

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **29 November 2023 2 pm – 4 pm** at Ceteris, Alloa Business Centre, Alloa, and hybrid via MS Teams

Please notify apologies for absence to:  
[fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

## **AGENDA**

- |  |  |
|--|--|
| <b>1. NOTIFICATION OF APOLOGIES</b>  | <b>For Noting</b>                                  |
| <b>2. NOTIFICATION OF SUBSTITUTES</b>  | <b>For Noting</b>                                  |
| <b>3. DECLARATION(S) OF INTEREST</b>   | <b>For Noting</b>                                  |
| <b>4. CASE STUDY – Community Pharmacy, Campbell Shimmins</b><br>(Presented by Annemargaret Black, Chief Officer)   | <b>For Noting</b><br>2 – 2.10 pm                   |
| <b>5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/<br/>EMERGENCY ITEMS</b>  |  |
| <b>5.1 ACTION LOG</b>  | <b>For Noting</b><br>2.10 – 2.20 pm                |
| <b>6. DRAFT MINUTE OF THE INTEGRATION JOINT BOARD MEETING<br/>HELD ON 27 SEPTEMBER 2023</b>  | <b>For Approval</b><br>2.20 – 2.30 pm              |
| <b>7. CHIEF OFFICER UPDATE</b><br>(Paper presented by Annemargaret Black, Chief Officer)   | <b>For Noting &amp; Approval</b><br>2.30 – 2.50 pm |
| <b>8. BUDGET AND FINANCE</b>   |  |
| <b>8.1 FINANCIAL REPORT</b><br><b>(Incorporating updated financial recovery considerations)</b><br>(Paper presented by Ewan Murray, Chief Finance Officer) | <b>For Noting &amp; Approval</b><br>2.50 – 3.10 pm |

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

### **9.1 ADP COMMISSIONING**

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

**For Approval**

3.10 pm – 3.20 pm

### **9.2 IJB AND COMMITTEE DATES 2024/25**

(Paper presented by Lesley Fulford, Senior Planning Manager)

**For Noting & Approval**

3.20 – 3.30 pm

## **10. PERFORMANCE**

### **10.1 QUARTER 2 PERFORMANCE REPORT (JULY - SEPTEMBER 2023)**

(Paper presented by Annemargaret Black, Chief Officer)

**For Noting & Approval**

3.30 – 3.50 pm

## **11. FOR NOTING**

### **11.1 DECISION LOG**

**For Noting**

### **11.2 MINUTES**

**For Assurance**

- a. Finance and Performance Committee – 06/09/2023
- b. Joint Staff Forum – 05/07/2023
- c. Strategic Planning Group – 23/08/2023
- d. Clinical & Care Governance – 20/07/2023

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

## **13. DATE OF NEXT MEETING**

27 March 2024



Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
27 September 2023 Paper 8.1	Budget and Finance	Financial Recovery Plan	Mr Murray	November 2023	Will be presented to the November IJB	In progress
27 September 2023 Paper 8.1	Budget and Finance	Resolution of use of COVID funding	Mr Murray	November 2023	To be formally approved at the November IJB	In progress
27 September 2023 Paper 8.1	Budget and Finance	Future discussion around funding and savings opportunities	Mr Murray	December 2023	Updates will be provided after the series of finance workshops	In progress
27 September 2023 Paper 8.3	Financial Regulations	<u>Policy Review</u> Review of the Financial Regulations	Mr Murray	2025	N/A	Not started
27 September 2023	Locality Plans	Locality Plan updates are to be recorded in the performance report going	Ms Forrest	Quarter 3 March 2024	Will be updated to the quarter 3 performance	Ongoing



