioning Plan. While the responsibility for staff, buildings and fleet cars sit with the three constituent authorities, the IJB does have overall responsibility for making decisions about service change, service redesign and investment and disinvestment. We would therefore expect climate change to be a consideration in making those decision and setting the directions to the NHS or Council.</p> <p>The IJB should therefore consider how climate change can be reflected in future Delivery Plans.</p>

3.19 Wider scope requirements (continued)

Climate change

Question	IJB position
3. How does the body monitor and report progress towards meeting its emissions targets internally and publicly?	The IJB has reported on carbon emissions to the Scottish Government, with data published on the Sustainable Scotland Network website. However, this is limited and simply refers to the returns of the three constituent authorities.
4. Has the body considered the impact of climate change on its financial statements?	No specific consideration has been given to the impact of climate change on the financial statements. Given the type of public sector organisation, with no directly controlled staff or assets, the expected impact on the financial statements is minimal.
5. What are the areas of the financial statements where climate change has, or is expected to have, a material impact?	As above, given the type of public sector organisation, the expected impact on the financial statements is minimal. Areas that are being considered around energy use, water consumption, waste disposal and business travel are likely to have an impact on the ongoing annual costs for services commissioned from the Councils and NHS recognised in the financial statements.
6. Does the body include climate change in its narrative reporting which accompanies the financial statements and is consistent with those financial statements?	No reference to climate change is included in the Management Commentary. This is an area that should be considered for future years setting out the areas that the IJB can influence and progress to date.

Deloitte view – Climate change

As a public sector body that commissions services from its partner bodies and therefore does not directly employ staff or own assets, the opportunities for direct emissions reductions are limited. However, as the IJB is responsible for making decisions about service change, service redesign and investment and disinvestment, there is an indirect responsibility to consider the climate change implications of these decisions. We therefore recommend that the IJB should consider how climate change can be reflected in future Delivery Plans. This should be closely aligned with the work that the constituent authorities are doing to avoid duplication of effort and ensure full collaborative working.

4.1 Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Committee and the IJB discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA (UK) 260 to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Accounts.
- Our internal control observations.
- Other insights we have identified from our audit.

The scope of our work

Our observations are developed in the context of our audit of the Annual Accounts.

We described the scope of our work in our audit plan.

Use of this report

This report has been prepared for the IJB, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

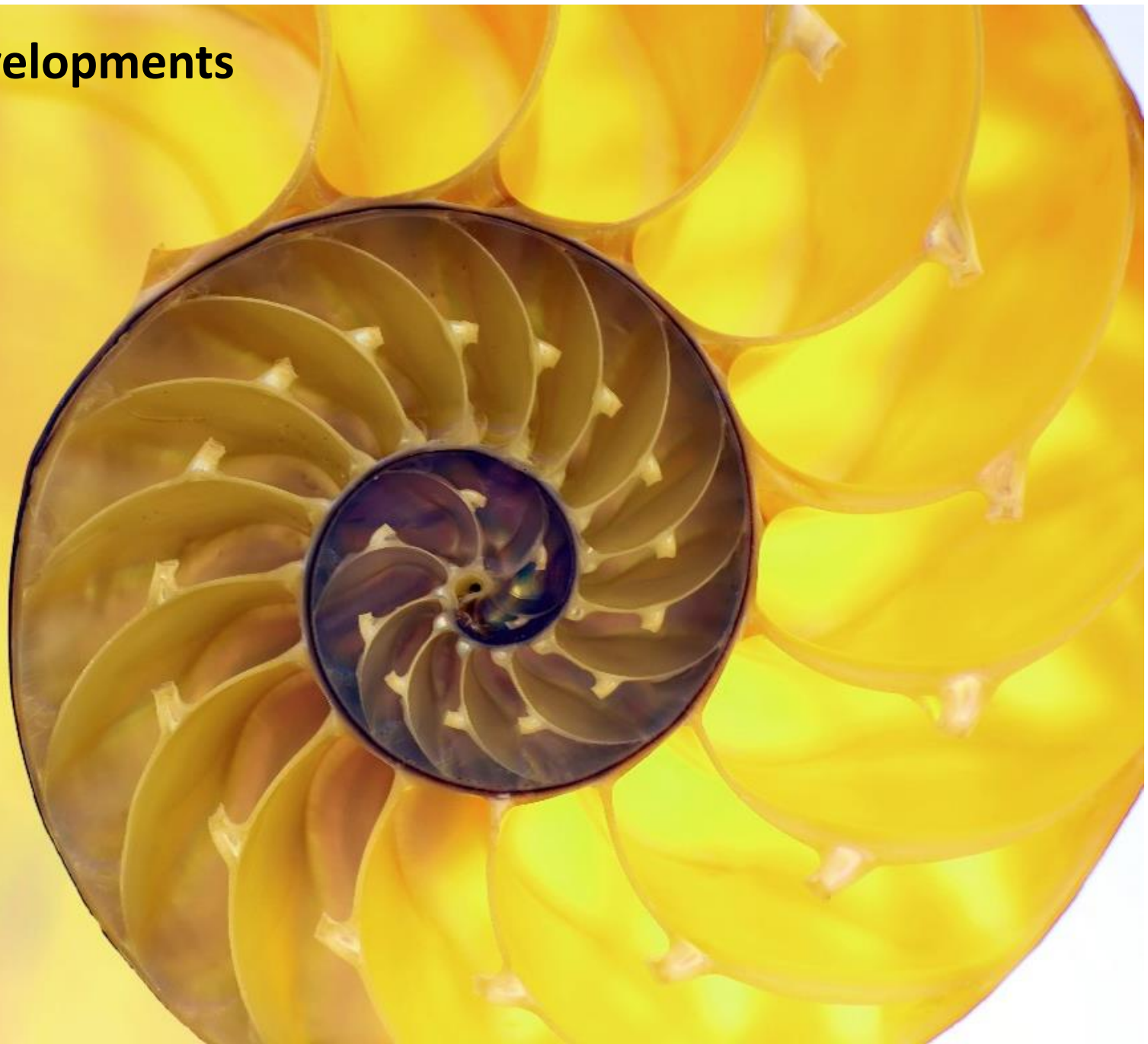
We welcome the opportunity to discuss our report with you and receive your feedback.



Deloitte LLP

Glasgow | 8 September 2023

Sector developments



5.1.1 Sector developments

Local Government Overview 2023

Background and overview

In August 2020, the Accounts Commission agreed a strategic medium term approach to reporting on the impact of the Covid-19 pandemic. This approach committed to producing a series of annual overview reports over a three-year period. This report:

- is the third and final overview report in the series;
- builds on the previous reports in the series and examines:
 - how has the pandemic affected Council's and their performance?
 - what are the current and future challenges facing local government?
 - how well placed are IJBs to deal with the current and future challenges?
- draws on findings from the financial bulletin, considering these in the context of the wider overview.

The findings of this report are drawn from 2021/22 annual audits, performance and best value audit work carried out during 2022 and from specific research and analysis of available data and intelligence.

Next steps

Despite this report being for Councils, the IJB should consider each of the recommendations on the next page and incorporate into plans where not already considered. The full report is available through the following link: [Local Government in Scotland 2023](#)

Local government in Scotland

Overview 2023



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
May 2023

5.1.2 Sector developments (continued)

Local Government Overview 2023 (continued)

Key messages

- Finances and resources - Budget constraints and increasing cost pressures are putting councils' finances under severe strain.
- Community needs and inequalities - The pandemic has affected performance across all service areas. There are signs of growing backlogs and declining performance in some service areas.
- Collaboration - The scale of the challenges ahead means that radical change is needed. It is only by working more collaboratively that councils and their local partners, communities and the third sector will be able to provide sustainable local services and deliver a significant programme of national reform to tackle issues such as climate change, child poverty and inequalities.
- Leadership - Leaders must think radically and make fundamental changes to how councils operate in future, building on the collaborative and innovative ways of working many demonstrated during the pandemic.
- Workforce - Increasing workforce challenges, including a competitive labour market and high sickness absence levels, are putting councils under continued pressure.

Recommendations (relevant to Councils and IJBs)

- Councils need to set out medium- to long-term financial plans that detail: (1) how they will make recurring savings and reduce reliance on reserves to fill budget gaps (2) how council resources are targeted to achieve their long-term policy and performance priorities.
- Councils should be more transparent with the public about scale of service demand, the extent of backlogs and changes to eligibility criteria necessary to ration access to services and any impact this has on unmet need. Councils should have a clear plan for strengthening their use of data to understand needs, make decisions and direct resources. This includes equalities data, and learning from those with lived experience.
- Councils need to maximise the potential of collaboration by demonstrating they are: (1) working with other councils, the wider public sector and the third sector to redesign and provide services (2) involving service users and local communities in the redesign of services.
- Councils' leaders need to invest time and capacity in thinking radically about their future operating model, and: (1) be open and clear with communities and staff about the need for change, what that means for future service delivery and involve communities in making difficult decisions (2) set out a clear vision for their long-term policy and performance priorities, and how it will be delivered and monitored (3) work with the Scottish Government to rebuild an effective Relationship
- Councils need to improve workforce planning to effectively develop and deploy their existing workforce. This includes: (1) building the capacity, skills, strategic thinking and comprehensive workforce data needed for effective workforce planning (2) updating workforce plans to reflect new models of service delivery and ways of working.

Appendices



6.1 Action Plan

The following recommendations have arisen from our 2022/23 audit work:

Recommendation	Management Response	Priority	Responsible Person	Target Date
<p>1. Lack of preparation for the IJB audit</p> <p>We would recommend that in the future, there is better communication between the constituent authorities and the IJB and that there is an agreed timetable in place with the IJB and the constituent authorities to collate information for the start of the audit.</p>	<p>It is acknowledged that, as most year-end timetables moved back to pre Covid / regulation timeframes for 2022/23 some elements of planning could be further improved including across the IJBs arrangements which impact the group accounts of constituent authorities.</p> <p>Via the Finance Working Group (IJB CFO and Chief Officer, Local Authority CFOs) a consolidated timetable will be discussed with key dates.</p> <p>The Finance Working Group will also review issuing arising from 2022/23 audits to agree learning points and consider improvements once all 2022/23 audits are complete.</p>	Medium	Chief Financial Officer	December 2023

6.2 Action Plan (continued)

Recommendation	Management Responses	Priority	Responsible Person	Target Date
<p>2. Financial Reporting</p> <p>The reporting format could be further enhanced by incorporating the following:</p> <ul style="list-style-type: none"> • Including a clear reconciliation from the original approved budget to the revised budget updated during the year. • A RAG rating against the savings plan to show the likelihood of savings being achieved, and where there are risks of non-achievement, setting out the implications (for both current and future years). • Clearer analysis on the progress with the approved use of reserves and projected position on earmarked balances. 	<p>Work is ongoing on producing a revised style and content of integrated financial reporting for IJB and IJB Finance and Performance Committee.</p> <p>The issues highlighted are all areas where further development of the reporting format is planned once the committee and IJB have had opportunity to provide initial feedback on revised reporting style and format.</p>	Low	IJB Chief Finance Officer	January 2024
<p>3. Transformation</p> <p>Tools should be developed to consistently track the benefits achieved (both financial and outcomes) from the transformational change to demonstrate that it is achieving the desired outcomes.</p>	<p>The IJB approved the commissioning of some external support to review and help enhance our arrangements including measurement and reporting of benefits realisation.</p> <p>It is intended to bring forward an initial review and recommendations from this work after the initial phase and</p>	Medium	Chief Officer, Heads of Service, Chief Finance Officer	January 2024

6.3 Action Plan (continued)

We have followed up the recommendations made in by the previous auditors. We are pleased to note that one recommendation has been fully implemented, however, the remaining are still in progress with slippage noted against the original target dates agreed.

Recommendation	Management Response	Status
<p>4. Content of Finance Reports</p> <p>IJB regular financial reports should be updated to detail total expenditure against budget.</p>	<p>The Annual Internal Audit report contained a recommendation to survey IJB members on desired style and format of financial reporting. This management action in response to this recommendation is being taken forward before introducing substantive changes to the IJB Finance Report. This notwithstanding we agree that the recommendation made here is reflective of good practice and will be actioned.</p> <p>Responsible Officer: IJB Chief Finance Officer</p> <p>Target Date: February 2023</p>	<p>In Progress</p> <p>Management has confirmed that on reflection it is easier to implement significant changes in financial reporting into a new financial year and this will be implemented for 2023/24 routine financial reporting.</p> <p>Revised target date: August 2023</p>
<p>5. Delegation of Services</p> <p>The Board should work with partners to prioritise delegation of all planned services to the IJB.</p>	<p>Work to agree and implement delegation of all planned services is underway led, on behalf of the IJB, by the Chief Officer. Completion requires ongoing support and commitment from the Chief Executives of the constituent authorities and requires associated decision making in particular by NHS Forth Valley.</p> <p>Responsible Officer: IJB Chief Officer</p> <p>Target Date: May 2023</p>	<p>Complete</p> <p>Further delegation of services was implemented by 31 January 2023.</p>

6.4 Action Plan (continued)

Recommendation	Management Response	Status
<p>6. Performance Reporting targets</p> <p>Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation</p>	<p>The new Strategic Commissioning Plan, under development, will support a refreshed performance reporting style including service focused performance targets, management information as well as benchmarking across services and more widely; this has been place over the past year to better manage performance across discharge planning and community capacity including care at home, care homes and community hospitals. Some recording systems are being replaced to ensure better quality reporting based in better recording. Post-pandemic, the learning from streamlined recording and reporting is being utilised to improve whole systems performance management and comparative analysis</p> <p>Responsible Officer: Head of Strategic Planning and Health Improvement</p> <p>Target Date: June 2023</p>	<p>In Progress</p> <p>This recommendation is directly linked to the 2023/33 Strategic Commissioning Plan which was be presented to the IJB in March 2023 for approval. Post approval of the reporting requirements to monitor progress against it will be reviewed and agreed.</p> <p>Please refer to further recommendation raised at page 46</p> <p>Revised target date: June 2024</p>

6.5 Action Plan (continued)

Recommendation

Management Response

Status

7. Management Commentary

The IJB should review and update the structure and content, including clearer performance and financial information and better highlight the organisational achievements for the year under review.

2021/22 Update: The structure and content is significantly impacted since this recommendation was originally raised. However, management should continue to improve their process for production of the Management Commentary, in particular the timely inclusion of performance data.

The style and content of the management commentary will continue to be developed to improve understanding, clarity and triangulation of financial and performance information and alignment to strategic priorities. This in turn assists in demonstrating best value.

Earlier availability of the performance information which will be incorporated within the Annual Performance Report will continue to be pursued however this is dependent on both local and national availability of data. This is aimed to be achieved through aligning annual accounts and annual performance report timetable.

Responsible Officer: IJB Chief Finance Officer

Target Date: June 2023

In Progress

Structure and style of management commentary was reviewed and improved as part of preparation on 2022/23 IJB Annual Accounts including how the 2023/33 Strategic Commissioning Plan and priorities set future reporting considerations.

Further improvements can still be made to the performance reporting section as discussed further on page [32](#).

Revised target date: June 2024

6.6 Action Plan (continued)

Recommendation	Management Response	Status
<p>8. Financial Management</p> <p>The IJB should align partner financial reporting to improve the efficiency of the IJB's financial monitoring and enable a better understanding of costs across the partnership.</p> <p>2021/22 Update: Financial reporting in 2021/22 is unchanged</p>	<p>Work is ongoing to improve financial reporting and produce a more integrated style of financial reporting to the IJB and HSCP Leadership Teams. This has taken longer than anticipated due to complexity of the task and competing demands including increasing Scottish Government requirements for financial returns.</p> <p>Responsible Officer: IJB Chief Finance Officer</p> <p>Target Date: September 2023</p>	<p>In Progress</p> <p>Whilst continuing to work with consolidating financial information from 3 different financial systems remains a challenge work is ongoing to improve reporting at all levels including to IJB, Senior Management Leadership Team and for Operational Managers.</p> <p>Revised target date: September 2023</p>

6.7 Action Plan (continued)

Recommendation	Management Response	Status
<p>9. Financial Sustainability</p> <p>The IJB should update the MTFP to reflect the impacts of Covid-19 at the earliest appropriate opportunity.</p> <p>2021/22 Update: The MTFP has not yet been updated for the impact of Covid-19</p>	<p>Work to review and update the MTFP is underway and is being aligned to</p> <ul style="list-style-type: none">• The Scottish Government Resource Spending Review published in May 2022• The 2023/24 Scottish Draft Budget being published on 15 December 2022• The 2023/2033 IJB Strategic Commissioning Plan to be approved and published in March 2023 <p>The MTFP will take cognisance of both direct and indirect impacts of Covid including the higher levels of service demand and complexity/acuity of care.</p> <p>Responsible Officer: IJB Chief Finance Officer</p> <p>Target Date: March 2023</p>	<p>In Progress</p> <p>An initial assessment of medium term financial gap for the partnership was completed as part of the budget presented to the IJB in March 2023 and more comprehensive exercise and Medium Term Financial Plan will be undertaken aligned to the timing of the refresh and publication of Scottish Governments Medium Term Financial Framework for Health and Social Care. This is dependent on Scottish Government timing and the Auditor General made a specific recommendation on this as part of the NHS in Scotland 2022 Overview report. It is currently envisaged this will be completed later in financial year 2023/24</p> <p>Revised target date: November 2023</p>

6.8 Action Plan (continued)

Recommendation	Management Response	Status
<p>10. Update of governance documents</p> <p>As part of the review of the governance framework the IJB and its constituent authorities should look to update the supporting documents including the integration scheme, scheme of delegation and counter fraud policy.</p> <p>2021/22 Update: The integration scheme and counter fraud policy have not yet been updated</p>	<p>Revised Scheme of Delegation was completed and approved by IJB in March 2023. Review of Financial Regulations and further consideration of counter fraud policy and/or requirement for more overt assurance on counter fraud arrangements from the constituent authorities. Additionally, in relation the Integration Scheme, the IJB will continue to work with constituent authorities to identify if there is a requirement to prepare a revised integration scheme.</p> <p>Responsible Officer: IJB Chief Finance Officer (Financial Regulations and Counter Fraud), IJB Chief Officer (Integration Scheme)</p> <p>Target Date: March 2023</p>	<p>In Progress</p> <p>It has been agreed with the Chief Executives of the constituent authorities that the process of review of the Integration Scheme will commence from late March 2023. A project plan is being updated to support this and resources identified from the constituent authorities. It is envisaged that the process will take between 36 -52 weeks from commencement to completion including required consultation. Further reviews of the IJBs governance frameworks will be undertaken on a continuous basis with the next key reviews being the Risk Management Strategy and Financial Arrangements. A revised integration scheme itself may require review and update of key governance frameworks of the IJB.</p> <p>Revised target date: March 2024.</p>

6.9 Our other responsibilities explained

Fraud responsibilities and representations



Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.

Required representations:

We have asked the IJB to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you are not aware of any fraud or suspected fraud that affects the entity.

We have also asked the IJB to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error and their belief that they have appropriately fulfilled those responsibilities.



Audit work performed:

In our planning we identified the risk of fraud in management override of controls as a key audit risk.

During course of our audit, we have had discussions with management and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements.

We have reviewed the paper prepared by management for the committee on the process for identifying, evaluating and managing the system of internal financial control.

We will explain in our audit report how we considered the audit capable of detecting irregularities, including fraud. In doing so, we will describe the procedures we performed in understanding the legal and regulatory framework and assessing compliance with relevant laws and regulations.

Concerns:

No concerns have been raised as a result of our audit work.

6.10 Independence and fees

As part of our obligations under International Standards on Auditing (UK), we are required to report to you on the matters listed below:

Independence confirmation We confirm the audit engagement team, and others in the firm as appropriate, Deloitte LLP and, where applicable, all Deloitte network firms are independent of the IJB and our objectivity is not compromised.

Fees The expected fee for 2022/23, as communicated by Audit Scotland in December 2022 is analysed below:

	£
Auditor remuneration	33,400
Audit Scotland fixed charges:	
• Contribution to PABV costs	6,350
• Audit support costs	1,270
• Sectoral cap adjustment	(9,550)
Total expected fee	31,470

Non-audit services In our opinion there are no inconsistencies between the FRC's Ethical Standard and the IJB's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.

Relationships We have no other relationships with the IJB, its directors, senior managers and affiliates, and have not supplied any services to other known connected parties.



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Clackmannanshire & Stirling Integration Joint Board

27 September 2023

Agenda Item 8.3

Financial Regulations

For Noting and Approval

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 checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To present a reviewed and updated set of IJB Financial Regulations for approval
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the recommendation of the IJB Audit and Risk Committee to approve the revised and updated Financial Regulations 2) Note the revised financial regulations have been updated based on experience since establishment of the IJB including reflecting current terminology. 3) Approve the revised financial regulations and agree these will be subject to a two yearly review by the IJB Audit and Risk Committee unless a requirement for a more urgent review is identified.
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Key issues and risks:	<i>The financial regulations form part of the IJBs governance frameworks as should be reviewed periodically per best practice.</i>
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1. Background

- 1.1. As set out by the Public Bodies (Joint Working) (Scotland) Act 2014 and the supporting integration finance guidance IJBs are required to agree a set of financial regulations as part of governance frameworks.
- 1.2. The current Financial Regulations were developed as part of arrangements to establish IJBs in Forth Valley by the Integration Finance Workstream. They were approved by the IJB on 30 March 2016 and were due for review alongside the Integration Scheme in 2020/21 however both elements were impacted by the Covid-19 pandemic and ongoing operational pressures.

2. Considerations

- 2.1. The IJB Chief Finance Officer reviewed and proposed changes to the Financial Regulations based on experience of the operating environment of the IJB since 2016 and the context of single year financial settlements in recent years from UK and Scottish Governments and the 2023/33 Strategic Commissioning Plan approved by the Board in March 2023.

- 2.2. The proposed update to the Financial Regulations was considered by the IJB Audit and Risk Committee at its June meeting. The Audit and Risk Committee recommended the updated Financial Regulations appended to this report to the IJB for approval.
- 2.3. As Financial Regulations are intrinsically linked to the Integration Scheme itself the updates and changes made were not regarded as substantial. There may be a requirement to further review the Financial Regulations once a revised Integration Scheme is prepared and approved and changes at this point may require to be more substantial. Nonetheless, it would be appropriate to agree a regular review period for Financial Regulations and it is proposed this should be two yearly. The IJB can task the Audit and Risk Committee to conduct an earlier review if required.
- 2.4. Subject to approval, the revised Financial Regulations will be posted on the governance page of the partnership website.

3. Appendices

Appendix 1 – Financial Regulations

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting Empowered People and Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" 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:	The IJBs Financial Regulations form part the IJBs financial management regime.
Other Resources:	As detailed.
Legal:	Financial regulations form an element of the IJBs governance frameworks.
Risk & mitigation:	Financial regulations assist in mitigating 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 assessment.</p>

CLACKMANNANSHIRE AND STIRLING INTEGRATION JOINT BOARD FINANCIAL REGULATIONS

1. DEFINITIONS AND INTERPRETATION

1.1 **"1973 Act"** means the Local Government (Scotland) Act 1973;

"Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"Board" means Integration Joint Board;

"Chief Finance Officer" means the Chief Finance Officer of the Board appointed by the Board in terms of section 95 of the 1973 Act;

"Chief Officer" means the Chief Officer of the Board appointed by the Board in terms of s10 of the Act;

"Council" means Clackmannanshire or Stirling Council;

"Integrated Budget" means the Integrated Budget of the Board set in accordance with the provisions of the Integration Scheme.

"Integration Joint Board Budget or IJB Budget" means the Integrated Budget as defined above plus the 'Set-Aside' budget per the provisions of the Integration Scheme. This includes Partnership Funding including the Integrated Care Fund, Delayed Discharge Fund, Integration Fund and any other external funding for Health and Social Care..

"Set-Aside Budget" means the sum to be set aside and made available by the NHS Board to the Integration Joint Board in respect of those delegated functions which are carried out in a large hospital.

"Integration Scheme" means the Integration Scheme between the Parties approved by the Scottish Ministers.

"Directions" means the instruction to carry out functions defined in the Act and Integration Scheme.

"Accountable Officer" means the officer personally answerable to the Scottish Parliament in accordance with Section 15 of the Public Finance and Accountability (Scotland) Act 2000. For Health Boards this is the Chief Executive.

"NHS" means Health Board;

"Parties" means the Council and the NHS (and **"Party"** means either of them); and

"Strategic Plan" means the plan which the Board is required to prepare and Implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act. In our local context we often refer to this as the Strategic Commissioning Plan budget or use this term interchangeably.

1.2 Words in these Financial Regulations that are also used in the Board's other governing documents shall, where possible, have the same meanings as they have in those other governing documents.

2. SCOPE AND OBSERVANCE

- 2.1 The Board is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. The Parties adopted a 'body corporate' arrangement- s1(4)(a) of the Act.
- 2.2 The Board is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board. In particular:-
- (1) NHS (Financial Provisions) (Scotland) Regulations 1974 require NHS Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:
 - . approve the financial systems;
 - . approve the duties of officers operating these systems; and
 - . maintain a written description of such approved financial systems including a list of specific duties.
 - (2) Section 95 of the 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.
- 2.3 Members of the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.
- 2.4 The key controls and control objectives for financial management standards are:-
- (1) the promotion of the highest standards of financial management by the Board;
 - (2) a monitoring system to review compliance with the financial regulations;
 - (3) regular reporting on financial performance including financial projections to the Board
 - (4) the Audit & Risk Committee of the Board fulfilling its duties under its approved Terms of Reference.
 - (5) the Finance & Performance Committee of the Board fulfilling its duties under its approved Terms of Reference
- 2.5 In all matters to do with the management and administration of the IJB Budget by the Board and its officers exercising such delegated powers as the Board has agreed in this regard, these Financial Regulations will apply in all circumstances.
- 2.6 Prior to any funding being passed by one of the Parties to the Board as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the Board and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the Board in its Strategic Commissioning Plan.

3. FINANCIAL MANAGEMENT

Responsibility of Board

- 3.1 The Integration Scheme sets out the detail of the integration arrangements agreed between the Parties in accordance with the Act. In relation to financial management it specifies:-
- (1) the functions which are delegated to the Board by the NHS and the Council.
 - (2) the financial management arrangements including treatment of budget variances;
 - (3) the reporting arrangements between the Board, the NHS and the Council;
 - (4) the method for determining the payment to be made available by the NHS and the Council to the Board; and
 - (5) giving directions to the NHS and the Council that are designed to ensure resources are spent according to the Strategic Commissioning Plan.
- 3.2 The Board is responsible for the production of the Strategic Commissioning Plan, setting out the needs, priorities and services for its population over the agreed term including:-
- (1) the payment from the Council
 - (2) the payment from the NHS to the Board
 - (3) the amount set aside by the NHS for delegated services.

Responsibility of the Chief Officer

- 3.3 The Chief Officer will discharge his/her duties in respect of the delegated functions by:-
- (1) ensuring that the Strategic Commissioning Plan meets the requirement for economy, efficiency and effectiveness in the use of the Board resources.

Responsibility of the Chief Finance Officer

- 3.4 The Board is required to appoint an officer responsible for its financial administration. This post, known as the Chief Finance Officer, will fulfill a role equivalent of the section 95 officer within the Council.
- 3.5 The Chief Finance Officer will discharge his/her duties in respect of the available resources by:-
- (1) establishing financial governance systems for the proper use of the available resources;
 - (2) ensuring that the Strategic Commissioning Plan meets the requirement for best value in the use of the Board's resources; and
 - (3) ensuring that the directions given by the Chief Officer to the NHS and the Council provide for the resources that are allocated in respect of the directions to be spent according to the Strategic Plan. It is the responsibility of the Chief Finance Officer to ensure that the provisions of the directions enable the Parties to discharge their responsibilities in this respect and are in line with the extant directions policy.
- 3.6 The responsibilities of the NHS's accountable officer, (the NHS's Chief Executive) and the Council's Chief Financial Officer (section 95 officer) are as follows:-

- (1) the NHS's accountable officer and the Council's section 95 officer discharge their responsibility, as it relates to the resources that are delegated to the Board.
- (2) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide specific advice and professional support to the Chief Officer to support the production, and when necessary the periodic review of, the Integration Scheme;
- (3) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide ongoing support and advice to the Chief Officer and IJB Chief Financial Officer in the delivery of operational services within the NHS and the Council.

4. FINANCIAL PLANNING

Strategic Commissioning Plan

- 4.1 The Board is responsible for the production of the Strategic Commissioning Plan -setting out the needs, priorities and services for its population over the agreed term. This should, as far as possible, include a medium term financial plan for the resources within the scope of the Strategic Plan, incorporating:-
 - (1) the Integrated Budget- aggregate of payments to the Board; and
 - (2) the Set-aside Budget- the amount set aside by the NHS for Large Hospital Services as defined by the Integration Scheme and national guidance on financial planning for large hospital services.
- 4.2 While the NHS and the Council should, where possible, provide indicative three year rolling funding allocations to the Board to support the Strategic Commissioning Plan and the medium term financial planning process such indicative allocations would remain subject to annual approval by all Parties.
- 4.3 It is the responsibility of the Chief Officer and the Chief Finance Officer to develop IJB Business Case based on the Strategic Commissioning Plan and to present this to the Parties for consideration and agreement within each Party's budget setting process. The draft budget should take account of such factors as:-
 - (1) **Activity Changes:** the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;
 - (2) **Cost inflation:** pay and supplies cost increases;
 - (3) **Efficiencies:** all savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Board and the Council / NHS as part of the annual rolling financial planning process to ensure transparency;
 - (4) **Performance on outcomes:** the potential impact of efficiencies on agreed outcomes must be clearly stated and open to discussion and consideration by the Council and the NHS;
 - (5) **Legal requirements:** legislation may entail expenditure commitments that should be taken into account in adjusting the amounts to be paid, or set aside, to the Board by the Parties;

- (6) **Transfers to/from the set aside budget for hospital services:** as set out in the Strategic Commissioning Plan;
- (7) **Adjustments to address equity:** the Council and the NHS may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by the Information Services Division (part of NHS National Services Scotland) and/or local arrangements.

Limits on Expenditure

- 4.4 No expenditure shall be incurred by the Board unless it has been included within the approved IJB Budget and Strategic Commissioning Plan, except:-
- (1) where additional funding has been approved by the NHS and/or the Council and the IJB Budget / Strategic Commissioning Plan updated appropriately;
 - (2) where additional funding has been allocated by the Scottish Government following approval of the IJB budget;
 - (3) in emergency situations in terms of any scheme of delegation; and
 - (4) as provided for in paragraph 4.6 below (Virement).

Virement

- 4.5 Virement is defined by CIPFA as "the transfer of an under spend on one budget head to finance additional spending on another budget head, in accordance with an Authority's Financial Regulations". In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service or department to another. This would also include transfers between the two arms of the budget.
- 4.6 Virement rules are set out in sections 8.8.1, 8.8.2 and 8.8.3 of the IJB Integration Scheme.
- (1) The Chief Officer is permitted to transfer resources between the arms of the Integrated Budget which fall within the scope of the Strategic Commissioning Plan subject to there being no overall increase in net budget, no forward impact on future years and does not breach authorisation levels to be determined in accordance with the Scheme of Delegation.

Scheme of Delegation

- 4.7 A scheme of delegation has been agreed and will be subject to periodic review to allow the Chief Officer and Chief Finance Officer the appropriate level of authority to discharge their responsibilities.

Budgetary Control

- 4.8 It is the responsibility of the Board Chief Finance Officer, in consultation with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information. In line with section 8.10.2 of the Integration Scheme this will include quarterly financial reports to the Integration Joint Board.
- 4.9 The Board Chief Finance Officer along with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the Council shall put in place a **system of budgetary control which will provide the Chief Officer with management accounting information for all arms of the integrated budget and for the IJB budget in aggregate.**

Variances

- 4.10 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Strategic Plan, it shall be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, to report in accordance with the appropriate method established for the purpose by the Board, the NHS and the Council, the details of the variance and any remedial action required.

Reports to the Board

- 4.11 All reports to the Board and any committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Finance Officer prior to lodging of reports.

Legality of Expenditure

- 4.12 It shall be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Plan, unless it is within the legal powers of the Board. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS and the Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

Management of Reserves

- 4.13 Legislation empowers the Board to hold reserves, which should be accounted for in the financial accounts and records of the Board.
- 4.14 The Board will maintain and periodically review its reserves strategy and policy in line with the terms of the Integration Scheme, acknowledged best practice, professional guidance and advice from the Chief Financial Officer.

VAT

- 4.15 HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Chief Finance Officer should the operational activities of the Board change and a need to register be established.

Procurement/Commissioning of Services

- 4.16 The Public Bodies (Joint Working) (Proceedings, Membership and General Power of Integration Boards) (Scotland) Order 2014 provides that the Board may enter into a contract with any person in relation to the provision to the Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.
- 4.17 As a result of specific VAT and accounting issues associated with the Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, and the Chief Finance Officer prior to any direct procurement exercise being undertaken.

Accounting Procedures and Records

- 4.18 All accounting procedures and records of the Board shall be determined by the Chief Finance Officer. These will also be subject to discussion and agreement with the Director of Finance / Chief Financial Officer of the NHS / Council as appropriate.
- 4.19 Legislation provides that the Board is subject to the audit and accounts provision of a body under section 106 of the 1973 Act. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the 1973 Act. These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

Financial Statements of the Board

- 4.20 The reporting requirements for the Board will be as specified in applicable legislation and regulations. Financial statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under section 105 of the 1973 Act.
- 4.21 The financial statements including the Annual Accounts and associated reporting requirements must be completed to meet the audit and publication timetable specified in regulations. It is the primary responsibility of the Chief Finance Officer to meet these targets and of the Chief Officer and Chief Finance Officer to provide any relevant information to ensure that the NHS and the Council meet their respective statutory and publication requirements for the single entity and group accounts.
- 4.22 The Chief Finance Officer shall agree the financial statements production timetable with the external auditors of the Board, the NHS and the Council.

5. INTERNAL AUDIT

Responsibility for Internal Audit

- 5.1 The Board shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the Board and nominating a Chief Internal Auditor.
- 5.2 The operational delivery of internal audit services within the NHS and the Councils will be contained within their respective and established arrangements.
- 5.3 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 5.4 Before the start of each financial year, or as early as possible thereafter, the Board's Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Performance and Audit Committee for approval. It is recommended this is shared for information with the relevant committee of the NHS and the Council.
- 5.5 The Board's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the Performance and Audit Committee indicating the extent of audit cover achieved and providing a summary of audit activity during the year. The annual audit report and Chief Internal Auditor's opinion may also be reported to the Audit and Risk committee of the NHS Board and the relevant Committee the Council.

Authority of Audit

- 5.6 The Board's Chief Internal Auditor or their authorised representatives shall have authority, on production of identification, to:-
 - (1) obtain entry at all reasonable times to any premises or land used or operated by the Board;
 - (2) have access to all systems, records, documents and correspondence relating to any financial and other transactions of the Board; and
 - (3) require and receive such explanations as are necessary concerning any matter under examination.

6. RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

- 6.1 The Board shall make appropriate insurance arrangements for all activities of the Board in accordance with the risk management strategy.
- 6.2 The Chief Officer and Chief Finance Officer shall arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Board and for which it is the general custom to ensure. This will include the provision of appropriate insurance in respect of members of the Board acting in a decision making capacity.
- 6.3 The Board has become a member of the Scottish Government Clinical Negligence and Other Risks Scheme (CNORIS) - a risk transfer and financing scheme. The Chief Officer

and the Chief Finance Officer will review the requirement for membership of CNORIS on an annual basis.

- 6.4 The NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

7. ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

- 7.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Board. This will apply in respect of:

- (1) the resources delegated to the Board by the Council and the NHS; and
- (2) the resources paid to the Council and the NHS by the Board for use as directed and set out in the Strategic Commissioning Plan.

- 7.2 Best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound should be incorporated into the Strategic Commissioning Plan and the directions made by the Board to allow the Chief Finance Officer, the NHS's accountable officer and the Council's section 95 officer to discharge this duty.

- 7.3 The Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There shall be a process of strategic planning which shall have full Board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It shall be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Board provides Best Value.

- 7.4 The Chief Officer shall be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

- 7.5 The Boards approach to Best Value will evolve over time and the Annual Performance Report will incorporate a Best Value statement based on triangulation of financial and non-financial performance and evidence progress against Strategic Commissioning Plan priorities and improved outcomes over time.

8. OBSERVANCE OF FINANCIAL REGULATIONS

Responsibility of Chief Officer and the Chief Finance Officer

- 8.1 It shall be the duty of the Chief Officer, assisted by the Chief Finance Officer, to ensure that these Financial Regulations are made known to the appropriate persons within the Board and the Partnership and to ensure that they are adhered to.

Breach of Regulations

- 8.2 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

Review of Financial Regulations

- 8.3 These Financial Regulations shall be the subject of regular review by the Chief Finance Officer in consultation with the NHS's Director of Finance and the Council's section 95 officer, and where necessary, subsequent adjustments will be submitted to the Board for approval

Clackmannanshire & Stirling Integration Joint Board

27 September 2023

Agenda Item 9.1

Locality Plans

For Approval

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

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

Purpose of Report:	The purpose of this report is to present the Integration Joint Board with the draft Locality Plans (2023-2026) for Clackmannanshire, Stirling (Urban) and Stirling (Rural).
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider and approve the three proposed Locality Plans created in partnership with stakeholders and communities which align to the newly agreed Strategic Commissioning Plan (2023-2033). 2) Seek for Officers to provide an annual update to the Integration Joint Board in line with the annual review of the Strategic Commissioning Plan, and in addition, six monthly updates to be provided to the Strategic Planning Group.
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Key issues and risks:	Requirement to meet the key requirements of the Public Bodies Joint Working Act (2014) and Community Empowerment (Scotland) Act (2015) to establish Locality Networks and deliverable Locality Plans.
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1. Background

- 1.1 The Scottish Government's Public Bodies Joint Working Act (2014) requires local authorities and NHS health boards to integrate the governance, planning and resourcing adult social care and key delegated health services that are commissioned and funded by Integration Joint Board. The Board is required to define and agree the area of each of its Localities (Planning Networks) in consultation with local professionals and communities.
- 1.2 Clackmannanshire and Stirling IJB previously identified and agreed three Locality areas;
 - Clackmannanshire
 - Stirling (Urban)
 - Stirling (Rural)
- 1.3 The purpose of the Locality Planning Networks, as laid out in the Guidance is to:

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

2. Locality Planning and Integrated Working

- 2.1 In May 2022, three Locality Planning Network Groups were established in Clackmannanshire and Stirling's two Localities. Following extensive consultation and engagement with Locality Network members, each Network developed and adopted their own Terms of Reference and appointed an independent chair - representing their particular Locality.
- 2.2 All Locality Planning Networks Groups are open to the public - as well as organisations working in each locality such as support groups, commissioned services and grassroots organisations. The agreed purpose of the three Locality Planning Networks is to network across shared areas of interest, identify local issues, inform the IJB Strategic Commissioning Plan and create local action plans to meet the identified areas of need / priorities. (Locality Plans Appendix 1)
- 2.3 Following the process of engagement across the Networks the focus was agreed for each of the local Plans to improve the health and well-being of local communities and individuals as well as supporting the development of multi-disciplinary team working across communities.
- 2.4 To deliver integrated and multi-disciplinary working in line with the Guidance and with agreement of the Locality Planning Networks; a Locality Working Steering Group was established in July 2022. This an operational group with the focus of developing integrated and joint working model across Localities. The Group is in place to support GP Clinical Leads to progress co-ordinated community health and social care; bring in the wider primary care team, social care, independent sector and third sector providers to deliver improved outcomes for local people. Work is underway to establish joint working opportunities; initially focused on mapping current provision across each community area and establishing operational links across primary care and social work/care services. The Locality Working Steering Group will be the delivery vehicle for the redesign of local co-ordinated and integrated care and support. The work aligns to the priorities as laid out in the Locality Plans.
- 2.5 The Locality Plans align to the Scottish Government's - National Health & Wellbeing Outcomes:

National Health & Wellbeing Outcomes		CSHSCP Locality Plans
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Each Locality Action Plan has been developed and will be implemented in line with National Health and Wellbeing outcomes. Tackling inequalities in communities experiencing the greatest inequality will be a primary focus.
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	Each Locality Action Plan has been developed and will be implemented to support delivery of Clackmannanshire & Stirling HSCP Strategic Commissioning Plan (2023-2033) priorities.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Clackmannanshire & Stirling HSCP will continue to seek feedback from people who access / use services, wider local communities and staff to inform planning processes. Throughout 2023 there will be a review of Clackmannanshire & Stirling's HSCP Participation and Engagement strategy alongside those with lived/living experience in our communities.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Each Locality Action Plan has been developed to support positive outcomes and the experiences of those accessing care and support. Locality Working will drive forward the redesign to create locally co-ordinated and integrated care and support.
5	Health and social care services contribute to reducing health inequalities.	Tackling inequalities in the areas experiencing the greatest inequality is a primary focus of each of the Locality Planning Networks.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Carers' support continues to be priority for Clackmannanshire and Stirling HSCP, the appointment of the Carers' Lead and Short Breaks Co-ordinator posts ensures that working to support carers within localities will ensure carers are supported with their health & wellbeing to continue in their caring role.
7	People using health and social care services are safe from harm.	Locality Working will ensure GP Clinical Leads, wider primary care teams, social work, social care; the

		independent and third sector providers can deliver care and support in a shared and co-ordinated community health and care context in line with public protection requirements.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Staff will be supported to ensure continuous service improvement are embedded into their day to day working life as per the CSHSCP Workforce Development Plan (2022-2025).
9	Resources are used effectively in the provision of health and social care services.	Each Locality Planning Network ensures localised planning is undertaken in a way that ensures all resources are used efficiently and effectively.

3. Engagement & Consultation

- 3.1 The development of the new Strategic Commissioning Plan (2023-2033) and Locality Plans (2023-2026) began in March 2022.
- 3.2 To enable the work of these plans, a series of short-life working groups were created to focus on each of the key elements of work including: Strategic Needs Assessment & Burden of Disease analysis, performance data, commissioning, rights & equalities, workforce planning, engagement and consultation. In addition, the working groups took account of the legislative framework as well as local strategy and guidance:
- CSHSCP Engagement & Participation Strategy 2020-2023
[Clackmannanshire & Stirling \(clacksandstirlinghscp.org\)](https://www.clackmannanshire.gov.uk/~/media/2022-03-23-clackmannanshire-stirling-hscp-engagement-participation-strategy-2020-2023)
 - Scotland's National Standards for Community Engagement
 - [Scottish Government Planning for People](https://www.scotland.gov.uk/topics/communities/engagement)
- 3.3 Clackmannanshire & Stirling HSCP continues to seek to promote opportunities to get involved across all the localities; facilitated by the Locality Planning Networks Groups, mailing lists - which include Elected Members, community members, interested groups, third and independent sector representatives, HSCP staff and Council staff. There are approximately 100 people interested in being part of discussions within each Locality. Regular joint meetings have been established for the three Chairs with HSCP Senior Managers and GP Clinical Leads to offer peer support in this voluntary chair role as well as offer shared learning and opportunities to further develop the approach.

4. Conclusion

- 4.1. Each Locality Planning Network has drafted individual Plans based on the data and feedback from all stakeholders, which describe the priorities for each Locality. Although the Locality Planning Networks are relatively new within Clackmannanshire and Stirling, there has been positive engagement across all sectors to work more closely and in a more integrated delivery model.

5. Appendices

Appendix 1 – Locality Plan for Clackmannanshire

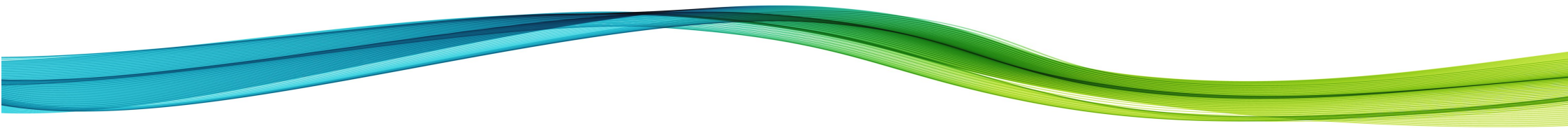
Appendix 2 – Locality Plan for Stirling Urban

Appendix 3 – Locality Plan for Stirling Rural

Fit with Strategic Priorities:	
Prevention and Early Intervention	x <input type="checkbox"/>
Independent Living through Choice and Control	x <input type="checkbox"/>
Achieve Care Closer to Home	x <input type="checkbox"/>
Supporting Empowered People and Communities	x <input type="checkbox"/>
Reducing Loneliness and Isolation	x <input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	x <input type="checkbox"/>
Workforce Plan	x <input type="checkbox"/>
Commissioning Consortium	x <input type="checkbox"/>
Transforming Care	x <input type="checkbox"/>
Data and Performance	x <input type="checkbox"/>
Communication and Engagement	x <input type="checkbox"/>
Implications	
Finance:	Locality budgets will be in alignment with IJB budget 2023-2024 and the new Strategic Commissioning Plan 2023-2033.
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report does require a EQIA
Data Protection:	The content of this report does not 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)

	<p>how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
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Locality Plan: Clackmannanshire 2023-2026



Foreword

In March 2023, Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) published its new Strategic Commissioning Plan 2023-2033 - outlining the HSCP's intent to prioritise services across the partnership area for the next ten years - focusing on the five strategic themes;

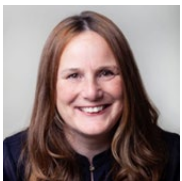
- Prevention, early intervention and harm reduction
- Independent living through choice and control
- Achieving care closer to home
- Supporting empowered people and communities
- Reducing loneliness and isolation

To complement this Plan, and in accordance with Joint Working Public Bodies (Scotland) Act 2016 and Community Empowerment (Scotland) Act 2015; the partnership have developed three Locality Plans to represent each of the partnership's unique localities: Clackmannanshire, Stirling (Urban) and Stirling (Rural) through the work of our Locality Planning Networks.

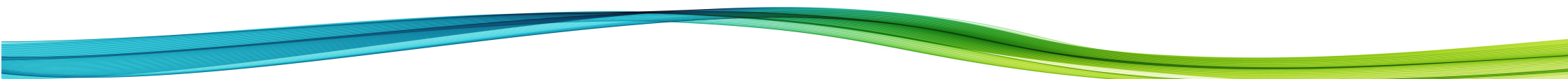
The Clackmannanshire Locality Planning Network Group – a wide range of representatives from health and social care services across third, public and independent sectors and including people of lived experience and current service users, worked together to identify the health and social care needs of our locality through the collection of research, data analysis and community engagement to identify our priority themes.

The Locality Plan (2023-2026) describes the model for service delivery within our locality working, with the aim of achieving our vision of supporting people living across Clackmannanshire and Stirling to live full and positive lives within supported communities.

I wish to extend my thanks to everyone who has contributed to the work of this plan thus far. I look forward to our continued partnership working as we work together to implement effective services over the next three years.



Councillor Wendy Hamilton, Chair Locality Planning Group – Clackmannanshire



Strategic Commissioning Plan

Our vision & ethos

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

Human Rights

Equality

Ecology

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

Our Aims

Prevention, Early Intervention & Harm Reduction

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

Independent Living through choice and control

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

Achieving Care Closer to Home

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

Supporting empowered people and communities

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

Reducing Loneliness and Isolation

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

Our Plans

Mental Health

Substance Use

Health Improvement

Self-Directed Support

Learning Disabilities

Physical Disabilities

Dementia

Transforming Care

Carers

Locality Plans

Enabling Plans

Medium Term Financial Strategy

Workforce Plan

Commissioning Consortium

Transforming Care

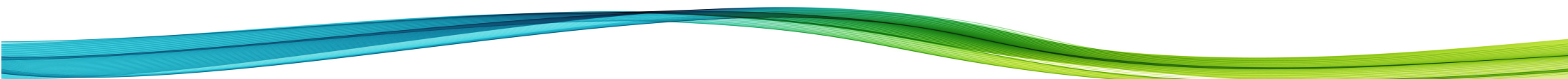
Data & Performance

Communication & Engagement

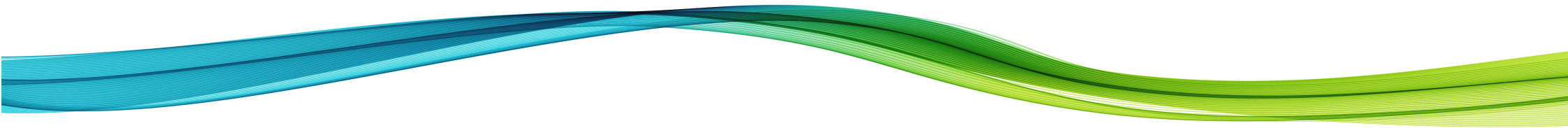
Clackmannanshire Locality Action Plan 2023-2026

Agreed Locality Priority	Action	Lead Officer	Timescale
Issues of alcohol & drug use across Clackmannanshire	HSCP ADP Lead to present on ADP investments and service changes across Clackmannanshire, lead a facilitated conversation around the issues with the Network, and align any issues into ADP Plans.	ADP Lead Officer	January 2024
Supporting and promoting Mental Health and Wellbeing	HSCP to promote opportunities for increased physical activity and exercise in partnership with established services and groups across Clackmannanshire.	HSCP Health Improvement Team Third Sector Interface Partnership Lead	March 2024
	Third Sector to map current support available across Clackmannanshire in partnership with HSCP Health Improvement Team.	Third Sector Interface Partnership Lead	March 2024
	HSCP and partners scope opportunities to build community capacity around issues of suicide, drug and alcohol deaths	ADP Lead Officer HSCP Health Improvement Manager	June 2024
Addressing Health Inequalities	HSCP and third sector to undertake deep dive into Alloa with focus on health improvement and addressing health inequalities	HSCP Health Improvement Manager Clackmannanshire Third Sector Interface	June 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
Clear shared communication on the clarity of roles across community health and care services to be shared across communities	HSCP and third sector to create clear and easy to understand communication for sharing across communities - posters, on-line and verbal information.	Third Sector Interface Partnership Lead HSCP Service Improvement Manager HSCP Health Improvement Team	March 2024
	HSCP to present a programme across the Network of services leads providing information and awareness of HSCP services in response to feedback from communities.	HSCP Service Improvement Manager	March 2024
	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
	Review lines of communication between primary care and wider service providers.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024



Locality Plan: Stirling Urban 2023-2026



Foreword

'Our' Locality Plan sets out the key priorities and actions identified after an initial period of data analysis and engagement with local people and local communities across Stirling Urban.

As Chair of the Stirling Urban Locality Planning Network, the group has worked hard to identify the specific priorities for Stirling Urban through engaging with patients, service users, carers, staff and representatives of the HSCP as well as local groups and forums to understand what is important to them and areas of opportunity for improvement. This work is part of a continuous process of interaction and engagement with all groups.

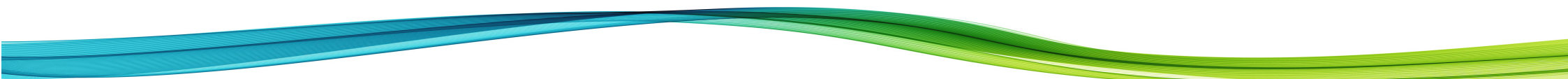
This Plan is a dynamic and living set of commitments that will continue to develop over the next three years in support of the delivery phase of the new Health and Social Care Partnership Strategic Commissioning Plan 2023-2033.

Locality planning network meetings and community engagement will continue to reach as many people as possible and is not limited to the initial periods of engagement. We will work in partnership with everyone in Stirling Urban area who has an interest in improving Health and Social Care services in our Locality.

From the official launch of the new Plan, we will be working with the same level of commitment to progress the actions we have together agreed with engagement and communication with our people and communities as a priority.

In Stirling Urban area we want to live in a healthy and vibrant locality and to do so we need to continue to work closely together to bring focus to all our efforts collectively. As a united Locality team, we will ensure that the futures of our communities are strong and healthy.

My sincerest thanks to each and every person who has taken time to contribute to this plan. I look forward to our continued partnership working as we work together to implement effective improvements over the next three years.



Strategic Commissioning Plan

Our vision & ethos

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

Human Rights

Equality

Ecology

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

Our Aims

Prevention, Early Intervention & Harm Reduction

Independent Living through choice and control

Achieving Care Closer to Home

Supporting empowered people and communities

Reducing Loneliness and Isolation

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

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

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

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

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

Our Plans

Mental Health

Substance Use

Health Improvement

Self-Directed Support

Learning Disabilities

Physical Disabilities

Dementia

Transforming Care

Carers

Locality Plans

Enabling Plans

Medium Term Financial Strategy

Workforce Plan

Commissioning Consortium

Transforming Care

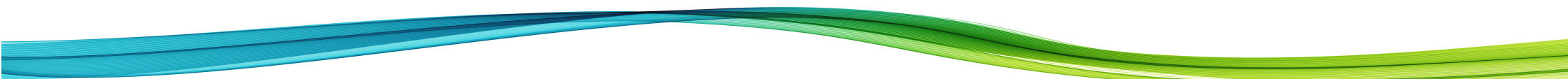
Data & Performance

Communication & Engagement

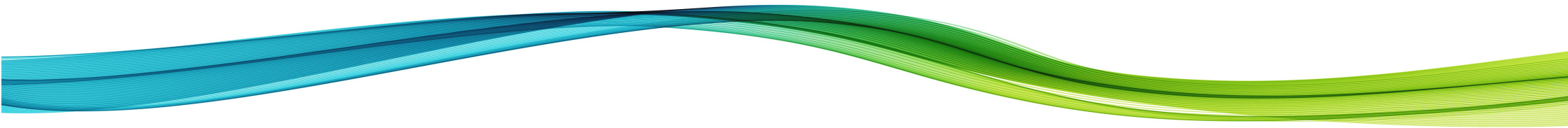
Urban Stirling Locality Action Plan

Agreed Locality Priority	Action	Lead Officer	Timescale
Clear shared communication on the clarity of roles across community health and care services to be shared across communities	HSCP and third sector to create clear and easy to understand communication for sharing across communities - posters, on-line and verbal information.	Third Sector Interface Partnership Lead HSCP Service Improvement Manager HSCP Health Improvement Team	March 2024
	HSCP to present a programme across the Network of services leads providing information and awareness of HSCP services in response to feedback from communities.	HSCP Service Improvement Manager	March 2024
	HSCP and third sector providers to present a programme across the Network on specific areas of interest identified by the Network i.e. Carers and Self-Directed Support.	HSCP Carers Lead HSCP SDS Lead & SDS Forth Valley	March 2024
	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
	Review lines of communication between primary care and wider service providers.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
Supporting and promoting Mental Health and Wellbeing	HSCP to promote opportunities for increased physical activity and exercise in partnership with established services and groups across Stirling.	HSCP Health Improvement Team Third Sector Interface Partnership Lead	March 2024
	Third Sector to map current support available across Stirling in partnership with HSCP Health Improvement Team.	Third Sector Interface Partnership Lead	March 2024
Identifying Social Enterprise opportunities based around need within our communities	Community based toe-nail cutting to support mobility and independence.	Third Sector Interface Partnership Lead	March 2024
Supporting people with dementia within our communities supporting capacity and need.	Further develop third sector model of care for people with dementia and their carers.	Third Sector Interface Partnership Lead Dementia Friendly Dunblane Townbreak	June 2024



Locality Plan: Stirling (Rural) 2023-2026



Foreword

As Chair for Rural Locality Planning Network, I am pleased to introduce Clackmannanshire and Stirling Health and Social Care Partnership's Locality Plan for Stirling (Rural) (2023-2026).

Over the past year, the Rural Locality Planning Network has brought together a wide range of members including; health and social care services, voluntary third-sector groups and members of the community - including service users with both living and lived experience to develop a locality plan reflecting the needs of Rural Stirling.

As part of their role within the group, extensive data analysis and community engagement was carried out – in accordance with the Scottish Government's Community Empowerment Act (Scotland) 2015, to identify key areas where service development particularly needed for rural communities in alignment with the HSCP's Strategic Commissioning Plan (2023-2033).

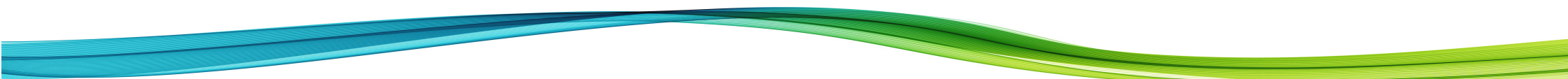
The Locality Planning Group will continue to work closely with the HSCP to monitor the progress of the plan and will report to the Integration Joint Board's Strategic Planning Group.