<b>Paper 9.1</b>		<b>forward as part of our development journey</b>			<b>report on the 27 March IJB</b>	
<b>27 September 2023</b>  <b>Paper 9.2</b>	<b>Primary Care Update</b>	<b>PCIP GMS Contract – Transition Plan to achieve financial sustainability. The results of the options appraisal are to be brought back to a future IJB for discussion</b>	<b>Dr Brennan and Mr Murray</b>	<b>March 2024</b>	<b>To be discussed at the 27 March IJB alongside the proposed budget</b>	<b>In progress</b>
<b>27 September 2023</b>  <b>Paper 10.1</b>	<b>Performance Report (April – June 2023)</b>	<b>Add an executive summary to the performance report</b>	<b>Ms Forrest</b>	<b>June 2024</b>	<b>Will be actioned for the Annual Performance Report 2023/24</b>	<b>Ongoing</b>

# Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on  
27 September 2023

*For Approval*

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

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 27 September 2023, in the Boardroom, Carseview House, Stirling and hybrid via MS Teams**

**PRESENT**

**Voting Members**

Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley  
Councillor Martha Benny, Clackmannanshire Council  
Councillor Wendy Hamilton, Clackmannanshire Council  
Councillor Janine Rennie, Clackmannanshire Council  
Councillor Rosemary Fraser, Stirling Council  
John Stuart, 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  
Eileen Wallace, Service User Representative, Stirling  
Helen McGuire, Service User Representative, Stirling  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Marie Valente, Chief Social Work Officer, Stirling Council  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council  
Nicola Wood, acting Chief Nurse, HSCP  
Robert Clark, Employee Director, NHS Forth Valley

**Advisory Members**

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

**In Attendance**

Wendy Forrest, Head of Strategic Planning and Health Improvement  
David Williams, Scottish Government  
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.

Apologies for absence were noted on behalf of:

Councillor Martin Earl, Stirling Council

Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley  
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley  
Andrew Murray, Medical Director, NHS Forth Valley  
Alan Clevett, Third Sector Representative, Stirling  
Helen Duncan, Third Sector Representative, Stirling

**2. NOTIFICATION OF SUBSTITUTES**

Nicola Wood was a substitute for Lorraine Robertson, Chief Nurse

**3. DECLARATIONS OF INTEREST**

There were no declarations of interest noted.

**4. CASE STUDY Joy's ReACH Team Story**

Due to technical issues, this item was moved to the end of the meeting.

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

Mr Rennie confirmed that on 29 August 2023, the NHS Chief Executive announced her resignation. Amanda Croft, former Chief Nursing Officer, for the Scottish Government and Chief Executive of NHS Grampian, was providing support on an interim basis until a new Chief Executive is appointed.

**5.1 ACTION LOG**

Noted

**6. MINUTE OF MEETING HELD ON 27 SEPTEMBER 2023**

The Integration Joint Board approved the draft minute of the meeting held on 27 September 2023.

**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 the key papers on the agenda.

Ms Black explained that delayed discharge performance had deteriorated from the previous period. She confirmed that Maxine Ward, interim Head of Community Health and Care, had a recovery plan in place, which was still in the development stages, and there had been an improvement in standard delays in hospital.

Ms Black referred to the Verity House Agreement, to highlight the risks relating to the agreement around ringfencing. As adult social care budgets had been relatively protected, any potential reductions to finances would be a risk to the support required for people living independent lives. Ms Black explained that Clackmannanshire and Stirling Councils were under enormous financial pressure and fewer resources in Social Care would impact whole system performance across health and social care.

The Board discussed winter staffing challenges and challenges faced with IT, data, and information systems. Mr Clark asked whether the Verity House Agreement should be included on the risk register. Ms Black confirmed it wouldn't be added at the moment as no decisions had been made relating to adult social care, but this would be monitored.