Through the implementation of the Strategic Commissioning Plan and locality action plan, we can collectively move closer towards the partnerships aim of providing the right support at the right time, at the right place, and from the right service is crucial to helping people live full and positives healthy lives across Rural Stirling.

I would like to take this opportunity to thank to everyone who has contributed to the development of this plan for Rural Stirling and for their further involvement in helping to support the implementation of the action plan work over the next three years.

Mike Evans

Chair – Stirling Rural Locality Planning Group

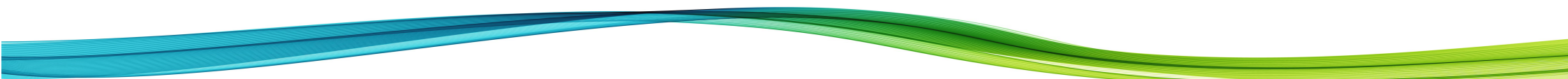




Locality Action Plan 2023-2026

Agreed Locality Priority	Action	Lead Officer	Timescale
Better understanding of services and increased knowledge linked to access to services across rural Stirling	Clear shared communication on the clarity of roles across community health and care services to be shared across communities HSCP and third sector to create clear and easy to understand communication for sharing across communities - posters, on-line and verbal information.	Third Sector Interface Partnership Lead HSCP Service Improvement Manager HSCP Health Improvement Team	March 2024
	HSCP to present a programme across the Network of services leads providing information and awareness of HSCP services in response to feedback from communities.	HSCP Service Improvement Manager	March 2024
Access to care closer to home	Review lines of communication between primary care and wider service providers to support more effective joint and integrated working in rural communities.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
	HSCP and third sector providers to present a programme across the Network on specific areas of interest identified by the Network i.e. Carers and Self-Directed Support.	HSCP Carers Lead HSCP SDS Lead & SDS Forth Valley	March 2024
	Third Sector to map current support available across rural Stirling in partnership with HSCP Health Improvement Team.	Third Sector Interface Partnership Lead HSCP Health Improvement Team	March 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
Scope support available to develop caring and connected communities and supporting recruitment opportunities in health and social care.	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	September 2024
	Identifying Social Enterprise opportunities based around need within our communities for example community based toe-nail cutting to support mobility and independence.	Third Sector Interface Partnership Lead	March 2024
Supporting people with dementia within our communities supporting capacity and need.	Further develop third sector model of care for people with dementia and their carers.	Third Sector Interface Partnership Lead Dementia Friendly Dunblane Townbreak	June 2024



Clackmannanshire & Stirling Integration Joint Board

27 September 2023

Agenda Item 9.2

Primary Care Update

*For Assurance Update, Noting &
Approval*

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Dr Kathleen Brennan, GP Clinical Lead
Author	Dr Kathleen Brennan, GP Clinical Lead
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:	<p>The purpose of this paper is to update Integration Joint Board members on current developments within Primary Care Services.</p> <p>This paper provides an update on the progress with the following:</p> <ul style="list-style-type: none"> • Delegation of Primary Care Services and implementation of new management arrangements including recruitment to a new Head of Primary Care Services role. • Local progress in 2022/23 delivering the Primary Care Improvement Plan (PCIP) and the financial challenges associated with full delivery of PCIP. • The impact of Scottish Government guidance relating to GMS Contract changes which came into place on 1 April 2023. From this date and despite alternative provision not being fully in place, GP Practices are no longer contractually responsible for the provision of Pharmacotherapy (provision and management of prescriptions) and Community Treatment and Care Services (phlebotomy, treatment room and long-term conditions monitoring). • The Mental Health and Wellbeing in Primary Care Programme. • Work to support sustainability of GMS Services across Forth Valley. • Engagement with Locality and Integrated working across Clackmannanshire and Stirling HSCP. • Development of the local GP Cluster Network and linking in with National opportunities.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the progress with the transfer of coordination of Primary Care Services to Falkirk HSCP and the progress of implementing key posts to support this team. 2) Note the significant impact that the delivery of the Primary Care Improvement Plan (PCIP) has on general practice capacity.
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	<ol style="list-style-type: none"> 3) Note that transitional payments, funded from IJB Primary Care earmarked reserves, are being provided to GP practices for a six-month period while an options appraisal is developed to consider delivery of PCIP services within the available funding envelope. 4) Approve an update on the options appraisal being reported to a future IJB meeting. 5) Note the challenges in General Practice capacity and sustainability as set out in the report. 6) Support plans to arrange a joint development session to take members of both IJBs through the challenges facing GP Practice and the proposals that are being developed to address them. 7) Note the progress being made towards effective Integrated Locality working with engagement of General Practitioners across the localities. 8) Note developments within our local GP Cluster Network.
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<p>Key issues and risks:</p>	<p>The report provides an overview of primary care and identifies several risks including PCIP funding shortfall, staff recruitment and retention risks, mental health and wellbeing in primary care funding pause and GP sustainability concerns in general. There are separate risk assessments for both GP sustainability and PCIP. These risk assessments link into the primary care risks on the IJB Strategic Risk Register.</p> <p>The risk score associated with sustainability of GP Services has been increased in recognition of the challenges of delivering on the 2018 Contract as described together with ongoing challenges with recruitment and retention of GPs.</p> <p>A GP Sustainability Group has been meeting to consider ways in which GPs can be supported to sustain their Practices and attract and retain GPs within the local area. Support and resourcing of these measures will require to be considered by both IJBs and NHS Forth Valley, therefore the Board is asked to note that discussions are ongoing about holding a joint development session with both IJBs and NHS Forth Valley. This will allow members to better understand the challenges facing GP Practices and the proposals being developed to address them.</p>
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1. Background

- 1.1. Primary Care Services in Forth Valley include General Practice, which, with one exception are run as independent GP practices. Primary Care services also include pharmacy, dentistry, and ophthalmology services. The Forth Valley wide coordination of these services formally transferred to Falkirk IJB on a coordinated basis on 31 January 2023. In addition to these core primary care services, General Practice Out of Hours Services also transferred to Falkirk IJB on this date.
- 1.2. There are 75 community pharmacies operating within NHS Forth Valley. Professional registration is via the General Pharmaceutical Council. Some elements of the business models are non-NHS e.g., shop retail and pharmacies may elect to carry out additional services via numerous Service Level Agreements (SLAs) nationally or with NHS Forth Valley. This includes Pharmacy First substance misuse and flu vaccination.
- 1.3. Within Dental services, there are 46 independent contractors operating across Forth Valley and a Public Dental Service. The percentage of NHS patients will vary at each practice and the accepting of new NHS patients also varies.
- 1.4. There are 37 independent optometry contractors in Forth Valley. Some elements of the optometry business model e.g., spectacles are not fully NHS funded and generate non-NHS income. NHS Forth Valley has a well-established Eye Health Network (EHN) which aims to enhance ophthalmic care in the community and maximise the use of the resource of community optometry.
- 1.5. The contract mix among these services varies between traditional businesses, independent Practices or Partnership models and large multiple groups e.g., Vision Express, Boots, Specsavers, Infinity Blu.
- 1.6. Clinical professionals within Dental and Optometry are registered with NHS Forth Valley and each service is supported by a formal process including for registration, re-locations, or changes of business model e.g., Ownership.

2. Progress with Delegation of Primary Care Services

- 2.1. Responsibility for the co-ordination of Forth Valley-wide Primary Care services transferred to Falkirk HSCP on 31 January 2023. In addition, NHS Forth Valley delegated responsibility for Primary Care Contract administration (not an IJB in scope function) to the Falkirk IJB Chief Officer, as Director of Health and Social Care for NHS Forth Valley.
- 2.2. While these services have formally transferred to Falkirk HSCP, considerable work remains outstanding before the transfer can be complete, to embed these services into Falkirk HSCP's governance structures:
- 2.3. Falkirk HSCP are seeking to recruit a new, permanent Head of Primary Care post (Advert is now closed and interviews due to be held in September) and

have recently identified a preferred candidate for the post of Out of Hours (OOH) Service Manager.

- 2.4. Due diligence is ongoing for transferred services to ensure the HSCP has sufficient capacity to plan for, manage and develop these services effectively. Scottish Government is supporting this process, with added impetus because of NHS Forth Valley's level 4 escalation. Terms of Reference have been agreed for the additional Scottish Government resource that will support this process.
- 2.5. Work has commenced between colleagues in Falkirk and Clackmannanshire and Stirling HSCP to refine the governance of co-ordinated services. This work aims to agree a set of principles that will avoid duplication and streamline approval processes whilst satisfying individual HSCP and IJB responsibilities.

3. General Practice and the Primary Care Improvement Plan

- 3.1. The 2018 General Medical Services (GMS) Contract (underpinned by Memorandums of Understanding 1 and 2) has been incrementally implemented, in part, through the Primary Care Improvement Plan to help address the national workforce challenge. Funded by Scottish Government, plans have been created and agreed through a Tripartite planning arrangement across NHS Forth Valley, Falkirk IJB, Clackmannanshire & Stirling IJB and GP Sub Committee/LMC. IJB members have received and approved regular reports on the considerable progress of the plan, with agreement on annual iterations and updates on Scottish Government submissions (PCIP trackers). This plan has been substantively delivered with significant positive impact.
- 3.2. The PCIP end of year report summarises the practical implementation of 198 out of 205 new posts and the significant additional capacity that is currently being delivered for patients in Forth Valley practices as a result. This includes around 6,000 appointments and more than 6,500 medicines related activities made available, on average, per week by Pharmacotherapy, Community Treatment and Care, Urgent Care, Mental Health, and Advanced Physiotherapy Practitioners. It also, defines more clearly the anticipated shortfalls in contract delivery, elements of which are now legislated for and therefore no longer the responsibility of GPs.
- 3.3. Board members will be aware that Tripartite Partners (Scottish Government, NHS Boards, IJBs and the British Medical Association (BMA)) have consistently highlighted to Scottish Government that full implementation of the Contract would require more resources than PCIP funding allocations allow. Previously the local programme of delivery has been delivered using non-recurring slippage on funding for the programme on a year-to-year basis to achieve the minimum workforce levels estimated to deliver the Contract. This equated to the £1.3m financial risk reported in previous PCIP tracker reports to fully deliver the Forth Valley Plan. Due to recruitment lags, turnover, and salary points, along with the previous ability to carry forward any underspends has meant that the level of financial risk in taking this approach has been

considered tolerable up until this point. However, with any financial slippage with the programme now been managed by Scottish Government and no immediate options available to the IJBs and NHS Board to fund the deficit options require to be developed to consider how delivery of PCIP services can be maximised within resources available. This comes with the multiple risks including the risks that GP Sustainability issues are exacerbated, and Pharmacotherapy and CTAC gaps are no longer met by practices. These risks have potentially significant service and financial implications for IJBs and the NHS Board.

- 3.4. It is noted that the current plan is unlikely to allow the full implementation of the recommendations of the MOU. It is further noted that any underspend from each year is now unable to be carried forward and requires to be returned to Scottish Government (from 2022/23).
- 3.5. In line with most other Health Boards/HSCPs in Scotland, full implementation of the 2018 GMS Contract in relation to pharmacotherapy and Community Treatment and Care (CTAC) is not yet fully delivered. This non-delivery of the Contract as of 1st April required to be addressed to avoid service disruption.

4. PCIP GMS Contract: Transition Plan

- 4.1. In recognition of the current financial and delivery risks of the PCIP, officers from both Partnerships, together with NHS Forth Valley engaged in discussion with GP Sub Committee and Local Medical Council (LMC) colleagues. These discussions highlighted that while Forth Valley is advanced in its implementation of PCIP, the elements of the Contract which are no longer the responsibility of GP Practices from April 2023 are some way from being fully delivered.
- 4.2. A Letter was received from Scottish Government – PCIP GMS Contract Implementation Update and Next Steps (appendix 2)
- 4.3. This letter updated Health Boards and HSCPs on the impact of changes in the GMS Contract which came into place from 1 April 2023. It explained delays in the issue of directions covering those services which are now legislated for and indicates that further joint discussions are taking place at a national level between Scottish Government and BMA in relation to transitional arrangements, recognising that the 2018 Contract has not been fully implemented. The letter allows Boards and Partnerships to agree local arrangements for compensatory payments providing: *“Flexibility for local transitional arrangements with practices is to be funded as an interim and time-limited measure from within the existing PCIF envelope.”*
- 4.4. Partners jointly agreed to develop an options appraisal to consider how mandatory PCIP services can be delivered in line with the available funding envelope. In the interim, Falkirk and Clackmannanshire and Stirling IJBs (under delegated authority) agreed to support a payment to GP Practices on the following basis to be met from specific IJB reserves allocated to Primary Care:

- Payment (across FV) will be a share of £336,875 paid for a 6-month period, distributed via the Scottish Workload Formula (as of 1 April 2023). Two quarterly instalments will be made at end July and end September 2023 to all GP Practices. The amount of this transitional payment is based on a payment previously provided by Scottish Government in 2021/22 and 2022/23.
 - GP LMC representatives continuing to engage with the tripartite partners to consider how PCIP services can be delivered in a sustainable manner within the available funding envelope.
 - Between April and October 2023 GP Practices will meet any Pharmacotherapy/CTAC gaps and in return will receive a transitional payment.
 - An options appraisal process being undertaken to consider ways in which mandatory PCIP services can be delivered within the PCIP funding envelope with all risks being identified within each option.
- 4.5. In summary, GP Practices are continuing to address any gaps in the pharmacotherapy/CTAC programme after 1 April 2023, in return for a transitional payment.
- 4.6. Effective tripartite working has resulted in a highly developed PCIP programme across Forth Valley and this is expected to continue to support the development of a robust options appraisal to ensure the sustainability of PCIP services.

5. Mental Health and Wellbeing in Primary Care Programme

- 5.1. Community Link Workers (CLWs) are a national and local priority in the Scottish Government's Mental Health and Wellbeing Strategy. The aim is to deliver an increased Mental Health workforce within general practice, with efforts delivering on a human rights-based approach so that people in the most marginalised of situations are prioritised in health access.
- 5.2. NHS Forth Valley in partnership with Clackmannanshire & Stirling HSCP and Falkirk HSCP submitted a proposal to Scottish Government in May 2022, outlining the plans for expansion to the Mental Health & Wellbeing in Primary Care (MHWBPC) programme. If funding was provided by Scottish Government, the MHWBPC programme's aim was to scale up the Community Link Worker's over 4 years to 1 WTE per 10,000 - 15,000 population and provide additional mental health practitioners, contributing to the national policy to provide 2000 additional mental health professionals in primary care. This would equate to between 21 and 31 link workers in Forth Valley, with service provision determined by locality need and all General Practices having access to a link worker at a locality level.
- 5.3. The MHWBPC programme was paused by Scottish Government in October 2022 and to date NHS Forth Valley and partners have received no indication if any funding will be available in the financial year 2023/24. The most recent correspondence from Scottish Government would suggest funding is unlikely to be forthcoming in 2023/24. Currently there are 5 WTE CLWs supporting 12

general practices in Falkirk HSCP and 1.86 WTE CLWs supporting 3 general practices in Clackmannanshire & Stirling HSCP.

- 5.4. Feedback from practices has been consistently positive surrounding the impact of CLWs and IJB members will recall a presentation at a previous meeting by one of our CLWs in Stirling detailing the valuable holistic work that they undertake with some of our most complex and vulnerable patients.
- 5.5. In addition to CLWs, Forth Valley have been training Enhanced Psychological Practitioners as part of the NES (National Education Scotland) programme. These posts are funded by NES for 18 months. 3 of these posts are based within Clackmannanshire and Stirling Practices. Funding was due to end in October 2023 for 2 posts, this funding has been extended by NES until March 2024. Funding for the third post will end in October 2024.
- 5.6. Until the Mental Health and Wellbeing Funding is confirmed, these posts have no recurring funding.
- 5.7. The Programme Manager has developed a discussion paper detailing the costs associated with the CLW's already in post and future options for the potential situation where funding is not received from MHWBPC.

6. General Practice Sustainability

- 6.1. Sustainability continues to represent a significant risk for General Practice and is included on the Partnerships strategic risk register. Demand for GP care outstrips the capacity to deliver it both locally and nationally.
- 6.2. Increasing demand and available capacity is the underlying issue, constrained by lack of workforce; there are concerns in Forth Valley about the number of GPs available to serve the local population, with 184 wte GPs serving 320,000 registered patients in 2022 (Public Health Scotland, 2022). The British Medical Association sustainability report, 2023, shows the number of patients per GP rising from 1522 per GP in 2013 to 1773 patients per GP in 2022.
- 6.3. The GP Sustainability Group has been re-instated to better understand and support GP pressures. A General Practice Sustainability report has been developed and a weekly data gathering exercise is ongoing through the Whole Systems Working project for 2023-24.
- 6.4. Primary Care is working with secondary care colleagues to feed this data into the newly developed Forth Valley wide whole system escalation tool to reflect the workload pressures being felt by clinicians working within our community.
- 6.5. 47 out of the 49 GP Practices in Forth Valley have agreed to participate in the project sharing activity levels and staffing information (all Stirling & Clackmannanshire Practices have engaged). The initial findings show that:

- 5600 appointments are delivered daily (on average, using Monday data)
- The number of GP Partners in Forth Valley has fallen by 4.8% in the last 4 years, with fewer GPs prepared to take on the management responsibilities involved in running a Practice.
- 48.6% of GPs in Forth Valley are aged over 50 years.
- Of the 47 Practices, 21 report sustainability concerns or significant sustainability concerns relating to workforce, premises, or both.

- 6.6. It is noted that Forth Valley has not had to take any practices into NHS Board managed arrangements over the last 5 years. Recent challenges in the Boness area have led to a proposal for a practice merger between practices to be developed. This merger will ensure continued provision of Primary Care Medical Services for 8000 people registered with the practices and is scheduled to take place in October 2023.
- 6.7. The GP Sustainability Group have been exploring the issue of recruitment and retention within Forth Valley Primary Care. A range of proposals aimed at addressing this concern have been drawn up.

7. Locality Planning and Integrated Working

- 7.1. A Locality Working Steering Group was established in July 2022 with the purpose of developing integrated and joint working models across Localities.
- 7.2. A separate Locality Planning paper will provide more detail surrounding this work.
- 7.3. A framework has been developed to ensure that our Strategic themes are at the forefront of our approach and priorities are aligned to the individual Locality Plans.
- 7.4. Work is underway with colleagues across each locality to identify opportunities to progress coordinated and integrated care, exploring opportunities for service redesign to deliver improved outcomes for local people.
- 7.5. There has been excellent engagement from GP colleagues across all localities who have welcomed the opportunity to contribute to development of a more collaborative and integrated model of care.

8. GP Cluster Network and Quality Improvement

- 8.1. There are 4 GP Clusters across Clackmannanshire and Stirling. Clusters are groups of practices in a local area who take part in quality improvement activities relevant to their local patient populations.
- 8.2. Work is facilitated by one GP Cluster Quality Lead within each Cluster, with each practice having a Practice Quality Lead (PQL) representative.

- 8.3. GP Cluster Quality Leads (CQLs) from across Forth Valley meet monthly to discuss Quality Improvement work taking place within their Cluster practices.
- 8.4. Work has been underway to explore ways of enabling Cluster Quality Leads (CQLs) to thrive and develop in their roles, identifying training priorities and support measures.
- 8.5. This work includes creation of a quarterly newsletter to capture Quality Improvement work going on across Primary Care, share with colleagues, increase visibility of the breadth of work being undertaken and allow other colleagues to get involved.
- 8.6. Training needs have been identified and learning sessions have taken place. Positive discussions are underway with the FV Quality Improvement Team surrounding support with Quality Improvement training for colleagues, looking at the bespoke needs within a primary care setting.
- 8.7. Several of our CQLs and Practice Quality Leads have attended sessions run by Healthcare Improvement Scotland (HIS) as they develop their GP Cluster Improvement Network nationally.
- 8.8. Over the past year several practices from across Forth Valley have joined cohorts of the Primary Care Access Collaborative run by HIS. This collaborative supports practices to look at issues such as appointment availability, make changes and assess impact over a 2-month period. Practices who have taken part have found input and support from the HIS Improvement Advisors valuable.

9. Conclusions

- 9.1. GP practice sustainability remains one of the most significant risks in the health and care system.
- 9.2. The investment in primary care through the PCIP programme has been welcomed by GPs, yielding increased capacity for patient care. GP practices are working positively with these new partnership services to deliver cost effective and clinically effective outcomes for the people of Forth Valley.
- 9.3. Despite these best efforts, and as anticipated, the GMS contract is still yet to be fully delivered. Transitional payments to practices have provided a short-term solution. There is further national development required to address the continuing financial and workforce challenges in primary care and the significant risk to the sustainability of these key community health services.
- 9.4. Suspension of the MHWBPC Programme has negatively impacted the plan to improve access to Community Link workers and create additional mental health capacity within Primary care.

- 9.5. Positive progress is being made with regards to Integrated working in Localities and GP Cluster working despite workload and capacity pressures.

10. Appendices

Appendix 1: GMS Contract Transitional Plan

Appendix 2: Scottish Government Letter Primary Care Improvement Plans – Update and Next Steps

Appendix 3: Scottish Government PCIP Allocation Letter

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 checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	<p>Transitional payments in respect of the primary care improvement plan will be met from specific IJB reserves allocated to Primary Care.</p> <p>Shortfalls in the funding of PCIP to allow for full-service delivery include both a £0.921m shortfall based on existing service delivery from the initial 23/24 allocation, assuming Tranche 2 will be received later this year (this shortfall could rise to £1.467m if this is not received) and a further £0.350m shortfall based on estimated costs for full CTAC and Pharmacotherapy service delivery. Scottish Government PCIP initial funding for 23/24 is now confirmed and included in these figures. (Appendix 3).</p> <p>The GP sustainability risk is currently being updated and several measures are being developed to address sustainability concerns. These proposals require further consideration before the financial impact can be quantified.</p>

	Similarly, the report highlights concern regarding the mental health and wellbeing in primary care (MHWBPC) programme and associated funding risk. A separate options appraisal is being developed to consider and mitigate the associated risks.
Other Resources:	
Legal:	
Risk & mitigation:	<p>The report provides an overview of primary care and identifies several risks including PCIP funding shortfall, staff recruitment and retention risks, mental health and wellbeing in primary care funding pause and GP sustainability concerns in general. There are separate risk assessments for both GP sustainability and PCIP. These risk assessments link into the primary care risks on the IJB Strategic Risk Register.</p> <p>The risk score associated with sustainability of GP Services has been increased in recognition of the challenges of delivering on the 2018 Contract as described together with ongoing challenges with recruitment and retention of GPs.</p> <p>A GP Sustainability Group has been meeting to consider ways in which GPs can be supported to sustain practices and attract and retain GPs within the local area. A range of proposals have been developed as a suite of support measures. Support and resourcing of these measures will require to be considered by both IJBs and NHS Forth Valley. The Board is asked to note that discussions are ongoing about holding a joint development session with both IJBs and NHS Forth Valley to take members through both the challenges facing GP Practice and the proposals that are being developed to address them.</p>
Equality and Human Rights:	The content of this report <u>does not</u> require an 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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Primary Care Improvement Plan (PCIP) GMS Transition Plan

1. It is acknowledged that expected Directions from Scottish Government in relation to the Pharmacotherapy and Community Treatment and Care (CTAC) elements of PCIP have not been issued. This creates challenges for us in delivering the full expected range of Pharmacotherapy and CTAC services within the available capacity provided through the local PCIP Plan.
2. In previous years, the Scottish Government has negotiated and funded a payment to GP Practices to support the delivery of these services. There is no indication that such a payment will be forthcoming in this or future financial years. However, the Scottish Government has acknowledged that there may be a requirement for “local transitional arrangements with practices to be funded as an interim and time-limited measure from within the existing local PCIP envelope.” We have considered what “local transitional arrangements” may be and concluded that a payment to GP Practices is justifiable given the present circumstances.
3. Previously, the PCIP in Forth Valley has been developed with a higher approved staffing resource than the available budget, with the understanding that, as a result of staff turnover, it would be unlikely that the budget would be fully utilized. This has been the case so far with an underspend versus budget every year of PCIP for various reasons. There has previously also been the opportunity to carry forward underspends and so the financial risk to the Board and Partnerships was tolerable. Now that underspends cannot be carried forward to future years, work is required to ensure that the plan is more likely to come within each year’s available PCIP budget.
4. It is recognised that it is important that we work collaboratively (NHS FV, Partnerships and LMC) to review and refine the PCIP to ensure that it meets requirements and is financially sustainable going forward. To this end, NHS FV and both Partnerships have agreed to offer a 6 month transitional payment while planning processes are progressed. This transitional payment is non-recurring, has a clear exit strategy and is in line with our understanding of the correspondence provided by Scottish Government. While the intention is that these payments can only be non-recurring to allow time for the tripartite to develop options for financially sustainable delivery of PCIP. It is recognised that there will need to be time to implement the preferred and approved option. If the full Pharmacotherapy/CTAC requirements are not delivered by October 2023, it is recognized that further discussion will need to take place until service delivery is achieved. Detail of the financial transition support is set out below:

5. Payment (across FV) will be a share of £336,875 paid for a 6 month period, distributed via the Scottish Workload Formula (as at 1 April 2023). 2 x Quarterly instalments will be made at the end of July and end September 2023 to all GP Practices. Provision of the transitional payment is based on GP LMC representatives continuing to engage with the tripartite partners to consider how PCIP services can be delivered in a sustainable manner within the available funding envelope. Between April and October 2023 GP Practices will meet any Pharmacotherapy/CTAC gaps and in return will receive a transitional payment. We will consider how mandatory PCIP services can be delivered within the PCIP funding envelope. This will require a full options appraisal process being undertaken with all risks being identified within each option.

6. This proposal was discussed with the GP Sub Committee on 9 May, and David Herron, Chair of LMC, confirmed LMC support of this proposal noting they are “supportive of this temporary holding measure and keen to engage in ongoing discussions to plan what happens from October 1st”.

7. Meetings are being set up with key stakeholders to take the collaborative planning approach forward.



E: Naureen.ahmad@gov.scot

NHS Board Chief Executives Integration Authority Chief Officers

**CC: Integration Authority Chief Finance Officers, NHS Board Director of Finance,
Primary Care Improvement Plan leads**

PRIMARY CARE IMPROVEMENT PLANS – UPDATE AND NEXT STEPS

This communication asks you to:

- Note the update on progress in the implementation of Primary Care Improvement Plans (PCIPs).
- Complete and return PCIP 6 trackers by Friday 12 May.
- As part of PCIP 6, review the data you have provided in PCIP 5.5 trackers on the annual recurring budget and workforce requirements for implementation of the MoU underpinning the GP contract and amend/provide further data, where required.
- Clear your return through your Chief Executive and Chief Officer before returning.
- Note the interim planning assumptions for your PCIPs while we undertake further analysis of your returns over first quarter of financial year 2023-24.
- Cascade this communication to GP practices in your area.

Update

Five years on from the joint agreement between Scottish Government and the British Medical Association (BMA) on the new GP contract, we have made significant progress in the implementation of Primary Care Improvement Plans (PCIPs).

As of March 2022, we have recruited more than 3,220 WTE multi-disciplinary team (MDT) members¹, working in GP practices and the community and joint work undertaken through Primary Care Improvement Plan trackers indicate that this figure will have increased further over 2022/23, with our next statistical publication due summer 2023. The average GP practice now has over 3 WTE additional professionals available to them – a huge achievement. This MDT workforce is supporting patients to access a wider range of expertise and see the right person, at the right time, for their care. In tandem, these reforms are also helping to reduce GP workload, allowing GPs to focus on patients with more complex needs.

This achievement has only been possible because of the tremendous effort by all partners: Health Boards; Health and Social Care Partnerships; GP Sub Committees; GP practices; as well as the engagement and dedication of all staff involved. These reforms have been

¹ [Primary care improvement plans: summary of implementation progress - March 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/primary-care-improvement-plans-summary-of-implementation-progress-march-2022/pages/11/)



implemented against the backdrop of the most challenging circumstances imaginable, making the achievement even more remarkable.

With the programme now reaching a more mature phase, it is critical that we protect and preserve the gains we have already made, while ensuring we continue to build on the successes to date and tackle outstanding implementation barriers and gaps. To do so, we want to continue to work with all parties to ensure we have a robust evidence base on the impact of the programme and a further understanding of the state of current delivery.

PCIP 6

In this context, I want to thank you once again for completing the PCIP 5.5 trackers and request your assistance in completing the PCIP 6 trackers which we are commissioning from today.

Please find attached an illustrative copy of the PCIP 6 tracker template and accompanying guidance. We request that you complete and return your tracker by **close of business Friday 12 May**.

As with PCIP 5.5, we are collecting information about the primary care workforce funded through the Primary Care Improvement Fund and other sources, the activity being delivered by these staff and the funding requirements underpinning the services being delivered.

In October 2022, we requested activity data on a pilot and voluntary basis. We have used feedback we gained through this exercise to refine this request further. The pilot stage of the activity data is now concluded and we request this data be provided by all IA's as part of the core data set.

The template should be completed and returned via eRDM connect, where a functional template, with some prepopulated data, will be available. Those who used eRDM connect to complete PCIP 5.5 will still have access. The same password can be used to open the template. If the password has been forgotten, or a new representative responsible for completing the tracker requires access, please e-mail Julia.vanaart@gov.scot and they will be provided with instructions on how to access the site and download and return the template.

We will also be hosting two sessions to provide an opportunity to discuss any questions you have in relation to completing the templates. These sessions will be held on Thursday 13 April 9-10 am and Thursday 20 April 2-3 pm. Please e-mail PCImplementation@gov.scot if you would like to attend either of these sessions.

We are supplementing the information obtained through the trackers with qualitative interviews that we are undertaking with partnerships, as well as wider monitoring and evaluation activity. This includes work in concert with Public Health Scotland and the Primary Care Local Evaluators Network. Our intent is to continue to develop a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system, to support discussions on best practice and future investment.

PCIP 5.5 follow up exercise

As part of the data requested in the PCIP 5.5 trackers, we asked you for information on your **recurring annual budget and workforce requirement to support implementation of the MoU underpinning the GP Contract** to inform planning for 2023/24 Scottish Budget.

The GMS Contract and PMS Agreement regulations were amended last year to reflect progress made to date and ensure that Health Boards provide their GP practices with support by providing Community Treatment and Care (CTAC) and Pharmacotherapy services. Those [amendments](#) came into force on 28 May 2022. They create a provision for Scottish Ministers to issue directions on the extent and manner of these services which Health Boards must provide. There has been an expectation these would be issued this year.

However, taking into consideration the data provided in the trackers, as well as the variation in implementation to date and the prioritisation of other MoU services, we will not be issuing directions at this time. This is because we need to do some further rapid work in the first quarter of financial year 2023-24 to quality assure the data you have provided us to ensure the financial and legal framework we agree for Pharmacotherapy and CTAC services is equitable and sustainable. This data will be used to consider further investment in support of MoU implementation in 2023-24, subject to availability of additional funding in what is a constrained financial environment.

Through the PCIP 6 tracker templates, we request that you review the data you provided to us in PCIP 5.5 on your recurring requirement for MOU implementation. This information is set out in the MOU implementation profile tab. We request you review the data on the workforce and financial resources required to deliver VTP, Pharmacotherapy and CTAC services, based on the definitions set out in Annex A. These definitions were provided in the guidance notes with the PCIP 5.5 trackers and are consistent with proposed content of the Pharmacotherapy and CTAC directions. See latest draft of these directions in annex B for reference only – **note these directions have not been made by Scottish Ministers and are provided in draft purely for context.**

Further guidance is provided in the guidance notes for the PCIP 6 trackers attached and we plan to proactively engage with you over the coming weeks to discuss any further assistance that might be required as you complete this exercise and continue implementation of your PCIPs into 2023-24.

Please note, some areas indicated they were unable to provide this information previously. While we recognise the challenges that forecasting entails, we ask that you provide your best estimate for finance and workforce requirements to allow us to take forward our analysis on as consistent a basis as possible.

Clearance

You should ensure that you clear your return through your Chief Officer and Chief Executive, given our ultimate intent to issue directions, and involve other key partners in line with existing local governance arrangements.

Overall Planning Assumptions

While we undertake this exercise, I would like to highlight that local areas should use the following planning assumptions in the interim:

- Ensure that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs; prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met.
- Based on PCIP progress as well as progress with separate vaccination regulations and directions, the Vaccination Transformation Programme element of PCIPs is complete and should be maintained. [PCA\(M\)\(2022\)13](#) provides the current position on the programme.
- Maintain other MoU services (e.g. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.
- In line with MoU2, recognise the interdependences between all three levels of pharmacotherapy which require focus on the delivery of the pharmacotherapy service as a whole. CTAC services should continue to be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.
- Ensure as a minimum all practices receive some MDT support in the priority areas of Pharmacotherapy and CTAC as part of your Primary Care Improvement Plans.
- If that is not the case, local areas should recalibrate their PCIPs to ensure that support is delivered to all practices.
- **This may include flexibility for local transitional arrangements with practices to be funded as an interim and time-limited measure from within the existing PCIP envelope; in this case, there must be a clear exit strategy for how that MDT support will be delivered on a long-term and sustainable basis to allow the regulations to be formally adhered to.** Scottish Government will agree with SGPC principles to guide the use of local transitional arrangements.
- Assume you will continue to receive your NRAC share of £170m uplifted to apply Agenda for Change.
- Assume we will not bring forward regulations on Urgent Care services.
- Note national sustainability payments to practices ended on 31 March 2023.

I welcome your continued collaboration and support in verifying and providing the data outlined, in continued implementation of the programme and in recognising the challenging overall financial circumstances in which this programme is being delivered.

As noted, we will proactively be in touch to discuss some of the points raised in the above communication and we have also set up some Q&A sessions to support with the completion of the trackers. However, if you have a query you do not think would be covered by those sessions and would like to discuss, my team would be happy to offer a meeting.

Please contact PCImplementation@gov.scot if you would like to set up a meeting.

I would be grateful if you could also urgently share this note to all practices.

Kind Regards,



Dr Naureen Ahmad
Deputy Director, General Practice Policy Division, Primary Care Directorate

ANNEX A – DEFINITIONS OF VTP, PHARMACOTHERAPY AND CTAC SERVICES

<p>Vaccination Transformation Programme</p>	<p>Board delivery of the five vaccination transformation workstreams (pre-school programme, school based programme, travel vaccinations and travel health advice, influenza programme cohort as at 2018, at risk and age group programmes) unless a satisfactory options appraisal has been agreed for ongoing GP delivery</p>
<p>Pharmacotherapy services</p>	<p>Management of all acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing (GP only to provide immediate care to prevent injury of a patient or the worsening of a patient’s clinical condition).</p> <p>Making available sufficient staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.</p>
<p>Community Treatment and Care services</p>	<p>Phlebotomy, chronic disease monitoring, the collection of biometric information, attending to minor injuries, changing dressings, suture removal and ear wax management.</p> <p>Making available sufficient staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.</p>

ANNEX B – DRAFT PHARMACOTHERAPY AND CTAC DIRECTIONS

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

The Primary Care (Pharmacotherapy) (Scotland) Directions 2023

The Scottish Ministers give the following Directions in exercise of the powers conferred by regulation 18(2) of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 ⁽²⁾(the “GMS Regulations”), paragraph 6A(2) of schedule 1 of the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018⁽³⁾ (the “PMS Regulations”) and all other powers enabling them to do so.

PART 1 GENERAL

Citation and commencement

1. These Directions may be cited as the Primary Care (Pharmacotherapy) (Scotland) Directions 2023.
2. These Directions come into force on **DATE**.

Application

3. The provisions in these Directions apply to Health Boards in Scotland in relation to—
 - (a) all primary medical services agreements entered into by the Health Board in accordance with section 17C of the 1978 Act, and
 - (b) all general medical services contracts entered into by the Health Board in accordance with section 17J of the 1978 Act.

Interpretation

- 4.—(1) In these Directions—

“the 1978 Act” means the National Health Service (Scotland) Act 1978⁽⁴⁾,

“contractor”—

 - (a) has the meaning given in the GMS regulations, and
 - (b) includes a provider as defined by the PMS Regulations,

“the GMS Regulations” means the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018,

“pharmacotherapy services” means management of acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing,

“the PMS Regulations” means the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018,
 - (2) Terms not defined by these Directions have the meaning given to them in the GMS Regulations or PMS Regulations, as is relevant to the particular contractor in question.

⁽²⁾ S.S.I. 2018/66. Relevantly amended by paragraphs 422 to 425 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.

⁽³⁾ S.S.I. 2018/67. Relevantly amended by paragraphs 426 to 429 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.

⁽⁴⁾ 1978 c. 29. Relevantly amended by section 22(2) of the National Health Service (Primary Care) Act 1997 (c.46), section 65 and schedules 4 and 5 of the Health Act 1999 (c. 8), section 2(4) of the Primary Medical Services (Scotland) Act 2004 (asp. 1) and S.I. 2003/1250.

(3) Terms not defined by either these Directions, the GMS Regulations, or the PMS Regulations have the meaning given in the 1978 Act.

Health Board responsibility

5.—(1) The Health Board is to provide pharmacotherapy services to the patients of the contractor, and is to adequately resource, plan, and deliver services so as to minimise circumstances in which it becomes necessary for the contractor to provide immediate care to prevent injury of a patient or the worsening of a patient’s clinical condition.

(2) The Health Board is not to treat the provision of services by the contractor in circumstances in which the contractor is not required to provide such services as a waiver of any part of the contractor’s entitlement to support in the form of pharmacotherapy services.

Staffing

6.—(1) In providing the pharmacotherapy services to support the contractor, the Health Board must make available adequate staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.

(2) Where the Health Board allocates a staff member who would routinely operate the pharmacotherapy services to operate other services provided by the Health Board, the Health Board must make available adequate staff to ensure that service provision continues as previously planned.

Patient bookings

7.—(1) The Health Board must make available to the contractor a means to allocate a patient of the contractor’s practice an appointment with the Health Board’s pharmacotherapy service, or to otherwise inform the Health Board that the patient requires a pharmacotherapy service.

(2) Subject to paragraph (3), the Health Board must make available to the contractor’s patients a means by which they can directly request an appointment with the Health Board’s pharmacotherapy service or to otherwise request pharmacotherapy services.

(3) Paragraph (2) does not apply to such parts of the services as the Health Board and contractor have agreed that it would be inappropriate for the contractor’s patients to arrange an appointment or request the service directly.

(4) Where one of the contractor’s patients requires subsequent appointments for the pharmacotherapy services, the Health Board must make all reasonable efforts to arrange those appointments.

Signatory text

St Andrews House
Edinburgh
DATE

Name
A member of the staff of the Scottish Government
Directorate for Primary Care

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

The Primary Care (Community Treatment and Care) (Scotland) Directions 2023

The Scottish Ministers give the following Directions in exercise of the powers conferred by regulation 18(2) of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 ⁽⁵⁾(the “GMS

⁽⁵⁾ S.S.I. 2018/66. Relevantly amended by paragraphs 422 to 425 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.

Regulations”), paragraph 6A(2) of schedule 1 of the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018⁽⁶⁾ (the “PMS Regulations”) and all other powers enabling them to do so.

PART 2 GENERAL

Citation and commencement

8. These Directions may be cited as the Primary Care (Community Care and Treatment) (Scotland) Directions 2023.

9. These Directions come into force on **DATE**.

Application

10. The provisions in these Directions apply to Health Boards in Scotland in relation to—

- (a) all primary medical services agreements entered into by the Health Board in accordance with section 17C of the 1978 Act, and
- (b) all general medical services contracts entered into by the Health Board in accordance with the 1978 Act.

Interpretation

11.—(1) In these Directions—

“the 1978 Act” means the National Health Service (Scotland) Act 1978⁽⁷⁾,

“contractor”—

- (a) has the definition provided in the GMS Regulations, and
- (b) includes a provider as defined by the PMS Regulations,

“core CTAC services” means phlebotomy, chronic disease monitoring, the collection of biometric information, attending to minor injuries, changing dressings, suture removal and ear wax management,

“the GMS Regulations” means the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018,

“the PMS Regulations” means the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018,

(2) Terms not defined by these Directions have the meaning given to them in the GMS Regulations or PMS Regulations as is relevant to the particular contractor in question.

(3) Terms not defined by either these Directions, the GMS Regulations, or the PMS Regulations have the meaning given in the 1978 Act.

Extent of services

12.—(1) The Health Board may agree with contractors that services, other than the core CTAC services, are to be included in the community treatment and care services provided by the Health Board.

Health Board responsibility

13.—(1) The Health Board is to provide community treatment and care services to the patients of the contractor, and is to adequately resource, plan, and deliver services so as to minimise circumstances in which it becomes necessary for the contractor to provide immediate care to prevent injury of a patient or the worsening of a patient’s clinical condition.

⁽⁶⁾ S.S.I. 2018/67. Relevantly amended by paragraphs 426 to 429 of schedule 19 of the Data Protection Act 2018 (c. 12), S.S.I. 2018/94, S.S.I. 2019/336, S.S.I. 2019/284, S.I. 2019/1094 and S.S.I. 2021/302.

⁽⁷⁾ 1978 c. 29. Relevantly amended by section 22(2) of the National Health Service (Primary Care) Act 1997 (c.46), section 65 and schedules 4 and 5 of the Health Act 1999 (c. 8), section 2(4) of the Primary Medical Services (Scotland) Act 2004 (asp. 1) and S.I. 2003/1250.

(2) The Health Board is not to treat the provision of services by the contractor in circumstances in which the contractor is not required to provide such services as a waiver of any part of the contractor's entitlement to support in the form of community treatment and care services.

Staffing

14.—(1) In providing the community treatment and care services to support the contractor the Health Board must make available adequate staff to ensure that an adequate service continues to be available, including during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.

(2) Where the Health Board allocates a staff member who would routinely operate the community treatment and care services to operate other services provided by the Health Board, the Health Board must make available adequate staff to ensure service provision is continues as previously planned .

Patient bookings

15.—(1) The Health Board must make available to the contractor a means to allocate a patient of the contractor's practice an appointment with the Health Board's community care and treatment service.

(2) Subject to paragraph (3), the Health Board must make available to the contractor's patients a means by which they can directly request an appointment with the Health Board's community treatment and care service.

(3) Paragraph (2) does not apply to such parts of the services as the Health Board and contractor have agreed that it would be inappropriate for the contractor's patients to arrange an appointment directly.

(4) Where one of the contractor's patients requires subsequent appointments for the community treatment and care services, including repeated appointments for chronic disease monitoring, the Health Board must make all reasonable efforts to arrange those appointments.

Signatory text

St Andrews House
Edinburgh
DATE

Name
A member of the staff of the Scottish Government
Directorate for Primary Care



Susan Gallacher
General Practice Policy Division
Primary Care Directorate
Scottish Government
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EH1 3DG



E: susan.gallacher@gov.scot

**Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority Chief Finance Officers
NHS Board Director of Finance
Primary Care Improvement Plan leads**

9 August 2023

Dear colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2023-24

Thank you for providing the data requested through the Primary Care Improvement Plan (PCIP) 6 tracker exercise which has been used to produce our annual statistical publication setting out implementation progress.¹ In line with our commitments in the First Minister's policy prospectus² to sustain our investment in general practice through the Primary Care Improvement Fund and to improve outcomes for people in primary, community, and social care, through enhanced integrated multi-disciplinary teams, we will be writing shortly to set out our plans for enhancing delivery of the programme.

In the meantime, I am writing to confirm the 2023-24 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to IAs.

Background

As previously set out to NHS Board Chief Executives and Integration Authority Chief Officers, there is a considerable financial challenge in 2023-24. While the Scottish Government remains committed to supporting the service in delivering the best outcomes for patients, there is a need to remain agile within our financial management, ensuring that we utilise all fiscal levers available, including the use of available reserves.

¹ [Primary Care Improvement Plans: Summary of Implementation Progress at March 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/primary-care-improvement-plans/summary-of-implementation-progress-at-march-2023/pages/1-1.aspx)

² [A fresh start for Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-fresh-start-for-scotland/pages/1-1.aspx)

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF and should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement³ and the Amendment Regulations⁴ and supplemented by the Scottish Government communication of 31 March 2023.

Primary Care Improvement Fund (PCIF)

Available Resources

Having reviewed the financial data from PCIP 6 tracker returns, I can confirm that up to **£189.5 million will be available** for Integration Authorities in 2023-24 under the auspices of the Primary Care Improvement Fund (PCIF). This comprises up to £170 million funding available through the PCIF and £19.5 million funding for AfC uplift costs. In-year delivery and spending against the £189.5m will be monitored by my team to understand any potential slippage against the £189.5m.

As with last year, **reserves carried over into 2023-24 financial year will contribute to your overall 2023-24 allocation** and your allocation has been adjusted accordingly to reflect this. The adjustment is based on data we currently hold on your reserve position as at 31 March 2023. **Please note, therefore, that the £189.5 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.**

Where we have agreed to make funding available to you to cover any shortfall relating to legal commitments entered into prior to August 2022, you will have access to this funding in addition to your 2023-24 allocation. In these cases, funding was made available through the PCIF 2022-23 tranche two allocations to cover the quantum of funding agreed with you in August 2022. You should have this funding in your reserves to meet the remainder of any shortfall relating to legal commitments costs.

While we appreciate that it will be disappointing that you are unable to use reserves carried forward to supplement your allocation this year, this has been a difficult but necessary decision given the overall financial pressures across health and social care. It is also taken in the knowledge that we are protecting the core funding for PCIF of £170 million and that we are making additional funding available to support Agenda for Change (AfC) uplifts for PCIF staff.

Methodology for Tranche One Allocation

We will be making an initial tranche one allocation on the basis of allocating **£160 million** of the £170 million available through the PCIF on an NRAC basis **and £19.5**

³ [Memorandum of Understanding \(MoU\) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association \(BMA\), Integration Authorities \(IAs\) and NHS Boards](#)

⁴ [The National Health Service \(General Medical Services Contracts and Primary Medical Services Section 17C Agreements\) \(Scotland\) Amendment Regulations 2022 \(legislation.gov.uk\)](#)

million for AfC uplift costs for 2023-24, giving a total tranche one allocation of **£179.5 million**. The additional AfC funding of £19.5m is being allocated on the basis of figures submitted to SG Health Finance by NHS Boards.

The tranche one allocation will be reduced to deduct IA reserve balances as at March 2023 (based on PCIP 6 tracker data), as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Annex A shows the initial allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

Methodology for Tranche Two Allocation

A further allocation of **the remaining £10 million** of the overall PCIF will be made available on an NRAC basis to IA's later this year, subject to reporting confirming latest spend and forecast data **required by Friday 17th November**. Robust assessments of your forecast resourcing requirements are vital in supporting central financial planning, sound financial management and providing best value for the public purse. We will issue a reporting template in advance of this deadline for completion.

Second tranche allocations will follow, subject to assessment of the data provided. Allocations will also be reduced to reflect any increases in your reserve position not reflected in the tables annexed.

Scope of PCIF

For 2023-24, the policy and governance arrangements as set out in MoU2 and supplemented by the PCIP6 communication on 31 March 2023 continue to apply. This requires ensuring that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs - prioritising Pharmacotherapy and CTAC services whilst maintaining other MoU services (e.g. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.

As before, PCIP funding can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

Baselining

The minimum funding position for PCIF is £170 million with additional funding being made available to provide Agenda for Change uplifts for recruited staff. While the minimum funding position gives you the assurances you need to continue to recruit and implement your PCIPs, we are considering baselining this funding into core Health Board funds, to provide further assurances, to support better financial planning and to reduce administrative and reporting burden. We will continue to work

with Chief Financial Officers and National Oversight Group to scope out the option to baseline, including the necessary governance arrangements to support this and possible timeline.

Monitoring and evaluation

Developing a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system remains a key ambition. The evidence base is vital in supporting best practice discussions and future investment decisions in the programme in collaboration with all partners. We continue to work with all partners to consider next steps on national monitoring and evaluation.

I trust this update gives you the assurances you need to continue to progress implementation of your Primary Care Improvement Plans in 2023-24 and I look forward to working with you towards our shared goal of delivering improved care in our communities.

Yours faithfully

A handwritten signature in cursive script that reads "Susan Gallacher".

Susan Gallacher
Deputy Director, General Practice Policy
Primary Care Directorate

ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

Health Board	NRAC Share 2023-24	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
NHS Ayrshire and Arran	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
NHS Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
NHS Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
NHS Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
NHS Forth Valley	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
NHS Grampian	9.74%	16,554,002	1,884,000	-755,400	-1,707,000	-973,765	15,001,838
NHS Greater Glasgow & Clyde	22.14%	37,638,815	4,362,000	-1,718,200	-1,324,000	-2,214,049	36,744,566
NHS Highland	6.59%	11,203,724	1,468,000	-494,100	-609,000	-659,043	10,909,581
NHS Lanarkshire	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
NHS Lothian	15.07%	25,611,369	3,329,000	-1,132,000	-1,389,000	-1,506,551	24,912,818
NHS Orkney	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
NHS Shetland	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
NHS Tayside	7.77%	13,211,219	1,827,000	-601,900	-169,000	-777,131	13,490,188
NHS Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
		170,000,000	19,549,000	-7,800,000	-9,006,000	-10,000,000	162,743,000

Allocation by Integration Authority

NHS Board	Integration Authority	IA NRAC Share 2023-24 (£)	PCIF NRAC Share 2023-24 (£)	Pay uplift 2022-23 (£)	less PCIF baseline d funds (£)	less PCIF local reserves (£)	less £10m NRAC retention (£)	PCIF initial allocation 2023-24 (£)
Ayrshire and Arran	Ayrshire combined	7.31%	12,419,970	1,551,000	-569,300	0	-730,586	12,671,084
Borders	Scottish Borders	2.15%	3,659,639	449,000	-161,300	-383,000	-215,273	3,349,066
Dumfries and Galloway	Dumfries and Galloway	2.96%	5,039,527	694,000	-229,100	0	-296,443	5,207,985
Fife	Fife	6.85%	11,648,976	1,568,000	-521,800	0	-685,234	12,009,942
Forth Valley	Forth Valley combined	5.47%	9,291,966	1,129,000	-415,000	0	-546,586	9,459,380
Grampian	Aberdeen City	3.78%	6,425,049	731,231	-298,317	-261,000	-377,944	6,219,019
	Aberdeenshire	4.23%	7,197,962	819,195	-324,766	-830,000	-423,410	6,438,981
	Moray	1.72%	2,930,992	333,574	-132,317	-616,000	-172,411	2,343,837
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,151,403	365,219	-140,141	-100,000	-185,377	3,091,105
	East Renfrewshire	1.58%	2,682,743	310,906	-120,632	-628,000	-157,808	2,087,208
	Glasgow City	11.95%	20,319,427	2,354,839	-928,315	0	-1,195,261	20,550,690
	Inverclyde	1.60%	2,728,381	316,195	-126,472	-98,000	-160,493	2,659,611
	Renfrewshire	3.38%	5,750,476	666,428	-261,903	-472,000	-338,263	5,344,738
	West Dunbartonshire	1.77%	3,006,385	348,413	-140,737	-26,000	-176,846	3,011,215
Highland	Argyll and Bute	1.88%	3,194,868	418,617	-141,683	-609,000	-187,933	2,674,869
	Highland	4.71%	8,008,856	1,049,383	-352,417	0	-471,109	8,234,712
Lanarkshire	Lanarkshire combined	12.31%	20,931,062	1,000,000	-947,700	-3,063,000	-1,231,239	16,689,123
Lothian	East Lothian	1.89%	3,215,085	417,901	-140,067	-80,000	-189,123	3,223,797
	Edinburgh	8.40%	14,271,709	1,855,056	-634,173	-518,000	-839,512	14,135,080
	Midlothian	1.64%	2,793,788	363,140	-120,660	-212,000	-164,340	2,659,927
	West Lothian	3.14%	5,330,787	692,903	-237,100	-579,000	-313,576	4,894,014
Orkney	Orkney Islands	0.50%	851,053	122,000	-75,000	-362,000	-50,062	485,991
Shetland	Shetland Islands	0.48%	813,856	114,000	-76,200	0	-47,874	803,782
Tayside	Angus	2.16%	3,670,680	507,624	-165,208	-137,000	-215,922	3,660,174
	Dundee City	2.82%	4,802,335	664,122	-226,196	-32,000	-282,490	4,925,771
	Perth and Kinross	2.79%	4,738,204	655,254	-210,496	0	-278,718	4,904,244
Western Isles	Western Isles	0.66%	1,124,821	52,000	-103,000	0	-66,166	1,007,655
			170,000,000	19,549,000	-7,800,000	-9,006,000	-10,000,000	162,743,000

Clackmannanshire & Stirling Integration Joint Board

27 September 2023

Agenda Item 10.1

Quarter 1 Performance Report (April – June 2023)

For Noting & Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Wendy Forrest, Head of Strategic Planning and Health Improvement
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 Integration functions as set out in the current 2023-2033 Strategic Commissioning Plan.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Review the content of the report. 2) Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approve Quarter 1 April to June 2023 report.
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Key issues and risks:	Routine collection and collation of data across constituent organisations recording systems.
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1. Background

- 1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting.
- 1.2. Underpinning scorecards for the delegated services are established and work is ongoing to provide this data down to Locality level. Some delegated NHS data is now included in the attached exception report and other data will follow in due course.
- 1.3. Service plans and related performance indicators are also being developed, as well as key indicators aligning to the new Strategic Commissioning Plan. This Performance Report will therefore continue to develop as data becomes available, and performance measures are agreed.
- 1.4. The content of this report is actively monitored, and the information supports wider planning and delivery in areas such as Locality Planning, Strategic Commissioning, Service Planning and the Transforming Care programme of work.
- 1.5. There are key measures linked to national programmes to improve NHS Unscheduled Care. Most relevant to this report is the programme called

Discharge without Delay. The approach aims to reduce delay in every patient journey by whole-system planning and preparation for discharge and adopting 'home first' with 'discharge to assess' as good practice.

- 1.6. The Chief Officer and Chief Finance Officer manage and maintain the Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board's Strategic Plan, and monitors processes in place to mitigate those risks. The Audit & Risk Committee last reviewed the Strategic Risk Register on 28th June 2023, and exception details are found in Appendix 2.
- 1.7. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These Outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families.
- 1.8. Integration Authorities are responsible for planning, commissioning and overseeing the delivery of a wide range of health and social care services and are accountable for delivering the National Health and Wellbeing Outcomes. Each Integration Authority is required to publish an Annual Performance Report reporting on performance against core integration indicators aligned to the above outcomes.
- 1.9. It had been agreed with the Chief Officer that where quarterly national data was available, that this would be included in the report. However, Public Health Scotland (PHS) have stated that the future reporting arrangement for both national data MSG and Core Suite Integration Indicators will be put in place for Annual reporting and thereafter it is not intended to provide updates to management data. However, PHS has granted HSCP (Principal Analysts) level 2 access to Discovery which offers a wider range of data that will inform this report.
- 1.10. The Quarter One Report has been aligned to the new Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033. It also sits within the context of the HSCP's developing Integrated Performance Framework, which will be modernised over the coming year.
- 1.11. In line with Annual Performance reporting recommendations, this report highlights the source of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP area who may have attended more than one acute hospital), local NHS systems or local authority social work recording systems.
- 1.12. This report is seeking to ensure that it is as accessible as possible to a range of readers and is therefore following guidance around the presentation of the data.
- 1.13. This report is principally to report on data at HSCP level, where it is appropriate data may be reported at local authority or Locality level. However, where numbers are lower than 5 these will be noted with an * to prevent the risk of identification of an individual.

2. Development of Quarterly Performance Reports

2.1. The Board is asked to approve quarterly performance reports.

Quarter One	April 1st to June 30th 2023
Quarter Two	July 1st to September 30th 2023
Quarter Three	October 1st to December 31st 2023
Quarter Four	January 1st to March 31st 2024

2.2. The Performance Reports are continuing to develop based on areas of focus and feedback from members of the Finance and Performance Committee, IJB and wider stakeholders. Some key performance indicators relating to NHS delegated functions are now included in the body of the report.

2.3. Reporting timetable:

Presentation	Finance & Performance Committee	Integration Joint Board
Q1 QPR 23/24	6th September 2023 <i>Completed</i>	27th September 2023

2.4. Due to the lead in times for the presentation of the Quarterly Performance Report to the Finance & Performance Committee, data which was not available was noted. Where the data has become available following the Committee has been inserted.