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

- 1) Noted the content of the report.**
- 2) Noted that the 29 November 2023 IJB development session will be delivered by the Standards Commission Scotland.**
- 3) Approved Helen Duncan as a third sector representative on the IJB as nominated by Stirling Voluntary Enterprise.**
- 4) Noted the resignation of the Stirling Council voting member Cllr Danny Gibson from the IJB.**
- 5) Noted Cllr Gerry McGarvey as the new IJB voting member for Stirling Council.**
- 6) Noted 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) Noted 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 were 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) Noted that the Audit and Risk Committee is seeking a (non-voting) member of the IJB to join the committee.**
- 10) Noted that the IJB Finance and Performance Committee is seeking a Stirling Council voting member to join the committee.**
- 11) Noted the memorandum of understanding for Scottish Prisons.**



## **8. BUDGET AND FINANCE**

### **8.1 FINANCIAL REPORT (INCORPORATING INITIAL FINANCIAL RECOVERY CONSIDERATIONS)**

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

Mr Murray confirmed the report had been presented to the Finance and Performance Committee on 13 September 2023. The style of the financial report had been restructured to provide a more integrated view of the partnership's finances. It was received positively by the Committee and Mr Murray welcomed the IJB members' feedback. He explained the format of the report would continue to evolve and address the recommendations within the Annual Audit Report.

Mr Murray provided an overview of the key pressure areas which included large hospital services, prescribing, and costs associated with adult social care services, which involved increases in long term care and care at home services. As there was not sufficient traction on the delivery of the improved savings and efficiency plans, agreed upon at the IJB in March, Mr Murray explained further efforts were required to increase delivery of savings. The potential financial recovery measures were detailed in the report. He discussed the estimated financial recovery impacts which could, if successful, reduce the projected overspend on the integrated budget to £2.9 million.

Mr Murray explained the report detailed the proposed position in relation to residual COVID funding as a source of bridging finance for 2023/24, across both the integrated budget and set aside budget. This was based on an initial discussion with Scottish Government Finance Officers, NHS Forth Valley Director, and Deputy Director of Finance, and a discussion with the Finance and Performance Committee on 6<sup>th</sup> September 2023 which was supportive of the approach.

Mr Murray confirmed work on financial recovery options would continue for the current year and a sustainable plan would be worked on for 2024/25 explaining that, as many of the financial recovery measures in 2023/24 were non recurrent, the recurrent challenge continued to grow, and this was a significant risk for the partnership and the constituent authorities. The IJB and Finance and Performance Committee would be updated on the progress. Additional capacity to support this programme was secured and a series of finance workshops had been arranged over the coming months.

Finally, Mr Murray explained that whilst opportunities to reduce costs through transformation and efficiency programmes remained there was also a need to prioritise and make service reductions to balance financial and service sustainability.

The Committee discussed the Scottish Government approval timescale for COVID funding, savings, service reductions, and prescribing cost issues. Ms Black confirmed the Heads of Service were looking at areas of savings which would be discussed at the finance workshops.

Mr Clark wanted to ensure that the Trade Union would be involved in all aspects of discussion about the reduction of staff levels. Ms Black confirmed she had recently discussed the financial situation at the Joint Staff Forum and agreed ongoing engagement with Trade Unions was required.

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

- 1) Noted 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) Noted and commented on the integrated financial report including commentary on areas of material variance**
- 3) Noted that estimated financial recovery measures are projected to reduce the overspend on the Integrated Budget to £2.901m.**
- 4) Approved the proposed approach in respect of residual Covid funding in earmarked reserves and deployment of a further £1m of service pressures reserve as part of the financial recovery plan for 2023/24.**
- 5) Noted 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) Agreed 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) Noted 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.**

## **8.2 2022/23 IJB AUDITED ACCOUNTS AND ANNUAL AUDIT REPORT**

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

Mr Murray explained it was a statutory requirement for the IJB to approve and publish annual accounts by 30<sup>th</sup> September each year.

The Audited Annual Accounts and the Annual Audit Report were considered by the Audit and Risk Committee at the meeting on 13 September 2023. Although the Audit and Risk Committee Chair and Vice Chair were not in attendance at the IJB, Mr Murray confirmed there was robust scrutiny of the accounts and discussion on the improvements and actions required to address the recommendations within the Annual Audit Report at the meeting. Mr Murray confirmed that initial discussions had taken place to reflect on ways future audits could be conducted more efficiently.