3. Conclusion

3.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. This report represents the process in terms of presenting a formal performance report to the Board.

3.2. Performance reports are used across the service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data.

3.3. Work continues to develop and modernise an Integrated Performance Framework.

4. Appendices

Appendix 1 – Quarter One Performance Report (April to June)

Appendix 2 – Exceptions reporting. Risk Register

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 checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	Strategic Risk Register – appendix 2.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	See 1.13. The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>



Clackmannanshire & Stirling Integration Joint Board

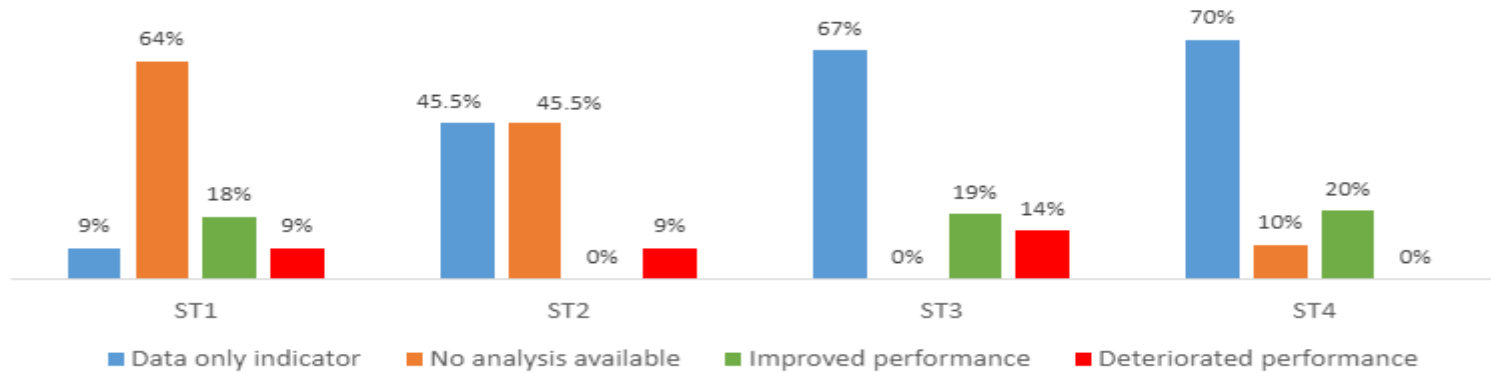
Quarter One Performance Report (April to June 2023)

Introduction

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) delivers a wide range of delegated services on behalf of NHS Forth Valley, Clackmannanshire Council and Stirling Council as described in the integration scheme. The HSCP is working towards the delivery of the Strategic Commissioning Plan 2023-2033 which is cognisant of the national outcomes of integration, NHS Forth Valley Strategic Plan, Clackmannanshire Local Outcomes Improvement Plan and Stirling Council’s Thriving Stirling.

The purpose of this report is to demonstrate our progress towards the Strategic Commissioning Plan while monitoring the resources and the volume of service delivery. This report details the performance relating to partnership service which include national and local performance as well as performance targets and direction of travel. Many indicators are new to the Quarterly Performance Report and are currently under development. Many indicators have been included to monitor volume, for information only, and it is not appropriate to set a target to increase or decrease demand, but only to meet demand.

Quarterly Performance Report overview by Strategic Theme - Q1 2023-24



Finance

This report should be read in conjunction with the finance report being presented to the IJB.

Strategic Theme 1: Prevention, early intervention & harm reduction

Prevention, early intervention and harm reduction is focused on working with partners and communities to improve overall health and wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on people's health and in turn health and social care services. Early intervention and harm reduction is about getting the right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.

Key ↑ increase ↓ decrease ↔ no change ✓ performance has improved ✖ performance has deteriorated

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
1.00.001	HSCP standard delayed discharge waits over 2 weeks snapshot on the last week in the quarter. Source: Local Data NHS FV	8	13	-	-	-	13	↓	✖
1.00.002	HSCP total number of acute delays (standard and code 9) snapshot on the last week in the quarter. Source: Local Data NHS FV	3	5	-	-	-	3	↓	✖
1.00.003	HSCP emergency admissions rate for adults per 100,000 population. National Indicator 12 & MSG Source: National Data PHS Discovery	3,124	No data	-	-	-	3,349	↓	No analysis
1.00.004	Stirling readmission rate to hospital within 28 days (age 18+) Source: National Data PHS Discovery	11.7%	9.2%	-	-	-	12.3%	↓	✓
1.00.005	Clackmannanshire readmission rate to hospital within 28 days (age 18+) Source: National Data PHS Discovery	12.9%	11.7%	-	-	-	15%	↓	✓
1.00.006	Unplanned bed days - acute at last month in quarter. MSG Source: National Data PHS Discovery	7,657	No data	-	-	-	8,380	↓	No analysis

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
1.00.007	A&E attendances at last month in quarter. MSG Source: National Data PHS Discovery	2,352	No data	-	-	-	2,454	↓	No analysis
1.00.008	Total number of repeat Adult Support Protection initial referral discussions within 6 months. Under development Source: Local Data Adult Social Care	No data	<5	-	-	-	No data	↓	No analysis
1.00.009	% of total Adult Support Protection initial case conferences held within 25 working days of AP1 alert date within quarter Under development Source: Local Data Adult Social Care	No data	33%	-	-	-	No data	↑	No analysis
1.00.010	Allied Health Professional waiting times – REACH north (18 weeks compliance) Under development Source: Local Data NHS FV	No data	60.2%	-	-	-	No data	↑	No analysis
1.00.011	Allied Health Professional waiting list – REACH north Under development Source: Local Data NHS FV	No data	450	-	-	-	No data	↓	No analysis
1.00.012	Social prescribing Community Link Worker encounters Under development Source: Primary Care	No data	337	-	-	-	No data	Activity data	Not appropriate
1.00.013	Smoking quit rate at 4 weeks follow up Source: National Data PHS	No data	74	-	-	-	No data	↑	No analysis
1.00.014	Smoking quit rate at 12 weeks follow up Local Delivery Plan standard Source: National Data PHS	No data	25	-	-	-	No data	↑	No analysis
1.00.015	Number of hospital admissions due to falls (all ages) Source: National Data PHS Discovery	No data	234	-	-	-	289	↓	No analysis
1.00.016	Falls rate per 1,000 population aged 65+ National Indicator 16 Source: National Data PHS Discovery	9.1	4.5	-	-	-	9.8	↓	✓

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
Priority 1 Mental Health & Wellbeing									
1.01.001	% of FV patients who commenced psychological therapy within 18 weeks of referral by quarter. Local Delivery Plan standard. Under development Source: National Data/Public Health Scotland	71.1%	No data	-	-	-	66.4%	90%	No analysis
1.01.002	% of FV patients aged 65+ who commenced psychological therapy - within 18 weeks of referral by quarter. Local Delivery Plan standard. Under development Source: National Data/Public Health Scotland	81.6%	No data	-	-	-	86.1%	90%	No analysis
1.01.003	Unplanned bed days mental health at last month in quarter MSG Source: National Data PHS Discovery	1,046	No data	-	-	-	2,011	↓	No analysis
1.01.004	Mental health readmissions of HSCP residents within 28 days Source: Local Data NHS FV data	33	35	-	-	-	31	Activity data	Not appropriate
Priority 2: Drug and alcohol care and support capacity across communities									
1.02.001	% of FV people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery. Under development Source: National Data PHS	92%	No data	-	-	-	94%	90%	No analysis
1.02.002	Participants from HSCP who completed the Overdose Awareness and Naloxone Intervention training in the period. Does not include online training. Under development Source: Local Data NHS FV	18	32	-	-	-	10	↑	✓

Standard delayed discharge

Standard delayed discharge patients waiting to return home from hospital with a package of care have been consistently low for nine months, including the first quarter. This is supported by the continued Hospital Discharge Redesign work that is improving the planning and coordination of patients prior to their Planned Date of Discharge (PDD). In quarter one there has been a slight increase on the numbers of delayed discharge from the previous quarter, however, Clackmannanshire and Stirling numbers of delayed discharge remain lower than numbers seen nationally.

Intermediate Care at Bellfield

The senior team are working hard on quality assurance across the suites and rolling out dependency tools to support safe staffing based on the needs of people using the service. This work will meet Care Inspectorate and legal requirements. There has also been another positive CHART visit which provides assurance that the effort to ensure continuous improvement is recognised by a visiting service. Reviews carried out included; management and leadership, staff skills and knowledge, resident's wellbeing & behaviour, service involvement of external people and agencies, service planning, quality of care and environment. All were assessed at Level 1 (low level concerns/no concerns).

District Nursing

The District Nurses work in conjunction with other services such as GPs, Allied Health Professionals (AHP), Social Care staff and care providers to enable people to remain in their own homes safely. Working within the HSCP, District Nursing support the continued demand for care reviews, and support timely hospital discharge. The District Nurse team have supported several discharge care packages within this quarter to support hospital system pressures.

Pathway redesign

A project to redesign pathways across Allied Health Professionals (AHP) under the Transforming Care Board (TCB) remit is ongoing. Recently, a census of all AHP staff and roles throughout the HSCP has been completed, with details of the demand for AHP services. Recently AHPs in Reach North reduced their waiting list by 90 from previous month.

Falls

We know the significant pressures that falls put on hospital beds, requests for packages of care and community rehabilitation services. In light of these pressures the HSCP invested in an Allied Health Professional (AHP) Falls Prevention Lead, who commenced their role in February 2023. A key objective is to both improve the accessibility of our services and increase awareness about falls and the many components involved that increase a person's risk of falling. This will be facilitated through the redevelopment of the Community Falls webpage and Local Falls Awareness Events to help support self-management strategies within the community and encourage people to act earlier to seek the right support at the right time.

Through collaboration with the Scottish Ambulance Service (SAS), we aim to develop a pathway to encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital by 10%. We will also explore using MECS (Telecare) to attend uninjured fallers and help return them to their feet to improve capacity within the SAS.

Priority 1: Mental Health and Wellbeing

We have a number of indicators that are in development for this priority. The Performance Team are working with services to build a robust and meaningful suite of performance indicators.

Priority 2: Drug and alcohol care and support capacity across communities

We have a number of indicators that are in development for this priority. The Performance Team are working with services to build a robust and meaningful suite of performance indicators.

Alcohol and Drug Partnership

The Clackmannanshire & Stirling Alcohol and Drug Partnership's (ADP) has the responsibility for developing a local substance use strategy, that ensures the provision of the appropriate range of treatment options required to promote the recovery of those affected by substance use problems at point of need.

ADP continues its work to collectively review strategic resourcing across the system of care for substance use, through its Commissioning Consortium. This is currently focussed on refreshing the Tier 3 (Specialist Non-Clinical) contract ahead of its expiry in 2024 but is looking also at how the system of care can support a social model of support with stepped care arrangements for long-term recovery.

Performance exceptions:

- At the end of Q1 June 2023 there were 12 people with standard delay waits over two weeks. The majority were in the care home sector in the Stirling area. These figures are reported weekly to Scottish Government and monitored closely by Chief Officers and Executives through Whole Systems Pressures work.

Strategic Theme 2: Independent living through choice and control.

This Strategic Theme focuses on how the HSCP supports people and carers to actively participate in making informed decisions about how they live their lives and meet agreed outcomes. Services are focussed around helping people identify what is important to them to live full and positive lives and make decisions that are right for them.

Key ↑ increase ↓ decrease ↔ no change

✓ performance has improved

* performance has deteriorated

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
2.00.001	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter. New indicator Under development Source: Local Data Adult Social Care	No data	226	-	-	-	No data	Activity data	Not appropriate
2.00.002	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter. New indicator Under development Source: Local Data Adult Social Care	No data	5	-	-	-	No data	Activity data	Not appropriate
2.00.003	Number of people in Learning Disability care group living in care home on last day of the quarter. New indicator Under development Source: Local Data Adult Social Care	No data	68	-	-	-	No data	Activity data	Not appropriate
2.00.004	Proportion of the last 6 months of life spent at home or a community setting National Indicator 15 Source: National Data PHS Discovery	90%	No Data	-	-	-	90%	↑	No analysis
Priority 3 Self-Directed Support information and advice promoted across all communities									
2.03.001	Number of HSCP Staff that attended SDS training (in house and with SDS Forth Valley) in quarter. Under development. Source:	No Data	No Data	-	-	-	No data	Activity data	No analysis

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
2.03.002	Number of support plans on Adult Social Care systems Source: Local Data Adult Social Care	No data	6	-	-	-	No data	↑	No analysis
2.03.003	Number of Self-Directed Support Option 1 Source: Local Data Adult Social Care	No data	148	-	-	-	No data	Activity data	Not appropriate
2.03.004	Number of Self-Directed Support Option 2 Source: Local Data Adult Social Care	No data	165	-	-	-	No data	Activity data	Not appropriate
Priority 4 Supporting people living with Dementia									
2.04.001	Number of people who completed 1 year of post diagnostic support in the quarter Source: Alzheimer's Scotland	22	15	-	-	-	21	↑	*
2.04.002	% of patients who have their first contact with a Dementia Link Worker within 12 weeks of their diagnosis and referral. Under development. Source: Alzheimer's Scotland	-	No data	-	-	-			No analysis

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

Self-Directed Support (SDS) project plan is being delivered with support from the SDS Steering Group. There are regular Staff Forums and SDS training sessions and a dedicated Supported Persons' Forum has been established. Work around an asset based assessment tool and case example have been developed and is currently being consulted upon.

Indicators around Self-Directed Support are in development as part of the SDS approach design. This includes the number of HSCP staff who have received training, monitoring the volume of support plans, Option 1 and Option 2. We have data for Quarter 1, but are unable to compare this or look at trends at this point.

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

The Quarterly Performance Report contains two indicators for Priority 4. The number of post diagnostic support which is reported as 15 for this quarter, this is lower than the previous quarter and of Q1 in 2022/23. Performance Team are also developing an indicator around first contact with Dementia Link Worker within 12 weeks of diagnosis and referral. The Dementia Consortium is also underway, and progress will be reported in the next quarter.

Performance exceptions:

- Number of Adult Support Plans is a success measure for SDS training of staff.

Strategic Theme 3: Achieving care closer to home

Achieving care closer to home shifts delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the customer journey, ensuring people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home. It is also about providing people with good information and supporting our workforce.

Key ↑ increase ↓ decrease ↔ no change ✓ performance has improved ✗ performance has deteriorated

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
3.00.001	Hospital at home bed days for HSCP residents in quarter (delegated function). In development Source – National Data PHS (Public Health Scotland)	516	447	-	-	-	233	↑	✗
3.00.002	Number of HSCP residents moved into Intermediate Care (step up) from home Source: Local Data Adult Social Care	37	27	-	-	-	28	↑	✗
3.00.003	Number of HSCP residents moved into Intermediate Care (step down) from hospital Source: Local Data Adult Social Care	48	56	-	-	-	78	↑	✓
3.00.004	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter Source: Local Data Adult Social Care	37	24	-	-	-	90	↓	✓
3.00.005	Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter Source: Local Data Adult Social Care	45	40	-	-	-	56	↓	✓
3.00.006	% HSCP residents with reduced or no hours after Reablement Source: Local Data Adult Social Care	62%	72%	-	-	-	61%	↑	✓
3.00.007	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter Source: Local Data HSCP DD dashboard	0	1	-	-	-	2	↓	✗

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
3.00.008	Number of people receiving 80+ hours of care at home per week at the end of the quarter in Stirling area Source: Local Data Adult Social Care	64	64	-	-	-	66	Activity data	Not appropriate
3.00.009	HSCP Referrals to Technology Enabled Care (TEC) Source: Local Data Adult Social Care	No data	161 May only	-	-	-	No data	Activity data	Not appropriate
3.00.010	Number of people receiving Telecare/Community Alarm service - All ages Source: Local Data Adult Social Care	3,013	3,058	-	-	-	3,111	Activity data	Not appropriate
Priority 5 Good public information across all care and support working									
Indicators to be developed.									
Priority 6 Workforce capacity and recruitment									
3.06.001	HSCP staff absence in development Source:	No data	No data	-	-	-	No data	Activity data	Not appropriate
3.06.002	Number of HSCP staff attended ASP (Adult Support & Protection) staff training in quarter - Adult Support & Protection Defensible Decision Making and Professional Curiosity Source: Local Data Adult Social Care	2	3	-	-	-	0	Activity data	Not appropriate

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
3.06.003	Number of HSCP staff attended ASP staff training in quarter - Adult Support & Protection for the General Contact Workforce Source: Local Data Adult Social Care	17	3	-	-	-	90	Activity data	Not appropriate
3.06.004	Number of HSCP staff attended Making Protection Personal training in quarter Source: Local Data Adult Social Care	29	25	-	-	-	No data	Activity data	Not appropriate
3.06.005	Number of HSCP staff attended Financial Harm Awareness training in quarter Source: Local Data Adult Social Care	22	23	-	-	-	13	Activity data	Not appropriate
3.06.006	Number of HSCP staff attended Person Centred Case Recording training in quarter Source: Local Data Adult Social Care	16	8	-	-	-	3	Activity data	Not appropriate
3.06.007	Number of HSCP staff attended Adult Support & Protection 2a for the General Contact Workforce training in quarter Source: Local Data Adult Social Care	17	37	-	-	-	29	Activity data	Not appropriate
3.06.008	Number of HSCP staff attended Adult Support & Protection Key Processes, Roles & responsibilities training in quarter Source: Local Data Adult Social Care	5	12	-	-	-	0	Activity data	Not appropriate
3.06.009	Number of HSCP staff attended Working with Individuals and Families who find it difficult to engage with services training in quarter Source: Local Data Adult Social Care	4	2	-	-	-	2	Activity data	Not appropriate

Unmet Need

The Performance Team are working with services to build a robust and meaningful suite of performance indicators.

New requests for care and support to people in their own homes

In Clackmannanshire, 87 new requests for care and support were received in June 2023 (excluding requests made directly to Reablement, Mental Health & Learning Disability Team). In Stirling, 167 packages of care were requested in June 2023. In Clackmannanshire, the average number of requests each month has been 79 (trend from January-June 2023). In Stirling the average number of requests each month has been 137 (trend from January-June 2023). All requests are for older adults and people with physical disability.

Waiting list for care and support to people in their own homes

In Clackmannanshire, the waiting list for people without any care increased from 15 people (100:30 hours of care and support per week on 27 June 2023 to 16 people (101:30 hours of care and support per week), (excluding requests made directly to Reablement, Mental Health & Learning Disability Team). The total waiting list including people looking to change provider decrease from 29 people (239:30 hours of care and support per week) on 27 June to 26 people (211:00 hours of care and support per week on 3 July 2023. The waiting lists are lower than in 2021 and 2022.

In Stirling the waiting list for people without any care decreased from 46 on 27 June 2023 to 40 on 4 July 2023. The last time the waiting list was this low was July 2021. The total waiting list including people looking to change provider decreased from 107 on 27 June 2023 to 97 on 4 July 2023.

Placed packages of care and support to people in their own homes

64 packages of care were placed in Clackmannanshire in June 2023 (not including learning disability clients). This accounts for 868:00 hours of planned care per week. The team have placed an average of 64 packages of care each month in 2023. In Stirling, 123 packages of care were started in June 2023. This compares to an average of 96 in a typical month.

Priority 5 – Good public information across all care and support working

We are currently reviewing and updating the Communications, Engagement and Participation Strategy to align to the deepening empowerment of people and communities in co-producing and co-designing our services in line with the Strategic Commissioning Plan, the National Standards for Community Engagement and the Scottish Governments Planning for People.

We are also working with the Third Sector Interfaces to provide detailed information on community groups and supports as well as updating the HSCP website information and accessibility. How we report around this work and the levels of engagement with resources will be developed.

Priority 6 – Workforce capacity and recruitment

Many of the indicators listed in this report are for monitoring. Data around staff absence and turnover for the HSCP is under development. It may be that reporting for individual organisations will be provided. Work to develop appropriate and robust workforce figures is underway as part of the implementation of the Integrated Strategic Workforce Plan.

Care Closer to Home

The Care Closer to Home programme under the Transforming Care Board (TCB) will redesign and develop a more sustainable care system that will shift the balance of care closer to people's own homes and improve overall experience and outcomes for people across Forth Valley, their unpaid carers and our collective workforce. Priority workstream include:

- Out of Hours;
- Streamlining access to local supports & services;
- Strengthening collaborative networks;
- Safer mobility;
- Information and IT systems.

Palliative and end of life care

Work has been undertaken to review the current Forth Valley wide model of palliative and end of life care to ensure that a sustainable model of care that meets the changing needs of local communities is delivered based on Best Value principles.

Work ongoing with the Bellfield Intermediate Care includes:

- Attendance of the third sector Home from Hospital Team to support discharges and transition when home.
- Attendance from Carers Centre staff to provide information and support to families.
- Currently in communication around setting up information sessions for service users and families on Power of Attorney on a Wednesday afternoon.

Rapid Response Service

The RAPID Service is now managed as a mainstream service. It aims to provide a greater flexibility to support people to stay at home longer and facilitate faster discharge home. In Clackmannanshire and Stirling Urban most posts have now been filled.

Rural Care at Home Team

Rural Care at Home Team is now managed as mainstream service. Recruitment in Rural Stirling proved challenging, with several approaches undertaken to fill posts, there are currently two vacancies in this area. Regular weekly audits on allocated visits are being undertaken to ensure service efficiency, which resulted in (May-June) a total of 12.3 hours a week being saved in the rural area. New medication administration training was introduced and delivered by District Nurses to ensure staff competency, while assisting/prompting medication. Additional medication administration training for all staff is being explored. Over the last few months, the Rural team responsiveness to incoming referrals

significantly improved which, resulted in the team being able to clear the waiting list. Currently the team is focusing on taking on people who are in hospital and delayed in their discharges and also those waiting on "mainstream" packages of care from the Framework Provider waiting list.

District Nursing

District Nursing Advanced Nurse Practitioner and trainee District Nursing Advanced Nursing Practitioner have started in post to enhance capacity within District Nursing. The role will evolve and develop to support prevention of hospital admission, managing long-term conditions, reviewing medications, and supporting District Nursing teams to manage more complex patients. The staff are actively reviewing caseloads with District Nursing teams to put Anticipatory Care Plans in place for those patients with high frailty score. 77 patient completed questionnaires were received in May & June 2023 and these are being reviewed with any action plans being developed to improve practice. These have been complimentary and have been shared with staff. There has been an increase in end of life patients dying at home. The District Nursing teams along with care/social care colleagues have prevented some hospital admission for those individuals who have expressed their wish to die at home.

TEC (Technology Enabled Care)

Increased use of TEC (Technology Enabled Care) and e-Health – Including Development of TEC First Approach from Recovery Plan - A 'pause and review' has recently been applied to TEC work to enable more detailed consideration of future direction across all aspects of this work and the next steps required.

Analogue to Digital Switchover Project

The Analogue to Digital Switchover Project in Clackmannanshire and Stirling continues to progress according to plan and in-line with project milestones. Project roll out is expected to be completed by May 2024 in Clackmannanshire and Stirling. Stirling Analogue to Digital A2D is 90% finished phase 1 within the Stirling Urban Locality. This is due to be completed soon. Quality questionnaires have been completed with service users or family members (29) with some very positive feedback about the service they accessed.

Current planned care and support in place for people in their own homes - All care groups

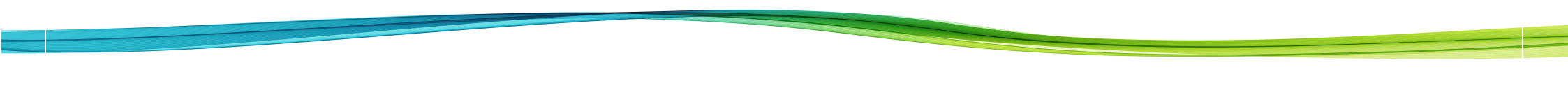
Clackmannanshire

The number of people with open packages of care slightly increased from 767 to 768 over the past week. Over the past year we have supported an average of 763 people per week. The number of commissioned hours also increased from 11,931 to 12,120. Over the past year we have commissioned 11,610 hours of care and support per week.

Stirling

The number of people receiving care and support in their own homes fell from 1,172 to 1,164 over the past week. We have supported an average of 1,163 people per week over the past three years. The number of planned hours commissioned from internal and external providers decreased from 19,916 to 19,805 over the past week. We have commissioned an average of 19,670 hours per week over the past three years.

Performance exceptions:

- Clackmannanshire rate for falls is above the national rate for all age groups
 - National analysis in 2021/22, by population size shows that Clackmannanshire has more social services support provided than the national average whilst Stirling is below the national average.
 - As a proportion of the population the HSCP provides care at home services higher than the national average in both local authority areas.
 - Those clients waiting for a package of care from a framework provider, whilst remaining in services such as Intermediate Care and Reablement, means that capacity to take on new clients is restricted in those services. These are often the services required for delayed discharge patients.
 - In June the average wait time in Clackmannanshire locality to commence Reablement/internal service from referral date has deteriorated from previous month (May 2023) to seven days from hospital and 83 days from community.
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Strategic Theme 4: Supporting empowered people and communities

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

Key ↑ increase ↓ decrease ↔ no change ✓ performance has improved ✖ performance has deteriorated

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
4.00.001	Number of Chief Social Work Officers Guardianships Source: Local Data Adult Social Care	121	118	-	-	-	120	Activity data	Not appropriate
4.00.002	Number of HSCP staff attended Adult Support & Protection staff training in quarter - Adult with Incapacity Source: Local Data Adult Social Care	39	24	-	-	-	15	Activity data	Not appropriate
4.00.003	Number of HSCP staff attending Power of Attorney training in quarter Source: Local Data Adult Social Care	3	7	-	-	-	1	Activity data	Not appropriate
Priority 7 Support for Carers									
4.07.001	Numbers carers accessing individual support from Carers Centre Source: Local Data Carers Centres	662	816	-	-	-	477	↑	✓
4.07.002	Number of Adult Carer Support Plans completed by Carer Centres Source: Local Data Carers Centres	95	168	-	-	-	152	↑	✓
4.07.003	Number of Adult Carers Support Plans received by social care Source: Local Data Adult Social Care	No data	40	-	-	-	No data	Activity data	Not appropriate
4.07.004	HSCP clients attending day care services (all care groups all sectors) Source: Local Data Adult Social Care	182	192	-	-	-	186	Activity data	Not appropriate

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
4.07.005	Number of HSCP staff attending Adult Support & Protection Carers Stress training in quarter Source: Local Data Adult Social Care	0	13	-	-	-	19	Activity data	Not appropriate
Priority 8 Early intervention linking people with third sector and community supports									
Information around this work will be developed in collaboration with TSI's.									
Priority 9 Develop locally based multiagency working across communities									
4.09.001	Number of HSCP staff attending An Introduction to MAPP (Multi Agency Public Protection Arrangements) training in quarter Source: Local Data Adult Social Care	24	24	-	-	-	11	Activity data	Not appropriate
4.09.002	Total Number of new Adult Support and Protection Learning Reviews Initiated in the Quarter. In development Source: Local Data Adult Social Care	No data	<5	-	-	-	No data	Activity data	No analysis
Priority 10 Ethical Commissioning									
Through our Commissioning Consortium approach we are continuing to embed an ethical approach to commissioning, ensuring that our focus is not only on efficiency but on equity and quality; is in line with the sustainable procurement duty on public authorities; and focuses on ensuring fair work practices.									

Carers

Carers' support continues to be priority for Clackmannanshire and Stirling HSCP, the appointment of the Carers' Lead and Short Breaks Co-ordinator posts ensures that working to support carers within localities will ensure carers are supported with their health & wellbeing to continue in their caring role. Carers Lead Officer commenced in post on 29 November 2022.

As highlighted within the Carers Investment Plan work is underway to ensure the accurate recording and reporting of carers with carers being created as clients and linked to those they care for. Engaging with carers within communities and both local carers centres to scope out level of

needs. Carers eligibility criteria is being drafted with a strong focus around the impact of the caring role which is aligned with the National Carers Strategy. The Carers Consortium has continued to work through the development of a refreshed model of care for delivery of supports to unpaid carers with a view to refreshing the contracts with the Carers Centre and development of refreshed approach to short-breaks.

Locality Working

Locality working across operational and Primary Care including Third and independent sector. The Locality working steering group has been established with draft terms of reference in place. Membership has been agreed and the scope of the work is being mapped and engagement of the third sector is underway.

Community Link Workers

Community Link Workers CLW within Clackmannanshire & Stirling work with GPs and Third Sector Interface. This includes work to establish an effective early intervention model linking people with third sector and community supports. CLWs are now receiving a range of referrals from GP Practice staff. Support is also being provided to help local support organisations to profile what they do on platforms such as ALISS and Scottish Services Directory to enable CLWs and citizens to access information about the third sector and community based support services available in their area.

Social Prescribing

We had 337 encounters with patients in general practice in the first quarter. There were 76 new referrals and 97 onward referrals. The highest proportion of these interactions were for Mental Health, Housing & Financial issues. There are welfare advisors currently embedding services within general practice therefore going forward we should see them supporting more with the financial issues allowing Community Link Workers to concentrate on Mental Health & Wellbeing.

Of the 337 new encounters, 246 were in Stirling and 91 in Clackmannanshire. The new Community Link Worker employed in Clackmannanshire was having difficulty embedding in the general practice due to the practice having sickness and difficulty with room space. This has now resolved therefore we hope to see the numbers in Clackmannanshire rising. The 3.3 WTE community link workers is less than we would have planned due to the pause on Scottish Government funding. The proposal set out in May 2022 was to have 1 WTE per 10,000-15,000 population over 2-4 years.

Locality Planning Networks

The HSCP's three locality planning network groups (Clackmannanshire, Urban Stirling and Rural Stirling) have been established for a year and produced Locality Plans. To deliver integrated and multi-disciplinary working in line with the guidance and with agreement of the Locality Planning Networks; a Locality Working Steering Group was established in July 2022. This an operational group with the focus of developing

integrated and joint working model across Localities. The group is in place to support GP Clinical Leads to progress co-ordinated community health and social care; bring in the wider primary care team, social care, independent sector and third sector providers to deliver improved outcomes for local people. Work is underway to establish joint working opportunities; initially focused on mapping current provision across each community area and establishing operational links across primary care and social work/care services. The Locality Working Steering Group will be the delivery vehicle for the redesign of local co-ordinated and integrated care and support. The work aligns to the priorities as laid out in the Locality Plans.

Performance exceptions

- Clackmannanshire Carers Centre – Reduced capacity due to loss of staff and part time working means that staff have prioritised individual and group support to carers over other activities. Mental Health and Wellbeing funding allows the offer of monthly lunches in Alloa and Tullibody to carers and the person they care for.



Strategic Theme 5: Reducing loneliness and isolation

Our society is changing, accelerated by the pandemic, and there is increasing risk of social isolation and loneliness. Both can impact a person's physical and mental wellbeing. We will work with people to support local communities to build connections. We will build preventions and early interventions around changing the narrative around loneliness and isolation and find new ways for people to ask for help without feeling embarrassed.

Key ↑ increase ↓ decrease ↔ no change ✓ performance has improved ✖ performance has deteriorated

Reference	Performance indicator	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 22/23	Desired trend or target	Compared to previous quarter
Priority 11 Reducing levels of loneliness and isolation									
5.11.001	Number of HSCP staff attending Public Protection is Everyone's Responsibility training in quarter Source:	32	6	-	-	-	15	Activity data	

Collecting data around loneliness and isolation is difficult. At present there are a few indicators collected nationally, for example the Scottish Household Survey, however, this is normally an annual survey. From this, we can gather information at a local authority level on demographics, housing, finance, internet, physical activity, satisfaction with local services, volunteering and culture. However, as these are annual figures, they do not fit within the framework of a quarterly report. The Scottish Household Survey has a lag with the last report published in April 2023 with the findings of the 2021 survey.

The work of the CTSI and SVE is crucial to tackling loneliness and isolation within our communities, with most of the groups and organisations providing people with a means to reconnect to their communities. The Community Link Workers are supporting people as individuals to join in with community activities. Information on the groups are collated in the CTSI directory and there is also information on ALISS the national directory.

We know that the groups will collect information on the numbers of people accessing their services and we will work collaboratively to find appropriate and proportionate information to present the work within our communities to reduce loneliness and isolation for future reporting.

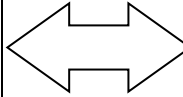
MSG Indicators

MSG indicators	MSG Description	Latest available month	HSCP previous rolling year	HSCP current rolling year	HSCP rolling year difference from previous rolling year	Percentage change
1a.1	Number of emergency admissions	Mar 23	13,934	14,810	+876	+1.8%
2a	Number of unscheduled bed days; Acute	Mar 23	96,330	101,101	+4,771	+5%
2b	Number of unscheduled bed days; Geriatric Long Stay	Mar 23	242	0	-242	-100%
2c	Number of unscheduled bed days; Mental Health	Mar 23	21,244	19,462	-1,782	-8.4%
3	Number of A&E attendances	Mar 23	28,505	28,398	-107	-0.4%
4a	Delayed Discharge Bed Days; All reasons	Mar 23	13,518	14,786	+1,268	+9.4%
4b	Delayed Discharge Bed Days; Code 9	Mar 23	2,608	5,446	+2,838	+108.8%
4c	Delayed Discharge Bed Days; Health and social care reasons	Mar 23	10,870	9,243	-1,627	-15%
4d	Delayed Discharge Bed Days; Patient/Carer/Family related reasons	Mar 23	40	97	+57	+142.5%
5	Last six months of life by setting (Community, All Ages)	21/22	91.0%	89.6%p	-	-1.32%
6	Percentage of population in institutional or community settings (Home - Unsupported, 65+)	21/22	92.5%	92.9%	-	+ .40%

Source: PHS NSS (note figures in red are affected by completeness issues. P denotes the figures are provisional as records have not been finalised)

The table above outlines the most up-to-date information on the MSG indicators. Currently for March 2023.


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Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action (Timescale)	Risk Owner(s)	Notes / Progress	Risk Direction
HSCP 001	Financial Resilience The risk that delegated service functions cannot be delivered within resources available.	1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'	Current (5) Target (3)	Current (5) Target (3)	Current (25) High Target (9) Medium	1. Grip and Control Meetings (Ongoing) 2. Initial 23/24 Revenue Budget Approved (March 23) 3. Refresh of medium term financial plan/ investment plan to complement and support delivery planning to implement Strategic Commissioning Plan. (November 2023) 4. Development of financially sustainable service options aligned to Strategic Priorities and Transformation Themes consideration by IJB. (March 23 as part of the Revenue Budget and Strategic Commissioning Plan process and ongoing to reduce recurrent financial gap) 5. Agreed process for agreement and payment of contract rates including uplifts. (Annually) 6. Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (Delayed due to Covid – Revised timescale requires to be reviewed with Falkirk and NHS Forth Valley – propose late 23/24 linked to Integration scheme review and integration improvement plan) 7. Development of baseline assessment of alignment of budget to Strategic	Chief Officer / Chief Finance Officer	Will continue to monitor material impacts of Covid on financial resilience over near and medium term. Substantive review of Medium Term Financial Plan (MTFP) scheduled for November 2023	

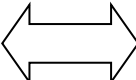
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Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action (Timescale)	Risk Owner(s)	Notes / Progress	Risk Direction
						<p>Commissioning Plan priorities and consideration of future disinvestment options (November 2023)</p> <p>8 . Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Senior Leadership Management Team (ongoing)</p> <p>9 . Ongoing monitoring of demand trends and relationship between investment and key performance indicators including Delays to Discharge, Early Intervention and Prevention Etc. Modelling additional potential future demand impact of COVID. (Ongoing – scenarios built to 24/25 IJB Business Case – Nov 23)</p> <p>10 . Review of Terms of Reference of Finance and Performance Committee (Complete: March 2023)</p> <p>11 . Implement Pan FV Budget Monitoring & Oversight Arrangements (under review linked to Integration Improvement Plan)</p>			

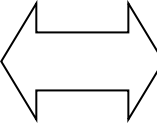
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<p>HSC 006</p>	<p>Experience of service users/patients/unpaid carers The risk that the experience of service users, patients and unpaid carers is not adequately taken into account in service design and delivery.</p>	<p>1. National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience' 2. Local Outcome 'Community Focused Supports'</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>Current (16) High Target (6) Low</p>	<p>1. Implement Participation and Engagement Strategy. (ongoing) 2. Refresh Carers Investment Plan (September 23) 3. Strategic Commissioning Plan including Consultation process including Strategic Planning Group (March 23) 4. Processes of participation and engagement. (ongoing) 5. Inclusion of data within Annual Performance Report (APR) (annually) 6. Establishment of Carers Strategy Group (in place) 7. Equality Duty Report considered by IJB June 2023 (complete) 8. Ensure EQIAs in place for required decisions (March 23 and ongoing) 9. Draft 22/23 Annual Performance Report shows reduction in satisfaction metrics and triangulates with key messages from Accounts Commission Local Government Overview 2023. (June 23) 10. Established group of service users/ families with Lived Experience of Self Directed Support (SDS)</p>	<p>Chief Officer/ Head of Service (SP&HI)</p>	<p>An Equality Outcomes and Mainstreaming Report has been considered by the Integration Joint Board in June 2023 and published. Equality and Human Rights Impact Assessment will be completed where required.</p>	
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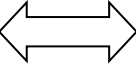
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<p>HSC 007</p>	<p>Information Management and Governance The risk that the volume, timing, and wide ranging sources of information, guidance, and communication may lead to failure to access, share, or make decisions based on best practice. Failure to apply due diligence and prioritisation to data and information requests and receipts, leading to lack of focus on key performance information</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (5) Target (3)</p>	<p>Current (5) Target (3)</p>	<p>Current (25) High Target (9) Medium</p>	<p>1. Ensure and participate in refresh of data sharing and information governance arrangements including annual assurance report to IJB (Annually) 2. Further Development of Cross ICT system working capabilities across constituent authorities (ongoing) 3. GDPR arrangements. (in place) 4. Participate as key customer in procurement of replacement Adult Social Care information systems. (ongoing) 6. Take cognisance of systems issues from Frontline Social Care Review (ongoing) 7. Raise awareness of higher cyber-security threat level in relation to current global tensions and conflicts.(ongoing) 8. Consider risks around Mental Health information sharing post delegation of Specialist Mental Health & Learning Disability Services (ongoing) 9. Acknowledgement of challenges with recording of data on both CCIS and Swift discussed by Public Protection Chief Officers Groups (PCCOG). Same assessment of risk score accepted by PCCOG adopted here.</p>	<p>Chair of Data Sharing Partnership / Heads of Service</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 008</p>	<p>Information sharing process and practice The risk that information sharing processes, practice and associated governance is inadequate to support efficient and effective delivery of delegated integration functions.</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (4)</p>	<p>Current (16) High Target (12) Medium</p>	<p>1. Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term (complete) 2. Some Information Sharing Agreements are in place and reviewed timeously. 3. Consider streamlining data sharing agreements. (Annually) 3. Develop use of information systems to inform planning and benchmarking. (not yet progressed but improvement work planned) 4. Ensure data sharing agreements are reviewed and refreshed periodically. (annually) 5. Refresh of Data Sharing Partnership required (tba)</p>	<p>Chair of Data Sharing Partnership / Head of Service (SP&HI)</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.</p>	
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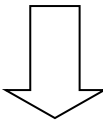
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<p>HSC 010</p>	<p>Harm to Vulnerable People, Public Protection and Clinical & Care Governance The risk that arrangements in relation to Harm to Vulnerable People, Public Protection and Clinical & Care Governance are not adequately effective.</p>	<p>1. National Outcome 'Resources are Used Effectively and Efficiently', 'People are safe', 'Positive Experience', 2. 'Quality of life' Local Outcome 'Self-Management' 'Community Focused Supports', 'safety', Experience'</p>	<p>Current (5) Target (1)</p>	<p>Current (4) Target (4)</p>	<p>Current (20) High Target (4) Low</p>	<p>1. Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way (Annually) 2. Regular review of Clinical and Care Governance Framework (in place subject to annual review) 3. Whole system working to eliminate delay to discharge arrangements (ongoing) 4. Establishment of Quarterly Clinical and Care Governance Meetings (in place) 5. Further develop linkage with Performance Frameworks (in development) 6. Annual Clinical and Care Governance Assurance Report to IJB (Annually) 7. Self Evaluation of Adult Support and Protection Arrangements and improvement action plan in response to ASP inspection(May 21) 8. Care Home Assurance Team in place (complete) 9. Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete (Oct 23) 10. Evidence of growing un-assessed need that requires to be manually produced as there is no automated reporting within existing management information systems within council.</p>	<p>Chief Social Work Officers / NHS Forth Valley Medical Director / Chair of Clinical and Care Governance Group</p>		
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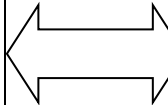
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						Demand and capacity paper to assess risk being finalised (June 2023)			
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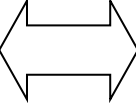
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 011</p>	<p>Sustainability and safety of adult placement in external care home and care at home sectors The risk that the sectors are unsustainable and/or oversight arrangements are inadequate.</p>	<p>1. National Outcomes 'People are Safe' 'Positive Experience' 2. Quality of Life</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (2)</p>	<p>Current (16) High Target (4) Low</p>	<p>1. Provider forums are in place as is a commissioning and monitoring framework. (in place) 2. There is clear regulation and inspection. (ongoing) 3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) 4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group (ongoing). 5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence (in place) 6. Business continuity planning arrangements. (In place – subject to ongoing review) 7. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues (as required) 8. Plan to undertake caseload review. (ongoing) 9. CHART Team input and Daily Care Home Assurance Tool. 10. Consideration of approach and capacity to appropriately manage Large Scale Investigations (LSI's) (Ongoing)</p>	<p>Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord,</p>		
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 012</p>	<p>Health and Social Care workforce demographic / resilience of service. The risk that the workforce profile and demographics result in inadequate workforce is secured and retained to deliver delegated integration functions.</p>	<p>Health and Social Care Outcomes</p> <ul style="list-style-type: none"> • People can live well at home for as long as possible • People are safe and live well for longer • People are satisfied with the care they get 	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (16) High</p> <p>Target (6) Low</p>	<ol style="list-style-type: none"> 1. Proactively implement transformation programme working in partnership with staff side. (ongoing) 2. Review models of working and optimise opportunities of integration.(ongoing) 3. Proactive recruitment including opportunities for new roles and international recruitment (ongoing) 4. Explore opportunities with staff to optimise retention. Flexible working, training, education. (ongoing) 5. Consider organisational change opportunities to build workforce capacity. (ongoing) 6. Ensure staff welfare and development are clear priorities with action plans.(ongoing – wellbeing week is practical example) 7. Work with partners to promote Clackmannanshire and Stirling as a positive area to work and live. (ongoing) 8. Strategic Workforce plan including action plan (Nov 22) 9. Supply constraints requires more collaborative work with Universities and Colleges to assist in ‘growing our own’ (Ongoing) 	<p>Head of Service, CH&C and Professional Leads</p>		
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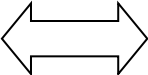
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 014 (added 26 May 2019)</p>	<p>Ability to Deliver Primary Care Improvement Plan including tripartite agreement within additional resources provided by Scottish Government / Non-Delivery of Scottish GMS (General Medical Services) Contract The risk that the Tripartite Memorandum of Understanding cannot be delivered within available resources.</p>	<p>1. National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (5) Target (3)</p>	<p>Current (4) Target (3)</p>	<p>Current (20) High Target (9) Medium</p>	<p>1. Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which is delivering on significant proportion of requirement. (2) Tripartite statement (as part of PCIP) outlines constraints / risks / challenges re full delivery of the plan. 3. Transfer of vaccination risk to Board - board picking up financial risks around flu immunisation. Vaccination model transferred from GPs to Board, including transfer of costs. 4. Governance structure for delivery in place - Implementation group; leadership group; workstreams. Reporting against progress etc (90 day reporting tool). 5. Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD. 6. Strong working relationships between partners, PCIP steering group</p>	<p>Chief Officer / Chief Finance Officer / Programme Manager (PCIP)</p>	<p>Risk re-articulated alongside NHS FV & Falkirk IJB SRR including alignment of scoring. Risk increased as no directions from Scottish Government yet in place, requirement for transitional payments and sustainable service delivery options.</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						<p>team, committees. Alternative / complementary sources of funding have been prioritised to support gaps in plan (e.g. Action 15 Mental health funding). 7. Accelerated implementation of elements of the plan that can be resourced sustainably in line with FV tripartite MOU workstream priorities (High impact to GP sustainability). This way forward was Informed by options appraisal. 8. Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements. 9. Focus on increased training around workforce. 10. Innovative Advertising methods used when recruiting 11. Development and negotiation of sustainable delivery options with tripartite (Sept 23)</p>			
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 015 (added 21 Feb 2020)</p>	<p>Primary Care Sustainability: The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services and across other parts of the Health and Social Care system.</p>	<p>9</p>	<p>National Outcome 'Resources are Used Effectively and Efficiently, and 'People are safe'</p>	<p>Current (5) Target (3)</p>	<p>Current (5) Target (3)</p>	<p>Current (25) High Target (9) Medium</p>	<ol style="list-style-type: none"> 1. Primary Care Programme Board Re-established November 2021 2. Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year. 3. Sustainability Improvement loans process in place 4. Support for practices to become training practices (delivered in conjunction with NES) 5. Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantively delivered in March 2022 - 180 of 200 posts). 6. Expansion of community pharmacy services 7. GP IT Programme Board established 8. Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to 	<p>Associate Medical Director Primary Care / GP Clinical Leads / IJB Chief Officer/ NHS Chief Exec</p>	<p>Risk re-articulated alongside NHS FV SRR including alignment of scoring.</p>	
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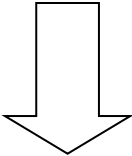
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						<p>support PCIP and patient safety implementation</p> <p>9. Targeted recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working lives rating, support CPD.</p> <p>10. Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements</p> <p>11. Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board</p> <p>12. GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in FV, e.g. attracting and supporting trainee doctors. 13. Capital Investment Programme in PC premises initial agreement completion Dec-21 - Initial Agreement has now been approved, and 4 outline business cases will be commenced over the next year for significant premises</p>			
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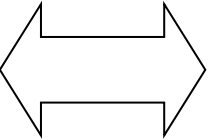
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						replacement. (Board papers by Kathy) - implemented 14. Roll out of remote server solution - around 50 laptops have been distributed. 15. Board appointed GPs where there are issues such as rural practices. 16. Re-instatement of Primary Care Sustainability Group (could be opened up to other Primary Care services)			
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 017 (added Nov 22)</p>	<p>Potential Industrial Action: The risk that industrial action by one of more sectors of the NHS and Councils workforces materially affects delivery of delegated integration functions, business continuity arrangements, progression of the transformation programme and/or has additional unforeseen cost implications.</p>	<p>National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (3) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>12 Medium 6 Low</p>	<ol style="list-style-type: none"> 1. Review and ensure business continuity arrangements are up to date and robust 2. Work closely with constituent authorities to fully understand likely impacts. 3. Ensure ongoing constructive working relationships with staff side / unions are maintained. 4. Consider potential public messaging implications. 5. Participate in pan FV and local resilience arrangements. 6. Associate medical director for Psychiatry participating in business continuity planning for junior doctors industrial action. 	<p>Chief Officer</p>	<p>Risk reduced re Junior Doctors however Local Government Pay for SJC staff not yet agreed.</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p>HSC 018 (Added March 23)</p>	<p>Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or sustainability and adequacy of resources.</p>	<p>National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>16 High 6 Low</p>	<ol style="list-style-type: none"> 1. Ensure Strategic Planning is Based on robust Strategic Needs Assessment 2. Develop Locality Plans (March 23) 3. Manage positive arrangements with providers through providers forum (Ongoing) 4. Ensure robust annual IJB Business Case is produced. (Nov 23/annually) Use of national networks and Health and Social Care Scotland to articulate and inform future resource requirements (Ongoing) 6. Ensure sound management arrangements in place to maximise local capacity available. (Ongoing) 7. Prioritise transformation programme to maximise use of existing resources (Ongoing) 8. Work with constituent authorities to promote partnership 	<p>Chief Officer</p>	<p>Risk added post previous discussion at Audit and Risk Committee and IJB</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						<p>as a good place to work. (Ongoing)</p> <p>9. Early adopter for Discharge without delay programme (Ongoing)</p> <p>10. Review of Unscheduled Care Programme with NHS Forth Valley to focus on high impact gains (Ongoing)</p> <p>11. Monthly oversight arrangements with Chief Officers and Chief Executives (Ongoing)</p>			
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

Explanation of Scoring:

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

Clackmannanshire & Stirling Integration Joint Board

27 September 2023

Agenda Item 11.1

Climate Change Report 2022 / 2023

For Noting and 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:	<p>To advise IJB on statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.</p> <p>To present the draft Climate Change Report 2022 / 2023 for approval.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009. 2) Approve the draft Climate Change Report 2022 / 2023 for submission to Sustainable Scotland Network.
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1. Background

- 1.1. As a public body the Integration Joint Board (IJB) has a statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.
- 1.2. As the Clackmannanshire & Stirling IJB has no direct responsibility for staff, buildings or fleet cars the report does not contain a significant level of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

2. Climate Change (Scotland) Act 2009 Requirements and Background

- 2.1. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a *“public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland’s climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable”*.
- 2.2. The three elements of the public bodies climate change duties are:
 - **Mitigation - Reducing Greenhouse Gas Emissions**
 - The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to

delivery of the Act's greenhouse gas emissions reduction targets. Reducing emissions is referred to as climate change *mitigation*.

- The Act has set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.

- **Adaptation - Adapting to the Impacts of a Changing Climate**

- The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statutory adaptation programme. The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will have varying degrees of influence in relation to adaptation, all public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably - Sustainable Development as a Core Value**

- The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

2.3. The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

3. Historical Climate Change Reports

3.1. Previous climate change reports for the Clackmannanshire & Stirling IJB can be found here:

<https://sustainablescotlandnetwork.org/reports/clackmannanshire-and-stirling-ijb>

3.2. All three of the Constituent Authorities submit reports to the Sustainable Scotland Network (SSN) and these are published online. Links to all three partners' plans are available in sections 3.3 to 3.5.

3.3. Clackmannanshire Council

<https://sustainablescotlandnetwork.org/reports/clackmannanshire-council>

3.4. Stirling Council

<https://sustainablescotlandnetwork.org/reports/stirling-council>

3.5. NHS Forth Valley

<https://sustainablescotlandnetwork.org/reports/nhs-forth-valley>

4. Integration Authority Climate Change Report 2022 / 2023

4.1. As the Clackmannanshire & Stirling IJB has no direct responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

4.2. In some sections readers are directed to read the three constituent partners Climate Change Reports.

4.3. The Integration Joint Board is asked to approve the Clackmannanshire & Stirling IJB draft Climate Change Report 2022 / 2023 for submission to SSN by the end of November 2022.

5. Pandemic

5.1. On 11 March 2020 the [World Health Organisation](https://www.who.int/) declared COVID-19 was a pandemic.¹ As a result of the Scottish Government guidance and route map at that time the Integration Joint Board moved to meet virtually through MS teams.

5.2. There are no COVID-19 rules or restrictions in Scotland. At this stage of the pandemic, we are now living with COVID-19 as a respiratory infection.

5.3. The method of virtual meetings undoubtedly had some climate change benefits in terms of for example, reduced travel and less paper use for Board papers. The IJB moved back to face to face (with hybrid as an option) meetings in September 2022.

6. National Policy and Context

6.1. Scottish Government state on their [website](https://www.gov.scot/)² *“We are transitioning to a net zero emissions Scotland for the benefit of our environment, our people, and our prosperity. We also need to adapt and build resilience to the impacts of climate change alongside our actions to reduce emissions.*

¹ <https://www.theguardian.com/world/2020/mar/11/who-declares-coronavirus-pandemic>

² [Climate change - gov.scot \(www.gov.scot\)](https://www.gov.scot/)

- 6.2. *Scotland’s ambitious climate change legislation sets a target date for net zero emissions of all greenhouse gases by 2045. Our contribution to climate change will end, definitively, within one generation.*
- 6.3. *To meet Scotland’s targets, a rapid transformation across all sectors of our economy and society is required. We published our [Climate Change Plan update](#) in December 2020 which reflects the increased ambition of the new targets set by the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019.”*
- 6.4. Whilst the statutory duty lies with the partner bodies, IJB officers recognise the IJB will need to consider going forward the implications of net zero on delegated services.
- 6.5. As a public sector body that commissions services from its partner bodies, therefore does not directly employ staff or own assets, the opportunities for direct emissions reductions are limited. However, as the IJB is responsible for making decisions about service change, service redesign and investment and disinvestment, there is an indirect responsibility to consider the climate change implications of these decisions.

7. Conclusions

- 7.1. The approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2022 / 2023 will ensure the Board are able to meet its requirements under the Climate Change (Scotland) Act 2009.

8. Appendices

Appendix 1 - Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2022 / 2023

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting Empowered People and Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input 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:	None to note
Other Resources:	None to note
Legal:	Approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2022 / 2023 will ensure the Board is able to meets its requirements under the Climate Change (Scotland) Act 2009.
Risk & mitigation:	<p>If the Board do not approve the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2022 / 2023 they will be in breach of statutory requirements.</p> <p>Approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2022 / 2023 will ensure the Board is able to meets its requirements under the Climate Change (Scotland) Act 2009.</p>
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>The content of this report <u>does not</u> require Fairer Duty Scotland Assessment</p>

Public Bodies Climate Change Duties Compliance Reporting Template 2021/22

1. Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions may not be accepted for analysis and may be classed as non-compliant with Public Bodies Duties legislative reporting requirements.

2. Guidance

1. Please save-as this workbook with your organisation's name in the title before completing
2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b,
3. If you need to add more rows please email the file to ccreporting@ed.ac.uk
4. Hybrid/homeworking emissions - please include an estimate of FTEs working remotely - hybrid/homeworking
In order for this to be calculated correctly the total no. of FTEs must be entered in Q1c
5. Local Authorities completing the recommended tab should select their local authority region at the start of the report and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell



PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Clackmannanshire and Stirling Integration Joint Board

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

0 **THIS MUST BE COMPLETED**

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			Not relevant to IJB
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
£228.822M	Available here 00-2022.03.23-IJB-Combined-Agenda-and-Papers.pdf (clacksandstirlinghscp.org)

1f Report type

Specify the report year type

Report type	Report year comments
Financial	2022/2023 THIS MUST BE COMPLETED

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Integration Joint Board is responsible for the services as outlined in the Public Bodies (Joint Working) Scotland Act 2014.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

<Insert Diagram Here or Attach File>

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

<Insert Diagram Here or Attach File>

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed. As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation				No these are the responsibilities of the employing bodies
Business travel				No these are the responsibilities of the employing bodies
Staff Travel				No these are the responsibilities of the employing bodies
Energy efficiency				No these are the responsibilities of the employing bodies
Fleet transport				No these are the responsibilities of the employing bodies
ICT				No these are the responsibilities of the employing bodies
Renewable energy				No these are the responsibilities of the employing bodies
Sustainable/renewable heat				No these are the responsibilities of the employing bodies
Waste management				No these are the responsibilities of the employing bodies
Water and sewerage				No these are the responsibilities of the employing bodies
Land Use				No these are the responsibilities of the employing bodies
Other (please specify in comments)				
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2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead. As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken. (a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

Further information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate
 (a) No information is required on the effect of the body on emissions which are not from its estate and operations.
 (b) This refers to "the greenhouse gas protocol: A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.
ENSURE QUESTION 3 IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR.

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial					- tCO ₂ e	
Year 1 carbon footprint	0	Financial					- tCO ₂ e	
Year 2 carbon footprint	0	Financial					- tCO ₂ e	
Year 3 carbon footprint	0	Financial					- tCO ₂ e	
Year 4 carbon footprint	0	Financial					- tCO ₂ e	
Year 5 carbon footprint	0	Financial					- tCO ₂ e	
Year 6 carbon footprint	0	Financial					- tCO ₂ e	
Year 7 carbon footprint	0	Financial					- tCO ₂ e	
Year 8 carbon footprint	0	Financial					- tCO ₂ e	
Year 9 carbon footprint	0	Financial					- tCO ₂ e	
Year 10 carbon footprint	0	Financial					- tCO ₂ e	
Year 11 carbon footprint	0	Financial					- tCO ₂ e	
Year 12 carbon footprint	0	Financial					- tCO ₂ e	
Year 13 carbon footprint	0	Financial					- tCO ₂ e	
Year 14 carbon footprint	0	Financial					- tCO ₂ e	
Year 15 carbon footprint	0	Financial					- tCO ₂ e	

3b Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission factor Year The emission factor year is auto-assigned based on your answer to Q1f. If it is incorrect please contact SSN.