Mr Murray explained the Audited Annual Accounts now included key performance indicators and should be read alongside the IJB Annual Performance Report.

- 1) Noted the recommendation of the IJB Audit and Risk Committee to approve, sign, and publish the accounts.**
- 2) Noted the content of the Annual Audit Report from Deloitte LLP including the recommendations and management responses contained within the action plan.**
- 3) Noted that progress on the action plan will be monitored by the IJB Audit and Risk Committee.**

### **8.3 FINANCIAL REGULATIONS**

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

Mr Murray explained the IJB was required to agree on a set of financial regulations as part of governance frameworks. A review was due to be carried out in 2020/21, which was impacted by the COVID-19 pandemic and ongoing operational pressures.

Mr Murray carried out a review and proposed changes to the Financial Regulations, which were discussed at the Audit and Risk Committee in June 2023. He proposed that the Financial Regulations be reviewed every two years.

**The Integration Joint Board:**

- 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.**

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

### **9.1 LOCALITY PLANS**

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

Mr Forrest presented the refreshed Locality Plans which aligned with the Strategic Commissioning Plan and the Annual Delivery Plans. Each Locality

has focused on the individual needs of its geographical area, based on feedback from local people and local community organisations.

Ms Forrest explained the Locality Plans each have agreed actions which will be monitored through the Locality Planning Networks. The Finance and Performance Committee agreed, at the meeting on 13 September 2023, that the updated Locality Plans were more informative and focused; the Board asked that the actions be added to the Quarterly Performance Report for members to monitor the progress of the actions.

Ms Forrest confirmed that the focus for each of the Locality Plans was to improve the well-being of local communities, as well as focus on developing integrated and joint working across all our Localities.

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

- 1) Considered and approved the three proposed Locality Plans created in partnership with stakeholders and communities which align to the newly agreed Strategic Commissioning Plan (2023-2033).**
- 2) Sought that Officers 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.**

## **9.2 PRIMARY CARE UPDATE**

The Integration Joint Board considered the paper presented by Dr Kathleen Brennan, GP Clinical Lead.

Dr Brennan explained the report provided an update on the work carried out over the past six months:

#### **Progress with the Delegation of Primary Care Services**

Significant progress has been made to update processes and systems to streamline and refine the approval processes to make them more straightforward for everyone involved.

#### **General Practice and the Primary Care Improvement Plan (PCIP)**

The plan has been delivered well at a local level, making a significantly positive impact on the delivery of patient care. Full implementation of the 2018 General Medical Services (GMS) Contract in relation to Pharmacotherapy and Community Treatment and Care (CTAC) was not yet fully delivered.

#### **PCIP GMS Contract – Transition Plan**

At the end of March 2023, CTAC and Pharmacotherapy Services should have been fully implemented and activity moved from GP practices, this has not been completed. Funding had been agreed to bridge the gap to ensure people could access the services they require. An options appraisal process

was being undertaken to consider ways in which mandatory PCIP services could be delivered within the PCIP funding envelope with all risks being identified within each option. The results of the options appraisal would be brought back to a future IJB for discussion.

### **Mental Health and Wellbeing in Primary Care Programme**

The aim of the plan was to expand Community Link Workers across all Localities. The Mental Health & Wellbeing in Primary Care programme funding had not been confirmed and this has been delayed several times. The most recent correspondence from Scottish Government suggested funding was unlikely to be available in 2023/24.

### **General Practice Sustainability**

Sustainability continued to represent a significant risk for General Practice and was included on the HSCP Strategic Risk Register. This would provide the IJB with better understanding of the pressures GP Practices were facing and allowed for monitoring of the risk.

### **Locality Planning and Integrated Working**

Progress was being made with each Locality which has seen engagement from GP colleagues across all Localities who had welcomed the opportunity to contribute to the development of a more collaborative and integrated model of care within each community.