You can now filter emission sources by "type" in column C to enable quicker selection of emission source in column D.

User defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require extra rows in the table please send the template to ccreporting@ed.ac.uk.

Emission	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO ₂ e)	Comments
Please select from drop down box	Please select from drop down box	Please select from drop down box					-	
Please select from drop down box	Please select from drop down box	Please select from drop down box					-	
Please select from drop down box	Please select from drop down box	Please select from drop down box					-	
Please select from drop down box	Please select from drop down box	Please select from drop down box					-	
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Please select from drop down box	Please select from drop down box	Please select from drop down box					-	
Please select from drop down box	Please select from drop down box	Please select from drop down box					-	
Please select from drop down box	Hybrid/Homeworking emissions	Scope 3		100.00% percentage of total FTEs		0.30000	tCO ₂ e/FTE/annum	
	Other (please specify in comments)	Please select from drop down box					-	
	Other (please specify in comments)	Please select from drop down box					-	
	Other (please specify in comments)	Please select from drop down box					-	
	Other (please specify in comments)	Please select from drop down box					-	
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	Other (please specify in comments)	Please select from drop down box					-	
	Other (please specify in comments)	Please select from drop down box					-	
	Other (please specify in comments)	Please select from drop down box					-	
	Other (please specify in comments)	Please select from drop down box					-	

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	
Please select from drop down box					
Please select from drop down box					
Please select from drop down box					
Please select from drop down box					
Please select from drop down box					

Targets

3d Organisational targets

List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments
	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box
	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box
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	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box

3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

3db How will the body publish, or otherwise make available, its progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year
If no projects were implemented against an emissions source, enter "0".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Total		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO ₂ e savings	Are these savings higher, equivalent or lower?	Capital cost (£)	Operational cost (£/annum)	Project measure	Primary (only) emission source saved	Estimated carbon savings per year	Behaviour
		Please select from drop down box	Please select from drop down box				Please select from drop down box		Please select
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		Please select from drop down box	Please select from drop down box				Please select from drop down box		Please select
		Please select from drop down box	Please select from drop down box				Please select from drop down box		Please select

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead
If no projects are expected to be implemented against an emissions source, enter "0".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Total		

3i Estimated decrease or increase in emissions from other sources in the year ahead
If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total			

3j Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO ₂ e)	Comments
Total project savings since baseline year		

3k Further information
Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 4 Adaptation

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4d Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Further information

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Lesley Fulford
Role in the body:	Senior Planning Manager
Date:	24/08/2023

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments
Please select from drop down box		Please select from drop down box		
Please select from drop down box		Please select from drop down box		
Please select from drop down box		Please select from drop down box		
Please select from drop down box		Please select from drop down box		
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Please select from drop down box		Please select from drop down box		

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 June 2023	Chief Officer Update	Lesley Fulford	Annemargaret Black	N	1) Noted the content of the report. 2) Noted partners signing up to the National Trauma Training Programme pledge and training is available through National Education Scotland. 3) Approved Les Sharp as the third sector member representative on the IJB.
21 June 2023	Annual Performance Report 2022/23	Michelle Duncan	Annemargaret Black	N	1) Approved the Draft Annual Performance Report 2022/23.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 June 2023	Financial Report for Year Ended 31 March 2023	Ewan Murray	Ewan Murray	N	1) Noted the Economic Outlook per Scottish Government Medium Term Financial Strategy published in May 2023. 2) Noted 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 had been met in full by NHS Forth Valley (figures subject to statutory audit). 3) Noted 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) Approved the issuing of final directions for the financial year 2022/23 reflecting the draft outturn positions. 5) Noted that it was envisaged that projections at Quarter 1 would 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 June 2023	Commissioning Delivery Plan	Michelle Duncan	Wendy Forrest	N	1) Approved the draft Strategic Delivery Plan and asked officers to progress the actions and activities. 2) Approved the draft Operational Delivery Plan and asked the Chief Officer to have oversight of progress and commence engagement with Clackmannanshire and Stirling Councils and NHS Forth Valley on the Operational Delivery Plan. 3) Noted 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) Sought for officers to provide six monthly updates to the Integration Joint Board against the actions outlined in the Strategic Delivery Plan.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 June 2023	Equality and Human Rights Commission – Audit and Output	Lesley Fulford	Lesley Fulford	N	1) Noted the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements. 2) Approved the documentation to assess the equality impact of any decision the IJB makes: <ul style="list-style-type: none"> a. Appendix 2 – Equality Process b. Appendix 3 – Standard Impact Assessment c. Appendix 4 – Equality Impact Assessment Process d. Appendix 5 – Improvement Plan
21 June 2023	Equality Impact Assessment – Mainstream Progress Report 2021-23	Lesley Fulford	Lesley Fulford	N	1) Noted the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements. 2) Noted the requirement to produce and publish an Equality Mainstreaming and Outcomes report on progress for March 2025. 3) Approved the Equality Mainstreaming and Outcomes report on progress to March 2023. 4) Approved publication of the Equality Mainstreaming and Outcomes report on progress to March 2023.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 June 2023	Alcohol and Drug Partnership Annual Report	Simon Jones	Wendy Forrest	N	1) Approved the contents of the ADP Annual Report 2022-23 2) Approved the submission of the ADP Annual Report 2022 - 2023 to Scottish Government.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
21 June 2023	Commissioning for Care	Jennifer Baird	Wendy Forrest	Y	1) Noted the requirement for an additional local care & support framework in Stirling to ensure compliant commissioning of care & support and, therefore, approve directing Stirling Council to award a local care & support contract in addition to the Scotland Excel Care & Support Framework which is currently in place on the proposed terms set out herein in compliance with Paragraph 14.3 of Stirling Council's Contract Standing Orders; 2) Approved directing Clackmannanshire Council and Stirling Council to award a contract for Support Services for the HSCP from Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out; 3) Approved commitment of the additional funding required to deliver the Ideas, Innovation, and Improvement Fund and include this in the proposed contract with Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out; 4) Noted the progress made towards co-production of a Contract for Support to Unpaid Carers.

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 31 May 2023 at 2.00pm in the 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
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
Dr Kathleen Brennan, Stirling GP Clinical Lead for Clackmannanshire and Stirling HSCP
Lesley Middlemiss, Primary Care Improvement Programme Manager
Sandra Comrie, Business Support (Minutes)

Chair's Welcome and Introductory Remarks

Councillor Wendy Hamilton welcomed everyone to the meeting.

1. Apologies

John Stuart, Non-Executive Board Member, NHS Forth Valley

2. Declarations of Interest

None

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

None

4. Minute of Meeting held 01 March 2023

Following discussion, the minute was approved subject to the following amendment:
The last sentence at the end of item 7, Draft Strategic Commissioning Plan and Localities:

“The community priorities would not change if there was structural and/or organisational change i.e. National Care Service, the priorities would continue to reflect what communities feedback as the focus of the Strategic Commissioning Plan.”

5. Primary Care Improvement Plan Progress Update and Wider Primary Care Sustainability Challenges

Lesley Middlemiss, Primary Care Improvement Programme Manager, and Dr Kathleen Brennan, Stirling GP Clinical Lead for Clackmannanshire and Stirling HSCP, provided a presentation to the Committee.

Ms Middlemiss explained she had led the Primary Care Improvement Plan (PCIP) implementation over the last 5 years and the presentation was a summary of the end of year report to show the progress to date.

The presentation included the New General Medical Services Contract 2018 and the programme of work agreed upon through the tripartite arrangement between Forth Valley Health Board, both Health and Social Care Partnerships, and the GP Sub-Committee. Ms Middlemiss explained legislation was now in place that relinquished GPs from responsibility for 3 of the 6 priorities within the contract, Pharmacotherapy, immunisation and Community Treatment and Care

The PCIP end of year report covered the increase in workforce through additional posts and clinical capacity which was being delivered to the practices and patients of Forth Valley, and covered the following items:

Dr Kathleen Brennan provided an update on General Practice sustainability issues in Forth Valley. This included the decrease in GPs over the last decade and the ability to attract new GPs, the new GP Contract implementation, and the work being undertaken to help people access the right care at the right time.

The Committee discussed the impact of new housing and care home developments in the area and the complexities and pressures which came with these. They also discussed GP workloads, along with the recruitment and retention of new GPs. Ms Black confirmed workloads for Primary Care would be discussed in more detail in the Annual Performance Report.

6. Local Government Benchmarking Framework (LGBF)

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

Mr Murray explained he recently attended a meeting of the Clackmannanshire Council's Audit and Scrutiny Committee where there was a full report for the Council on Local Government Benchmarking Framework and relevant indicators. Mr Murray informed the committee that the information within the LGBF was published at Council level and to aide understanding it had been pulled into a 'balanced scorecard' type format.

Councillor Hamilton asked how information was obtained regarding the support for patients. Ms Forrest explained this was collated from GP surveys and Local Authority information.

The Committee discussed ways in which the information could be more detailed/ informative, to enable people to understand the trends. Mr Murray said the balanced scorecard would be updated annually to give an overview of trends over time. Ms Forrest explained the most

important information was how Self Directed Support had improved people's lives and the current indicator may not represent the whole picture.

7. Financial Report for Year Ended 31 March 2023

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

Mr Murray explained the financial position for 2022/23 (subject to statutory audit) was 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 would be met in full by NHS Forth Valley within an overall balanced financial position for the NHS Board as previously agreed with the IJB.

The outturn showed an improvement on the position which had been verbally reported to the IJB in March along with the presentation of the 2023/24 initial revenue budget. As a result of the net underspend position on the Integrated Budget, the general reserves position would increase from £3.323m to £4.399m in line with the requirements of the Integration Scheme.

Mr Murray confirmed that given the amount of covid funding remaining, there had been an informal conversation with Scottish Government colleagues regarding this and it had also been disclosed to external auditors, Deloitte LLP.

Whilst the position was an improvement there remained levels of uncertainty and Mr Murray confirmed an updated version of the report would be presented at the next IJB meeting.

In response to Mr Rennie's question regarding the general reserves increase, Mr Murray explained the reasons for the operational underspend.

The Finance & Performance Committee:

- 1) Noted 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 met in full by NHS Forth Valley subject to statutory audit.**
- 2) Noted the reserves position at 31 March 2023.**
- 3) Noted that the draft financial position set out in this report will be reported to the IJB meeting on 21 June and form the basis for the IJBs Unaudited accounts which will be considered by the Audit and Risk Committee on 28 June 2023.**

8. Annual Performance Report

Annemargaret Black, Chief Officer, presented the paper to the Committee.

Ms Black explained the purpose of the report was to ensure the IJB fulfils its ongoing responsibility to ensure effective monitoring of the services it commissions and funds.

She explained the report was a collaboration of IJB priorities and lived experience stories. She discussed sections of the report which highlighted trends over the past few years. Ms Black also provided an overview of the priorities contained within the report and explained how the priorities linked with the National Health and Wellbeing Outcomes. Ms Black explained updates remained outstanding for Unscheduled Care and suggested this could be a subject for a future seminar to enable IJB colleagues to see the approaches being taken and the work carried out regarding falls.

Ms Black confirmed that although the report contained good news there were still significant challenges ahead. The team would continue to focus on these challenges and on the production of a more refined version of the report, containing more analysis and background information relating to the stories within it. She also highlighted the upward trend regarding admissions which was an improvement from last year.

Ms Forrest advised the report was still in draft format as there were still areas that would require updates, prior to the final report due to be published. As the report was still a work in progress, Ms Forrest welcomed any additional information which the Committee would like to see included.

Councillor Fraser questioned the drug death figures as Stirling had quite a significant reduction compared to Clackmannanshire, she also asked whether the use of Naloxone had been introduced to Clackmannanshire. Ms Black confirmed the number reported was correct and that Change, Grow, Live were involved with the distribution and training of Naloxone, which was in use in Clackmannanshire.

Mr Rennie suggested the introduction section of the report could include an executive summary, and that a smaller easy read version of the report could be created for the website. He was concerned that members of the public would not take the time to read the full version of the report. Ms Black agreed this was a good idea and would ask the team to speak to the Communications team for guidance.

Mr Johnstone suggested that more information could be included regarding locality plans. Ms Forrest agreed that more narrative about the community work being carried out would be informative.

The Committee thanked the team for the excellent work which had gone into producing the report.

The Finance & Performance Committee:

- 1) Approved the Draft Annual Performance Report 2022/23.**

9. Relevant Emerging National Reports

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

The Health and Social Care Scotland on Integration Authorities (IJB) 2023/24 Budgets and Savings report had recently been published.

The key messages were highlighted including the financial gap across all IJB budgets, the impact on general reserves, and the significant impact on services due to the savings required.

The Finance & Performance Committee:

- 1) Noted and debated the report.**

10. Commissioning for Care

Wendy Forrest, Head of Strategic Planning and Health Improvement presented the paper to the Committee:

Ms Forrest explained that due to the nature of the report, it required to go through the Finance & Performance Committee before going to the IJB and was potentially an exempt paper.

It set out the technical response to the commissioning contractual arrangement which the HSCP looked to put in place with Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise and ensure continuity of care.

Ms Forrest advised she had been working with both Chief Executives / Third Sector Interfaces and had a robust model of what the delivery of support would look like. She confirmed work was still ongoing with the 2 Carers Centres, and in the meantime, the HSCP would continue to seek to commission a single carers' support service which would ensure there was only 1 set of management, backroom, and accommodation costs would need to be met.

Ms Forrest confirmed work was still being carried out on the Dementia Consortium to ensure it was fit for purpose and would meet the needs of those affected throughout their dementia journey. Ms. Forrest advised she would provide an update on the Carers Investment Plan to give the Committee assurance at the next meeting.

The Finance & Performance Committee:

- 1) Noted the requirement for an additional local care & support framework in Stirling to ensure compliant commissioning of care & support and, therefore, approve recommending to the Integration Joint Board to direct Stirling Council to seek to award a local care & support contract in addition to the Scotland Excel Care & Support Framework which is currently in place on the proposed terms set out herein in compliance with Paragraph 14.3 of Stirling Council's Contract Standing Orders which requires approval by Council or the relevant Committee to proceed to market where the value of a contract exceeds £1M;**
- 2) Approved recommending to the Integration Joint Board to direct Stirling Council to award a contract for Support Services for the HSCP from Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out;**
- 3) Approved recommending to the Integration Joint Board commitment of the additional funding required to deliver the Ideas, Innovation and Improvement Fund and include this in the proposed contract with Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out**
- 4) Noted the progress made towards co-production of a Contract or Support to Unpaid Carers.**

11. AOCB

Ms Black provided an update on the management capacity concerns discussed at the last IJB meeting. She confirmed she had an interview in place for the interim Locality Manager post and also had someone interested in taking on the 6-month interim post for the Head of Service role.

Mr Murray provided an update on the National Care Home Contract following a press release from Scottish Care on 24th May, and a subsequent statement from COSLA. He confirmed that following the rejection of a final offer of a 6% uplift, an interim settlement had been agreed and implemented to permit providers to pay an uplift to the Scottish living wage. The First Minister had stated an intention for pay to increase to £12 per hour although no timetable was confirmed. Scottish Care had balloted members on 30th May, it is expected that the result would be known w/c 5th June 2023.

Mr Ewan explained the possible scenarios were:

- there was an Agreement to the 6% offer, or
- Scottish Care members reject the offer and withdraw from the National Care Home contract with an arrangement of 13 weeks' notice and local negotiations would then be required.

12. Date of Next Meeting

01 November 2023*

*The Committee agreed a meeting was required prior to the September IJB meeting. It was agreed a date would be organised for late August to consider the Quarter 1 Financial Report and other appropriate business.

**Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**

held on **Wednesday 28 June, 2 pm – 4 pm** The Boardroom, Carseview House,
Stirling and hybrid via Microsoft Teams

Present:

Voting Members

Councillor Martin Earl, Stirling Council (Chair)
Martin Fairbairn, Non-Executive Board Member (V Chair)
Councillor Janine Rennie, Clackmannanshire Council

Non Voting Member

Narek Bido, Recovery Scotland

In Attendance:

Annemargaret Black, Chief Officer
Ewan Murray, Chief Finance Officer
Isabel Wright, Internal Audit Manager, Falkirk Council
(Chief Internal Auditor to IJB)
Sandra Comrie, Business Support Officer (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

The Committee welcomed new Committee member Narek Bido.

Apologies for absence were noted on behalf of:

Cathie Cowan, Chief Executive NHS Forth Valley
Muhammad Fadhil, Manager – Deloitte LLP
Peter Bent, Assistant Manager – Deloitte LLP

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

**3. DRAFT MINUTE OF PREVIOUS MEETING HELD 08 MARCH 2023 &
SPECIAL MEETING ON 17 APRIL 2023**

The draft minute of the previous meetings held on 08 March 2023 and a special meeting on 17 April 2023 were approved as an accurate record.

Councillor Earl asked whether changes had been made to the Terms of Reference, referred to in the minute of 08 March 2023. Mr Murray confirmed the changes had been made and the Terms of Reference would be uploaded to the Health and Social Care Partnership (HSCP) website.

4. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

Mr Fairbairn asked whether dates had been arranged for the reserves policy session and the risk workshop. Mr Murray explained that a date had not yet been arranged for the reserves policy session, which he would follow up on. Also, although no date had been agreed upon for the risk workshop, Mr Murray confirmed he had discussed this with Sara McKenzie, Risk Manager, NHS Forth Valley. Following a discussion, the Committee agreed that as NHS Forth Valley was going through a similar process, they would attend the risk workshop at Board level rather than a separate risk workshop being arranged. Mr Murray agreed to confirm the date and time.

5. INTERNAL AUDIT PROGRESS REPORT

Isabel Wright, Chief Internal Auditor presented the Internal Audit Progress Report to the Committee.

Ms Wright provided an update on the progress of the completion of the audit work from 2022/23. The report set out the audit plan which was agreed upon on 16th November 2022 and detailed the current position with the audit work and the finalised reports attached.

Councillor Earl asked how the self-assessment recommendations would be monitored. Ms Wright explained they would be monitored as part of next year's annual assessment, which would be an ongoing piece of work undertaken every year with a view to covering all recommendations. Mr Murray confirmed that he and Ms Black were looking at how to improve the follow-up work on recommendations. Mr Murray agreed to provide progress reports to the Committee on the internal audit and external audit function plans and recommendations.

Councillor Earl questioned the wording of recommendation 2 and following discussion, the Committee was content that it should remain as "noted".

The Audit and Risk Committee:

- 1) Noted progress made completing the 2022/23 Internal Audit Plan; and
- 2) Noted audit work would be sufficient to allow the Internal Audit Manager to provide an opinion on the adequacy and effectiveness of internal controls at year-end.

6. INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2022/23

Isabel Wright, Chief Internal Auditor presented the Internal Audit Annual Assurance Report 2022/23 to the Committee.

The report summarised the work which internal audit had undertaken over the course of the last year and resulting overall opinion on the IJB arrangement for risk management, governance, and control-based internal audit work. Ms Wright explained the report also highlighted continuing compliance with the public sector internal audit standards which set out the principles and practices complied with. Ms Wright added that every year there was a requirement to undertake a self-assessment against the standards, this review was undertaken during March 2023. There was also a requirement for a 5-year external assessment, which was last undertaken in 2018, they were found to be compliant. Ms Wright confirmed that further external validation would be undertaken by the Scottish Local Authorities Chief Internal Auditors Group later in 2023. The self-assessment provided reassurance that they had operated in line with the standards and that there had not been any real or apparent impairment of independence or objectivity relating to audit work.

Finally, Ms Wright confirmed that internal audit undertook sufficient audit work during 2022/23 to support a balanced and evidence-based opinion, and that substantial assurance could be placed on the arrangements for risk management governance and control. Therefore, Internal Audit had operated and complied with the standards with no impairment or restrictions to independence.

Councillor Rennie asked about the extent of the external audit work. Ms Wright explained it was about the relationship between both internal and external auditors, where there was oversight on the internal work, and both auditors ensuring they dovetailed together.

The Audit and Risk Committee:

- 1) Noted sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided;
- 2) Noted Internal Audit provided **SUBSTANTIAL** assurance on the IJB's arrangements for risk management, governance, and control for the year to 31 March 2023; and
- 3) Noted Internal Audit operated in compliance with PSIAS, with no impairment to the independence of internal audit activity during the year.

7. INTERNAL AUDIT PLAN 2023/24

Isabel Wright, Chief Internal Auditor presented the Internal Audit Plan 2023/24 to the Committee.

Ms Wright discussed the Internal Audit Plan for 2023/24 which had been developed through discussions with the Chief Officer and Chief Finance Officer. She explained the plan comprised 3 separate reviews and provided an overview:

- Firstly, the Directions Policy which was approved in September 2021. The focus of the work was on assessing compliance with the systems for issuing and monitoring the directions.
- Secondly, a high level follow up review of previous internal audit recommendations would be carried out. These progress reports would be of help as there had been different auditors involved in the work over the term.
- Thirdly, a review of the IJB suite of governance documents. The full plan and assignment of resources were documented, and the process for reporting the work would be the same as in previous years. A summary of this was provided.

Mr Fairbairn asked what the rationale was for choosing the area of the Directions Policy, as this was not featured on the risk register, and why there were 20 days allocated to the review of the suite of governance documents. Ms Wright explained the 20 days was a guideline as the new audit team required sufficient time to review the information. She added that the directions were not on the risk register, but they had chosen to look at them.

After looking at the previous work carried out, Ms Wright confirmed that a lot of recommendations had not been followed up and a lot of improvements had been put in place, one of which was directions. The current plans in place went to the IJB Board in September 2021 and required a period of embedding. Ms Wright confirmed she had discussed these with Mr Murray, and they agreed that the timing was relevant for these to be reviewed.

Finally, Ms Wright explained that the directions underpinned all the risks, and if they don't have the correct directions in place the decision-making may be at risk. One of the items coming up on the Risk Register was financial resilience, ensuring the policies agreed upon were fundamental to the risk.

The Committee discussed a possible wider review of directions. Ms Black provided an overview of the work which was currently being carried out and agreed there was a requirement to have more detailed directions in place aligned to the priorities within the Strategic Commissioning Plan and unpinning delivery plans.

The Audit and Risk Committee:

- 1) Approved the Internal Audit Plan for 2023/24; and
- 2) Noted that progress would be reported to the Audit and Risk Committee on an ongoing basis.

8. 2022/23 DRAFT INTEGRATION JOINT BOARD ANNUAL ACCOUNTS

Mr Ewan Murray, Chief Finance Officer presented the 2022/23 Draft Integration Joint Board Annual Accounts.

Mr Murray explained the IJB was required to prepare annual accounts under Local Authority Accounts Scotland regulations and following on from COVID-19 these should now be completed within the regulation timeframes and

considered by the Board or a committee charged with governance before 31 August.

In line with the annual audit plan Mr Murray had provided external auditors with a full set of annual accounts and the IJB is required to publish these on the HSCP website for the public inspection period, as required by the regulations, had been placed on the HSCP website. Mr Murray explained the draft accounts formed one of two of the key annual reports of the IJB, the other was the Annual Performance Report (APR) which had been considered, in draft, by the IJB on 21 June 2023. Mr Murray explained that external audit process was underway in line with the annual audit plan, which was reviewed at an Audit and Risk special meeting on 17 April 2023. Mr Murray confirmed that work to complete the external audit to allow presentation of the audited annual accounts and Annual Audit Report to the September committee meeting prior to presentation to the IJB for approval and signing.

Mr Fairbairn raised the matter of the HSCP logo being on the front of the IJB Annual Accounts. Ms Black explained that she had checked the Public Bodies Act and could see no reason why the HSCP logo could not be removed from the covering page of the accounts. The Committee agreed with the amendment to the front page, on the basis that similar documents are consistently formatted in the same way going forward.

In response to Mr Bido's query regarding the reserves situation, Mr Murray explained that the accounts reflected the period up to 31 March 2023 and he would be performing an in-depth review of the reserves in the near future.

The Audit and Risk Committee:

- 1) Considered and commented on the 2022/23 Draft Integration Joint Board Annual Accounts and agreed them for issue.

9. STRATEGIC RISK REGISTER AND UPDATE ON RISK MANAGEMENT ARRANGEMENTS

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register and update on the Review of Risk Management Arrangements to the Committee.

Mr Murray explained that the Strategic Risk Register remained in a similar format as previously presented and was a work in progress until the planned risk workshop had taken place.

Several risks had been reassessed as higher in terms of their current risk score and Mr Murray confirmed this was based on discussions at a previous Audit and Risk Committee when a brief explanation was provided as to why risks had changed and been rescored. The financial resilience risk was based on a discussion at the March IJB alongside the 2023/24 revenue budgets. Mr Murray discussed the risks around Primary Care and explained that the scoring was in line with both Forth Valley Health Board and Falkirk IJB's Strategic Risk Registers, as they were the same risk, and the programmes were managed on

a pan Forth Valley basis with Falkirk IJB coordinating the services around Primary Care.

Councillor Rennie explained she was pleased to see the risk relating to the experience of service users, patients, and unpaid carers, which was raised previously, had been uplifted with mitigations put in place. The Committee agreed it was good to see risks being monitored and changed accordingly.

Councillor Earl questioned why similar narrative was given to risks 7 and 8 considering that 7 had increased in scoring and 8 had remained the same. Ms Black agreed to investigate this.

The Committee discussed the Risk Register and the upcoming risk workshop. They agreed everyone was required to understand the mitigations and measures in place to monitor how risks were progressing. It was agreed the workshop should be prioritised and that the report required changes to support better ownership of risks going forward.

Finally, the Committee agreed it would be helpful to have visibility of Clackmannanshire Council, Stirling Council, and Forth Valley Health Board Strategic Risk Registers. Ms Black confirmed that it would be helpful, in the future, to have all Risk Lead attend a meeting together.

The Audit and Risk Committee:

- 1) Reviewed and approved the Strategic Risk Register
- 2) Noted the update on risk management arrangements.

10. REVIEW OF IJB FINANCIAL REGULATIONS

Mr Ewan Murray, Chief Finance Officer, presented the Review of IJB Financial Regulations to the Committee.

Mr Murray explained the legislation and supporting integration finance guidance required the IJB to agree on a set of financial regulations as part of governance frameworks. He discussed the start of the integration journey in 2015/2016 when there was an Integration Finance Workstream with two subgroups, one which dealt with the initial budgets for the integration authorities within Forth Valley and the other which dealt with the supporting financial governance framework. As part of the workstream, the current set of regulations were approved by the IJBs in Forth Valley in March 2016. Mr Murray explained a review of the financial regulations had been carried out and although a lot of changes were not required, they did require modernisation and brought up to date.

Mr Fairbairn asked whether the wording at section 3.5.3 was consistent with the Directions Policy. Mr Murray agreed to look at this and ensure the wording was consistent.

The Audit and Risk Committee:

- 1) Noted the background to the IJBs Financial Regulations
- 2) Considered the proposed updates to the IJBs Financial Regulations and recommend these to the IJB for approval.
- 3) Agreed that the Financial Regulations be reviewed and considered by the Committee every two years.

11. RELEVANT NATIONAL REPORTS

- **Local Government in Scotland: Overview 2023**
- **Integration Joint Boards Financial Analysis 2021/22**

Mr Ewan Murray, Chief Finance Officer presented the Relevant National Reports to the Committee which were of significance to the business of the IJB for noting.

Mr Murray asked the Committee to note the valuable key messages from each paper as many of these were relevant to the IJBs.

The Audit and Risk Committee:

- 1) Noted the reports and their relevance to the planning, financial and operating context of the IJB and Health and Social Care Partnership.

12. ANY OTHER COMPETENT BUSINESS

None

13. Date of Next Meeting

13 September 2023

Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Wednesday 3 May 2023 @ 3.00pm via Teams

Present:

Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)
Annemargaret Black, Chief Officer, HSCP (AB)
Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Wendy Forrest, Head of Strategic Planning & Health Improvement, HSCP (WF)
Linda Guy, HR Manager, NHS Forth Valley (LG)
Kelly Higgins, Senior OD Adviser, HSCP (KH)
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)
Carolyn Wyllie, Head of Community Care & Health, HSCP (CW)

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:
Jennifer Borthwick, Director of Psychology, Head of Clinical Services Mental Health & Learning Disability) HSCP (JB)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Karren Morrison, Unison Branch Secretary FV (KM)

3. Minute of Meeting of 27 February 2023

This minute was approved as an accurate reflection.