### **GP Cluster Network and Quality Improvement**

The GP Cluster Quality Leads in Forth Valley meet monthly to discuss the work being carried out within their cluster practices. Work was ongoing to help them in their roles which involved identifying training priorities and support measures.

Dr Brennan concluded that GP Practice sustainability remained a significant risk, but positive progress was being made with regard to integrated working in Localities alongside GP cluster working.

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

- 1) Noted 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) Noted the significant impact that the delivery of the Primary Care Improvement Plan (PCIP) has on general practice capacity.**
- 3) Noted 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) Approved an update on the options appraisal being reported to a future IJB meeting.**
- 5) Noted the challenges in General Practice capacity and sustainability as set out in the report.**

- 6) **Supported 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) **Noted the progress being made towards effective Integrated Locality working with the engagement of General Practitioners across the localities.**
- 8) **Noted developments within our local GP Cluster Network.**

## **10. PERFORMANCE**

### **10.1 QUARTER 1 PERFORMANCE REPORT (APRIL – JUNE 2023)**

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

Ms Black discussed the new reporting format of the report which had recently been presented at the Finance and Performance Committee on 06 September 2023. Positive feedback and constructive comments had been received by the Committee and Ms Black welcomed feedback from the IJB also.

Ms Black explained the performance report was developed around the 10 year Strategic Commissioning Plan and its themes to ensure the work was aligned. It was agreed at the Finance and Performance Committee that additional deep dives would be arranged. Ms Black suggested areas for discussion such as delayed discharge, mental health, social care, unscheduled care, unmet needs, and community waiting lists.

Ms Black addressed the falls rates contained in the report as there had been such a significant reduction in the past year. It appeared from the data that the number of people with falls, going into Forth Valley Royal Hospital, had almost halved. Ms Black had cautioned this may not be an accurate reflection and confirmed a new falls prevention officer was in post, who had been undertaking improvement work.

Ms Black acknowledged the volume of work which had been carried out to modernise this report and thanked Ms Forrest and her team for the hard work.

Mr Rennie suggested that an executive summary covering the key points and areas of risk would be helpful going forward.

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

- 1) **Reviewed the content of the report.**
- 2) **Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.**
- 3) **Approved Quarter 1 April to June 2023 report.**

## **11. POLICY AND LEGISLATIVE REQUIREMENTS**

### **11.1 CLIMATE CHANGE REPORT 2022/23**

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

Ms Fulford explained the IJB had a statutory duty to produce a Climate Change Report, and whilst the IJB does not have direct responsibility for staff, buildings, or fleet cars, the report did not contain a significant level of detail and aspects relating to these would be contained within the constituent authorities reports.

Requirements of The Climate Change Act were mitigation, adaptation, and acting sustainably. Ms Fulford confirmed there were historical climate change reports available through the Sustainable Scotland Network and discussed the Scottish Government policy about transitioning to net zero.

Ms Fulford explained that as a public sector body, that commissioned services from partner bodies, the IJB was required to take account of this in the papers presented to the board. She confirmed the IJB had a responsibility to make decisions about service change, service redesign, and investment and had an indirect responsibility to consider the climate change implications of these decisions. This would happen going forward.

Ms Black highlighted the importance of understanding the accountabilities of the IJB and how these related to the delivery bodies that the IJB commissioned. She confirmed that Ms Fulford would be attending climate change workshops and would provide updates on these to the IJB.

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

- 1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.**
- 2) Approved the draft Climate Change Report 2022 / 2023 for submission to Sustainable Scotland Network.**

### **11.2 INFORMATION ASSURANCE REPORT**

The Integration Joint Board considered the paper presented by Ms Sarah Hughes-Jones, Data Protection Office.

Ms Hughes-Jones explained the purpose of the report was to provide assurance to the IJB about the arrangements for Information Governance activities and compliance. As highlighted in previous reports the IJB had

limited exposure from an Information Governance perspective as it processes limited records and information.