4. Matters Arising H & S Group TOR

The narrative within the ToR has been updated & agreed. Sonia Kavanagh is working her way through an accountability & assurance process.

5. CO Chair of this Group

As Pam Robertson has retired we need a staff side colleague to be the Co-Chair. It was confirmed that Abigail Robertson will be the Co-Chair. **WF** suggested that a pre-agenda be set up. **LT** asked that Abigail be given time set aside to deal with this.

6. Recruitment to Head of Health & Community Care & Locality Manager Stirling Vacancies

Carolyn Wyllie has tendered her resignation and will be leaving us on 31 May to take up the position of Director of Public Protection, NHS Lothian. Bob Barr is leaving us on 7 June and is moving to Australia. Posts will be advertised shortly and also act up posts.

7. Management Update/Service Pressures

AMB asked **CW** to update on people on waiting lists, who have been screened and not assessed, given that Locality Managers had raised this in their update reports.

Background

Locality Managers raised concerns about the waiting lists in localities of people that have not been assessed. **AB** has commissioned a piece of work that **CW** and the

two **CSWOs** will progress with teams. We have approximately 618 people in Stirling, screened and not assessed and 200 people in Clackmannanshire. They are looking at capacity & demand and what we can do about the waiting list to improve. **CW**, **CSWO** & **Locality Managers** are looking at how we can minimise risks for people on that lists. People may just require some community support. We need to work on a whole system basis and look at everything on a balanced basis.

CW advised there are a number of pressures that we are working on:

RISK - We are looking at totality of risk across operational services. What is the capacity and what is the demand on teams. In order to do that we need to do some work eg. We do not know how much time is spent on admin; how much on assessments; how much on travel etc and we need staff to bring that information to us.

Final Aspect – Resilience for staff - how are they feeling; perceived risks; two years of covid; pressures; scrutiny and the transformation agenda. All this adds up and could have an impact on staff. We are looking at the totality of that picture from the locality aspect.

LT advised that she would like to see the data around all of this. There are concerns for members in terms of pressures & stress alongside their roles. The improvement work will help inform around resourcing. Biggest concern is around Adult Protection waiting lists and the increase in need. Data will help us to be informed and aware of challenges for staff. Focusing on the increase and need for resources is key. Keeping staff safe at work and staying with the employer is a priority. The relevance of data is important and systems as people need to work effectively. **LT** advised that she would like to see this information in advance of these meetings.

AB provided some slides on unmet needs data and advised that we do not have the resources to produce this data on a routine basis. This information has been produced manually and no systems have the ability to have automated reports

CW Clarified that there is no ASP waiting list and that all people are seen within three days. or sooner. Previously cases were not being recorded correctly and now they are and staff are being credited for this work. Some of the activity is not an increase we are recording it better. Although we have high waiting list and we have capacity and demand imbalance we are doing some fantastic work. Staff are looking at how to do things differently and it is when you look at what we are doing that you can see the difference.

LT– We need to be better informed. The reason we are at crisis point is because we do not have the preventative services we used to and services have been disinvested in. We need to have the information to be able to build a case.

AB recognised the pressure that all of the staff and leaders have been under and understood colleagues around the table also recognised this. They have been under enormous pressure since the start of the pandemic. It has been relentless. She would like to congratulate teams & leaders even with all of these pressures, we have managed to significantly improve the situation on the number of people waiting and also on the numbers that are delayed in discharges. Since 9/12/22 Clackmannanshire has improved performance by 83% and Stirling by 21%.

AR wanted to confirm the ASP situation and clarify what might be misconstrued. It is not that recording of investigations was not happening it was being recorded under enquires rather than investigations. Vast amounts of work were being carried out and

it has not been recognised on the data. AR also advised that if there are any changes to anything that is on SWIFT then it needs to be referred to IT colleagues to address.

WF advised that the point is well made the challenge is that we are drawing from two social work systems and various systems across the NHS and the information needs to be manually brought together and we do not have the capacity to do this.

8. **NHS Forth Valley Board Escalation**

Annemargaret advised that Scottish Government have now employed a person to work with NHS Forth Valley to make sure the public bodies act and integration is being fully supported and implemented. He commenced last week and is currently meeting with various different people to build his understanding. There are two pieces of work he will be interested in:

- the review of the Integration Scheme. This is the legal document that describes what is in the IJB i.e adult services. Our scheme has the two councils and the health board. This all needs to be reviewed over the next year in each employing body.
- Scottish government & Cosla set up a ministerial steering group which resulted in enabling proposals which if implemented properly will in turn result in good integration of health & social care services and a good experience for the public.

The Assurance Board has been meeting with the Health Board every two weeks but it looks like this may be reducing to monthly meetings. Deep dives have been/will be undertaken on selected topics: Unscheduled Care, CAMHS, Out of Hours Services and Psychological Therapies.

There is also a workstream on culture. It is a compassionate leadership programme using materials from Michael West. **AB** has received support from LA Cex's that where we have integrated teams that LA staff be included

Governance – John Brown has undertaken a governance review of the Health Board and the interim report will be coming at the end of the month.

There is a range of information on the Health Board website on the escalation.

Leadership and Culture– is being rolled out right across the service with a programme of activity for the Health Board and the ELT in place. **RC** advised that he has already being out doing visits under Compassionate Leadership. Has had a very positive reaction to these. We are getting across to staff that we want to hear from them. He welcomes being able to speak to LA colleagues where appropriate. He has been unable to speak to Serco staff as they are doing their own thing. If we are going to be one team we need to be able to say what the problems are.

Imatter – A discussion followed regarding this

- Imatter needs to be filled in accurately & truthfully without fear
- Helpful to involve LA's, should not be done in isolation or marginalised.

KH advised that as far as she is aware anybody that is within the Health & Social Care Partnership will be given an Imatter regardless if you are NHS, Stirling Council or Clackmannanshire Council. She has raised concerns regarding the questions eg 'do you feel that the board is visible?' – Do they mean the Health Board, Integration Joint Board or any of the Council Boards. Some of the questions are not meaningful and are a tick box exercise. If you are in the HSCP you should have received one if you do not you should go back to your manager and make sure you are included in the team. These are being updated at the minute. Alongside this Stirling Council

have their own staff survey in terms of wellbeing and Clackmannanshire have one as well. We are collecting a lot of data and how do we pull all that together and make it more inclusive. **KH** does not think for the HSCP that Imatter is the correct tool and has highlighted this to the Imatter team. Regarding ELT & Cultural work there has been a fantastic response to this, a lot of participation and people are looking forward to getting voices heard.

9. **OD & Wellbeing Update**

KH advised that we had received £10k at the end of last year from Inspiring Scotland for a winter wellbeing week that we had applied for. Staff indicated that they did not want that and would prefer practical items. She advised Inspiring Scotland of this and they advised to keep the money and get staff what they want and whatever helps wellbeing. **KH** has purchased 50 coffee machines and 50 wellbeing packs for distribution across the hscp. This includes tea, coffees, biscuits, stress balls travelmugs etc. Going forward we need to keep engaging with staff re wellbeing whilst at work. **LT & RC** both offered resources for future Wellbeing Packs and information on various credit unions.

KH advised that there would be a meeting convened with other OD colleagues to bring together the resources and have all in the one place. **WF** advised that this should be added into the workforce plan and all can be pulled together.

KH is working on a number of pieces of work with various teams; Learning Disability team; Clackmannanshire Adult Social Care team around policies/processes; Administration teams on team building and building relationships. There is also a lot of working going on in terms of organisational development.

The senior Management Leadership Team (SMLT) are participating in development work to build the team. Last session was on objectives setting for next year – and key priorities for the year ahead. These objectives will be set and then filter to Team Managers & Leaders and the service plan.

10. **Update on Business Case**

CW advised we have successfully recruited into Clackmannanshire & Stirling (Urban). Stirling Rural is slow but steady. The previous challenges within AHP recruitment have moved on significantly and we have recruited 8 members of staff. At the moment we are looking at the pathway work which is the most challenging piece of the business case. We need to redevelop pathways without going through traditional routes. A lot of challenges are with the single shared assessment (SSA) which is 28 pages long and not fit for purpose. There is a Forth Valley wide working group which is looking at this. There is a lot of work ongoing. The data that we do have is showing we are slowly but steadily supporting a different model. Staff are fully supportive of this model, we are designing services for people.

JS advised that waiting lists in the community across all three teams have decreased hugely. We have 0 in Stirling, 2 in rural, 23 in Clacks. We are interviewing next week in rural and have nine people interested, it has been slow but positive and has allowed the team to develop.

Within the rural area we are starting to support packages of care that the framework providers would normally have supported, when this provision is not available. Developing runs and handing them over to providers a run at a time. We are doing things differently as the local picture dictates. Agniewska & her team are doing a fantastic job.

AR advised that she has had a meeting with the Occupational Therapists (OT's) and they have raised a number of concerns that need to be looked at regarding the business case.

CW advised she was aware of the issues and advised she had had a meeting yesterday to address some of these concerns. She requested that Abigail allow the Locality Managers to deal with the situation and have discussions. Abigail was in agreement with this

**11. Service Updates
Stirling Locality**

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

AR wished to raise some issues that is affecting locality work

- we have had three SW staff who have left because they could not get the visa sponsorship scheme via Stirling Council . She will also raise this with HR and SW Bipartite & then Council Tripartite. Seems to be short sighted with minimal investment required
- Social Care Officers (SCO's) the nature of their role and how it has expanded over the years. They were regraded in 2014 but things have moved on significantly in some areas eg in some teams SCO are doing long term care assessments & placements. They are not SSSC registered this is important due to level of accountability & access to training and ethical & practical considerations. We do not have an established level of education or accountability for our SCO's.

FN advised that within Stirling there is a will to implement the sponsorship scheme. There is a lot of admin that goes on behind the scenes, ERP has taken precedence. There are limited councils who have this as it is quite onerous. There is a will to implement however, there is a fair amount of work to implement it.

CB advised that Clackmannanshire do not have this either. There is significant resources required behind the scenes. We are trying to pre-empt by having early discussions with the students and advising them they may need alternative routes to employment and to be looking at that.

CW advised that she has not heard of anything being escalated up through the line manager framework. **FN, CB & CW** have been discussing the sponsorship for sometime. We have not heard anything regarding the SCO discussion and this is disappointing that it has been raised at this forum and not through the management framework.

AB asked the discussion regarding the SCOs be taken off line and an update from that conversation to come to next meeting. **Agenda item next Meeting**

Clackmannanshire Locality

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

Mental Health & Learning Disability

No report had been submitted as the manager is on sick leave

Hospital, Reablement & District Nursing

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

JS wanted to highlight the really good work that has gone on with manual handling/violence aggression training

**12 STANDING ITEMS
Health & Safety**

Risk Assessments

CW has covered the RA issue that these were being reviewed and updated across the service

Proposed additional time for H & S Overview

AB advised we have an H & S group which is separate from this group. **AB** would like to extend this meeting by an hour to bring the H & S reps, data & reports to this group so **AB** & Staff Side & HR colleagues are all sighted on this. Not to duplicate but just to have an overview amongst this group.

Meeting with AB, H & S Reps & Judy to be organised.

H & S Partnership Group Minutes 190123

These were for noting

13. AOCB

LT - Bellfield Centre and overtime how we back fill that. **AR** to pick up with the relevant person.

KH advised that she hopes the uniforms for Bellfield Staff will be here on Friday. She has also met with staff around access to IT and log ins.. **JS & KH** had met with staff last week and there is space and access time for staff. **KH** is happy to come out anytime and has been led to belief things are going ok in terms of integration

14. Date of Next Meeting(s)

Wednesday 5 July 2023 at 2pm

Strategic Planning Group

Minute of meeting held on 15 June 2023 @ 2.30 pm - Stirling Council, Council Chambers, Old Viewforth, Stirling, FK8 2ET and via MS teams

Name	Position
In person	
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
Michelle Duncan	Planning & Policy Development Manager, C&S Health & Social Care Partnership
Simon Jones	Lead Officer Alcohol & Drug Partnership, C&S Health & Social Care Partnership
Jennifer Baird	Contract & Commissioning Service Manager, C&S Health & Social Care Partnership
Hazel Chalk	Short Break Co-ordinator, S&C Health & Social Care Partnership
Linda Riley	Service User Representative
(Emma Bowen	PA Support to L Riley)
Fay Godfrey	Alzheimer's Scotland
Agnes McMillian	Falkirk and Clackmannanshire Carer Service
Alan Clevett	Chair SVE Stirling & Stirling Urban Locality Network
MS Teams	
Brian Wilson	GMB Union Representative , Stirling Council
Stevie Irvine	Police Scotland
Jessie Anne Malcolm	Public Involvement Co-ordinator NHS Forth Valley
Jennifer Kennedy	Carers Lead Officer, C&S Health & Social Care Partnership
Jennifer Champion	Acting Director of Public Health
Judy Stein	Locality Manager, C&S Health & Social Care Partnership
Lesley Fulford	Senior Planning Manager, C&S Health & Social Care Partnership
Lesley Shaw	Service Improvement Manager, C&S Health & Social Care Partnership
Lesley Middlemiss	Primary Care Improvement Programme Manager, NHS Forth Valley
Ewan Murray	Chief Finance Officer, IJB/C&S Health & Social Care Partnership
Shiona Hogg	AHP Manager, C&S Health & Social Care Partnership
Kelly Higgins	Senior Organisational Lead, C&S Health & Social Care Partnership
Marie Valente	Chief Social Work Officer Stirling Council
Caroline Dempsey	Locality Manager, C&S Health & Social Care Partnership
In attendance	
Melanie Innes	Minute taker / Administration Officer
Apologies	
Hazel Meechan	Public Health, NHS Forth Valley
Elizabeth Ramsey	Carers Representative
Annemargaret Black	Chief Officer, C&S Health and Social Care Partnership/IJB
Lorraine Robertson	Chief Nurse, Health & Social Care Partnership
Janette Fraser	Head of Planning, NHS Forth Valley
Margaret Silver	Care Representative
Anne Knox	Interim CEO Stirling Voluntary Enterprise & Third Sector Interface
Joanne O'Suilleabhain	Principal Public Health Officer /Keep well Programme Manager
Anthea Coulter	CTSI Third Sector Interface
Coleen McGregor	Centre Manager, Stirling Carers Centre
Robert Clark	Employee Director NHS Forth Valley
Abigail Robertson	UNISON Representative, Stirling Council;
David Munro	Senior Planning Manager, NHS Forth Valley
Liz Rowlett	Partnership Officer, SVE & CTSI
James King	GP Clinical Lead and Locality Coordinator S&C Health & Social Care Partnership
Helen Duncan	CEO, Town Break
Ann Farrell	Principal Information Analyst S&C Health & Social Care Partnership
Marjory MacKay	Strathcarron Hospice, NHS Forth Valley

1. Welcome from Chair & Apologies for absence

Allan Rennie welcomed all to the Strategic Planning Group which will take place as a Hybrid meeting.

2. Draft Minute of meeting held on 20 April 2023

The note of the meeting held on the 20 April 2023 was approved as an accurate record.

3. Action Log & Matters Arising

Action Log was picked up via agenda in meeting and updated.

4. Strategic Commissioning Plan - Delivering the Plan

Discussion - Planning for delivering as SPG & ideas for making best use of resources (Wendy Forrest, Head of Strategic Planning and Health Improvement)

Wendy provided context regarding the Strategic Delivery Plan and the Operational Delivery plan. Work continues with Locality Planning Networks around Locality Plans, which is about building resilience, working with and supporting communities to be first point of contact across Clackmannanshire and Stirling. We need to ensure that all resources are working to the best advantage, looking at totality of spend and ensuring that it is spent in the service user's best interests.

Michelle Duncan facilitated a discussion linked to our priorities, and using mobile technology invited the meeting attendees to access the website using their mobiles using the QR code, which will enable them to share their views, and thinking on how resources should be spent.

Allan Rennie thanked Wendy and Michelle for their presentation and commented that culture change is important within communities and with services to meet the needs of the population, as we cannot continue to be delivering services in the same way. Shiona Hogg advised that it is about changing people's expectation and moving people to take ownership for self-care and social prescribing.

Ewan Murray advised that this is critical for us to be demonstrating better evidence of outcomes for people and communities. It is critical to be spending our resources on the delivery of the Strategic Commissioning Plan as these are the priorities agreed with communities.

Allan Rennie advised he is keen that we consider better signposting, as there seems anecdotally to be a lack of awareness within communities as to what is available and where the gaps are? Wendy Forrest agreed to engage with partners to ensure this was considered as part of multi-disciplinary working in localities.

Discussion took place around the workforce, we have a skilled workforce and need to remember that people are carrying out challenging jobs. Recruitment remains challenging in the current climate. There are improvements but we need to continue to put message out to public that we have a valued workforce and they need to have respect for the job that employees are doing. Organisational Development will be working with employees over the next few months to avoid burnout.



Wendy Forrest stated that conversations are required within the Locality Planning Networks to align to the agreed priorities, to meet outcomes for people in line with the new model of care we need to move.

Linda Riley advised that we need to keep people at the centre of everything we do and include them in discussions to help people maintain their independence in the community.

Alan Clevett agreed and advised that the community have now decided what their priorities are and what is needed now is getting them thinking about decision making and how to address priorities. There has to be ongoing communication, to take people on this journey and we need people's expert knowledge. Further work is required which needs to be more pro-active around reporting back. There needs to be a change in the current culture to a community/service user led model which has to be part of a long term commitment/process.

Alan Clevett advised that it is making it clear that it is not a quick fix but long term commitment. We now have a 10 years plan and 3 years of priorities. The continuing message is about working together and changing the way we think, developing relationships between HSCP, Localities and 3rd Sector.

Ewan Murray advised that he can see how previous strategic priorities look and there will be some COVID impact. How do we work with the Integration Joint Board and the HSCP has changed, moving transformation and change forward. A session with Integration Joint Board members will be arranged to gauge the appetite for risk. There will be difficult decisions to be made, along with the changing shape of things and prioritisation, we will need to think collectively.

Allan Rennie stated that from reports Scotland will not be able to deliver Social Care unless something different is done. We need to switch to prevention in order to be able to run services in the future.

ACTIONS:

1. Integration Joint Board Seminar to be organised to see how it aligns against Strategic Commissioning Plan. Lesley Fulford/Ewan Murray
2. Communication/Engagement Plan is required and People need to continue to be given their voice as part of the change. Wendy Forrest
3. Engagement with engage with partners to ensure signposting is considered as part of multi-disciplinary working in localities. Wendy Forrest



**5. Delivery the Plan within context of Value Based Care
(Presentation & discussion - Simon Jones, Alcohol and Drug Partnership Lead)**

Simon Jones provided an update around Value Based Commissioning, how do we move towards prevention and how decisions are made. Simon Jones presented the new tiered model of care we have agreed within the ADP Commissioning Consortium. This model of care is to support people at all points on their journey which is also flexible enough for people to move in and out of services as their needs change.

Allan Rennie, thanked Simon for detailed presentation. The presentation will be appended to the minute.

**6. Commissioning Consortium
(Presentation & discussion - Jennifer Baird, Service Manager Commissioning and Contracting)**

Jennifer Baird advised that we are using the Commissioning Consortium approach which provides transparency, a response to ethical commissioning as well as joint decision making about meeting people's needs. The first phase would be a drafted set of words for the website which will appear within the next week or two. We can include everyone and hear about people's experience. The presentation will be appended to the minute.

Jennifer Champion queried how the consortium memberships would be decided? Jennifer advised there is no restriction on membership and anyone who has an interest and wishes to provide input is welcome to attend the meetings.

Wendy Forrest advised that this is a very different way of undertaking commissioning and that we are moving away from the approach of inviting officers only to meetings but rather including providers, people with lived experience, HSCP internal services and interested stakeholders. This approach takes a lot more investment of officer's time to bring this range of partners around the table.

Discussion took place around the forthcoming Dementia Commissioning Consortium scheduled for 17 July, there is a need to ensure that the correct people are in attendance, so be able to agree a model of care that meets everyone's needs. There has been established national models which have been effective for some people but sometimes from localised perspective there is a requirement for local support groups such as dementia friendly Dunblane and Townbreak (who provides respite support to families) for whom people wish to access services. Therefore there needs to be a matrix of support available, so we need to be having open/honest conversations what we consider to be good practice whilst listening to what communities are telling us they wish to be provided.

7. Financial Update Presentation - Ewan Murray, Chief Finance Officer

Ewan Murray advised that he knew financial sustainability would be difficult going forward and it is looking increasingly difficult. This is the situation across the country and not just locally. There has been recent news coverage highlighting the significant savings/cuts to service delivery that Edinburgh IJB require to make. We are all heading into difficult territory quicker than anticipated.

There are risks around delivery increasing saving/efficiency and there is additional financial risk in the current financial year. Ewan advised that he will be recommending to Integration Joint Board that we potentially trigger a deeper look at financial recovery options available this financial year.



The 2022/203 financial performance outcome was better than anticipated on the integrated budget, with a reported underspend of £1.76M with range of things moving. However, there continues to be challenges around recruitment/retention processes to put capacity on ground.

There is £3.75 million pounds budget overspend set aside cost will be met by NHS Forth Valley. There are residual COVID earmark reserves which will be set out in his report which will be sent to the board.

We are in a slightly better than anticipated position in 2022/2023. However there continues to be a difficult position in at present and into the future. Difficult decisions regarding priorities may need to be made and we need to continue to be looking at delivering against our agreed priorities.

Challenging times are coming up and we need to do what we can to build up maximum services within resources available, there will be difficult choices to be made across HSCP and wider partnership.

8. National Care Service Update

Allan Rennie advised that there is a growing sense of opposition from various areas not least 7 Holyrood committees who are scrutinising legislation due to lack of details, services and financial information. Scottish Government are considering legislation to be delayed till January 2024. Design work is ongoing and there will be workshops held across Scotland next week. There is ongoing work between COSLA and Scottish Government to reach a mutually acceptable position in terms of the future of National Care Service Legislation which was due to be timetabled over the summer. This is a work in process which requires monitoring.

9. Any other Business and Close

Allan Rennie thanked everyone for an interesting meeting and there is a lot of information to report back to IJB. The key is engaging with local communities, early intervention and if we do not do something different now there will be challenges ahead.

Date of Next Meeting - Thursday 17 August 2023 @ 2.30 pm - in person venue Stirling Council Chamber.



Minute of the Clinical and Care Governance Group meeting held on Thursday 18 May 2023, at 2.00pm, via Microsoft Teams

Present: Sharon Robertson, CSWO, Clackmannanshire Council (Chair)
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Bob Barr, Stirling Locality Manager
Judy Stein, Locality Manager
Barry Sneddon, Clinical Nurse Manager

In Attendance: Professor Frances Dodd, Executive Nurse Director, NHS Forth Valley
Sonia Kavanagh, Business Manager (Minute)

DEEP DIVE – Healthcare Improvement Scotland (HIS) Inspection Update

Professor Dodd provided an update on progress against the recommendations following an unannounced Safe Delivery of Care HIS inspection and a follow-up inspection in April 2022. Nine requirements were made and following a further unannounced inspection in September 2022 a further eleven new requirements for improvement were identified.

An Oversight Group had been set up along with a Working Group who developed a detailed Improvement and Assurance Plan to implement the necessary actions required. Focus was now on evidencing sustainable assurance mechanisms and measuring impact. Professor Dodd highlighted this was also an opportunity for learning across the whole system including Community Nursing, AHP services, Mental Health, Learning Disabilities and Children's services etc and the possible implications of recommendations made.

The Clinical and Care Governance Group discussed the process undertaken and the development of a Patient/Public Forum to work with the local teams to co-produce the actions necessary to meet the needs of those who needed and used the services. Further updates on progress would be provided.

1. WELCOME AND APOLOGIES FOR ABSENCE

Sharon Robertson welcomed everyone to the meeting. Apologies for absence were noted on behalf of Dr James King, Lorraine Robertson, Carolyn Wyllie, Marie Valente, Nicola Cochrane, Shiona Hogg, Joanne Sweeney and Lesley Fulford.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 16 MARCH 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

In addition to the details and updates provided in the report Bob Barr highlighted the ongoing difficulties in recruiting to posts and the significant impact this was having on teams. Concerns were noted across the Learning Disabilities functions and the use of staff from Stirling Locality to support.

The Clinical and Care Governance Group discussed the challenges in detail to understand reasons and what support/action was necessary. Challenges with the approval process for recruitment to be escalated to SLT and Sharon Robertson would also take this back.

4.2 Integrated Mental Health Service and Learning Disabilities

The report provided relevant details and updates.

In Nicola Cochrane's absence Bob Barr also noted the staffing issues regarding Mental Health Officers and the plan in place for Stirling staff to support the Clackmannanshire team in the interim. Further work was necessary to resolve in the longer term and the Head of Service was currently reviewing what was required. Adults With Incapacity work was being overseen by Caroline Robertson.

It was noted that SLT were due to discuss interim arrangements for when the Locality Manager and Head of Service left.

4.3 Reablement, TEC, Community Nursing and Hospital

Judy Stein advised that there was a significant overspend for the Bellfield with absences also impacting on this. Work continued on the recovery plan and she also noted the positive results of the focus on mandatory training and completion rate for face to face Manual Handling and Violence and Aggression.

The new Falls Lead was now in post and was reviewing the current signage in the Bellfield with the potential for a test of change.

Community nursing had undertaken shared learning with Falkirk teams regarding a potential issue of lone working. Possible support systems were being explored and discussed with the Violence and Aggression Lead in NHS Forth Valley. In response to a question regarding mobile phones and issues in

Clackmannanshire, Judy confirmed that while work had been done regarding risk assessments, the necessary phones required was still to be resolved and being progressed through the Chief Finance Officer. It was highlighted that meetings had also taken place with the Chief Officer, Senior Managers and Locality Managers along with Health and Safety Leads from the constituent authorities regarding the significant risks around this.

4.4 Stirling Locality

Bob Barr provided a verbal update and in particular concerns regarding the current waiting list. He confirmed there was a case management approach to prioritise and was captured in the risk register. However, although everyone had been through the screening process the number of people being added continued to increase. Discussed the escalation process as there were wider implication across the system. Along with the Clinical and Care Governance Group figures had also been shared the Adult Protection Committee. Agreed this should be raised to SLT and the NHS Forth Valley Clinical and Care Governance Working Group.

Financial challenges were also highlighted with current overspend and the significant impact of a recent fatal incident.

Some positive work was noted around Adult Protection, the decrease in complaints and the improved provider performance following the conclusion of a Large Scale Investigation. There were also ideas and plans to improve work through the Transforming Care Board and the trial of a new assessment tool.

4.5 AHP

The report provided relevant details and updates.

4.6 Delayed without Discharge and CCHC

Barry Sneddon provided a verbal update. Since the last meeting Discharge without Delay continued to be positive with no delays in Forth Valley Royal Hospital.

Concern regarding the wards in CCHC were highlighted with both Charge Nurses currently off. The workforce plan was being used along with interim solution to support and ensure continuity. An ASP concern was also being investigated and going through due process.

It was noted that unfortunately, due to vacancies and the staffing required for the additional beds the budget had been impacted.

In response to questions Barry confirmed the main pressure in delays was the community hospitals and focus was being placed there. Discussed the importance of sharing good practice and learning from others. Lynda Bennie noted her team were able to support with significant adverse event reviews (SAER) if required. Sharon Robertson also highlighted the positive feedback from the Mental Welfare Commission regarding Adults with Incapacity work.

The Clinical and Care Governance Group

- **Noted the performance updates provided and challenges highlighted**
- **Noted the assurance regarding actions being taken to mitigate**
- **Noted the continuing pressures for staff.**

5. ITEMS FOR OVERSIGHT AND ASSURANCE - Noted

5.1 Non-Clinical Claims report: April 2023

5.2 HSCP Complaints: NHSFV, Stirling Council, Clackmannanshire Council

5.3 Standards and Reviews report: March 2023

5.4 Health & Safety Group: Highlight report, May 2023

6 AOCB

The Clinical and Care Governance noted this would be Bob Barr's last meeting as he was leaving and moving to Australia. They thanked him for all his work and support and wished him and his family well for the future.

7 DATE OF NEXT MEETING

Thursday 20 July 2023 at 2pm