Ms Hughes-Jones confirmed the IJB had arrangements in place to meet the legislation, which were working well and there were no areas of concern to highlight.

As there had been a rise in Freedom of Information requests, received by NHS Forth Valley, the response times had been impacted. Ms Hughes-Jones confirmed that ongoing weakness in relation to compliance with freedom of information responsibilities was being addressed through wider project work, which was being monitored by Forth Valley Information Governance colleagues.

Overall Ms Hughes-Jones confirmed it had been a reasonable assessment with action being taken in relation to the compliance of Freedom of Information responsibilities.

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

#### **1) Considered and approved the Information Governance activity for the year 2022/2023**

## **12. FOR NOTING**

### **12.1 Decision Log** Noted

### **12.2 Minutes** Noted

- 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**

### **CASE STUDY Joy's ReACH Team Story**

A short film about Joy's ReACH Team Story was shared with the IJB.

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

There was no other competent business.

## **14. DATE OF NEXT MEETING**

Wednesday 29 November 2023 2pm – 4pm



# Clackmannanshire & Stirling Integration Joint Board

29 November 2023

Agenda Item 7

## Chief Officer Update

*For Noting and Approval*

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

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

<b>Purpose of Report:</b>	To provide the Integration Joint Board with updates and progress on a range of areas not covered in detail in other Board reports.
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Note the content of the report.</li> <li>2) Note the appointment of Councillor Gerry McGarvey to Vice Chair of the IJB.</li> <li>3) Approve Councillor Gerry McGarvey as the Stirling Council voting member to join the IJB Finance and Performance Committee.</li> <li>4) Approve Robert Clark as the non-voting member to join the Audit and Risk Committee.</li> </ol>
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<b>Key issues and risks:</b>	<p>Service sustainability and the requirements to achieve significant savings both in-year and in 2024/25</p> <p>Winter pressures and demands are approaching and planning is underway to maximize our capacity to respond.</p> <p>As the IJB will recall system pressures have been reported through the pandemic and up until the present time. These pressures continue to be an ongoing issue across health and social care services.</p> <p>Work is underway to ensure our model of care is as efficient as possible as well as being outcome focused.</p> <p>Improvement work can be shared in the future</p>
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## 1. Background

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

- Finance Report
- ADP Commissioning Paper
- Programme of IJB and Committee Meeting dates 2024/2025
- Quarter 2 performance report

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

## **2. Vice Chair of IJB**

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- 2.1. The IJB is asked to note Councillor Gerry McGarvey has been nominated by Stirling Council to the Vice Chair of the IJB.

## **3. Committee Membership**

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- 3.1. The IJB is asked to approve Councillor Gerry McGarvey as the Stirling Council voting member to join the IJB Finance and Performance Committee.
- 3.2. The IJB is asked to approve Robert Clark as the non-voting member to join the Audit and Risk Committee.

## **4. Delayed Discharges**

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- 4.1. The latest published data available from Public Health Scotland<sup>1</sup> (September 2023); states number of delays for standard reasons (health & social care or patient & family related) at census point were 18 people across the HSCP area. With total number of people delayed (including code 9's) standing at 36 people.
- 4.2. Delayed discharge information is collated internally on a daily basis and is up to date operational data. As of 7 November 2023, there were 16 people who are experiencing 'standard delays' (health & social care or patient & family related) across the HSCP area. This includes 2 people in Forth Valley Royal Hospital. This is down from 39 people experiencing 'standard delays' on 9 December 2022 (of whom 6 were in Forth Valley Royal Hospital). This performance was delivered in the context of significant and enduring service pressures. Overall, this represents approximately 58% reduction in standard delays from 9 December 2022.
- 4.3. As of 7 November 2023, there were 21 people in NHS beds with special codes, this includes guardianship. This is an increase from the 15 people on 9 December 2022. Assurance checks have been carried out by the interim Chief Nurse and the increase in the numbers of people with a special code is correct representing significant additional demand than pre-pandemic.
- 4.4. A delayed discharge recovery plan is in place and subject to further development and the ambition is to have no one delayed in hospital for longer than they need to be there. This is a challenging ambition and one with people at the heart.
- 4.5. 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.

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<sup>1</sup>[Delayed discharges in NHSScotland monthly - Figures for September 2023 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland](#)

## **5. Medication Assisted Treatment (MAT)**

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- 5.1. The national Medication Assisted Treatment (MAT) Standards outline how care should be delivered for people with substance use issues. As per the national guidance, care should be organised to support people's long-term recovery, and delivered in a rights-based manner. Public Health Scotland's *MAT Benchmarking* report demonstrated limited progress towards implementation in 2022-23 across FV Health Board area. Scottish Government has now requested more frequent, monthly reporting on progress from both ADPs against each of the MAT Standards.
- 5.2. A new updated Plan has been developed and submitted to Scottish Government to reflect the increased reporting schedule. Actions relate to HSCP Substance Use Services who are primarily responsible for MAT prescribing in the current system of care. Work is underway to review activity. The Commissioning Consortium has agreed the tiered model of care and a paper to that effect is being presented at Integration Joint Board today. Full implementation of the MAT Standards remains the goal but requires substantial adaptation to the system of care, including increased Primary Care prescribing capacity and clear arrangements for people experiencing co-occurring Mental Health and Substance Use care.

## **6. Pan Forth Valley PCIP Pathfinder**

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- 6.1. Health and Social Care Partnerships (HSCPs) and Health Boards were invited and encouraged to apply to participate in the Primary Care Improvement Phased Investment Programme, funded by the Scottish Government and supported by Healthcare Improvement Scotland (HIS).
- 6.2. Demonstrator sites will be supported to use improvement methodologies to fully implement Pharmacotherapy and Community Treatment and Care (CTAC) services locally, while maintaining full delivery of the Vaccination Transformation Programme, and to understand the impact for people, the workforce and the healthcare system, with reduction in GP and practice workload and improvement in patient outcomes a key aim.
- 6.3. In partnership NHS Forth Valley, Falkirk Health and Social Care Partnership & Clackmannanshire and Stirling Health and Social Care Partnership submitted a bid to be a pathfinder. Bids will be assessed on: Feasibility, Leadership Culture, General Applicability and Affordability.
- 6.4. The pan Forth Valley bid focussed on full implementation of CTAC and Pharmacotherapy services and included measures to efficiently and effectively deliver services through local 'hubs' and using a booking model for appointments.
- 6.5. The outcome will be provided to IJB when they next meet.

## **7. Forth Valley Escalation**

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- 7.1. Previous reports to the IJB on NHS Forth Valleys escalation described the progress made by the Health Board.
- 7.2. The Assurance and Improvement Plan details some new actions which are relevant to the HSCP. These are:
- Improved access to enable partnership inclusion and utilisation of technology and systems.
  - Transfer of pan Forth Valley operational management of services, staff, and budget responsibilities,
    - This includes due diligence work through facilitated session to review budgets, risks to self-assessment and completeness of transfer.
    - Review position around Prison transfer.
    - Complete recruitment to key senior leader posts.
  - Performance - Responsibility for overall delivery of Child and Adolescent Mental Health Service (CAHMS) plan.
  - Performance - Responsibility for overall delivery of Psychological Therapies Referral to Treatment Time (RTT) plan.
- 7.3. Progress against the Assurance and Improvement Plan is being monitored through NHS ELT.

## **8. Winter Plan 2023/2024**

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- 8.1. HSCP officers continue to develop our 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.
- 8.3. We do not anticipate additional winter funding from Scottish Government. In recognition of this and the financial pressures facing the IJB there is no ability to put increased capacity in place to respond to additional system pressures over the winter period and into future years. However service management and leadership is looking for ways to release capacity in order to respond to people in need.

## **9. National Care Service National Forum**

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- 9.1. The National Care Service National Forum was held on 30 October at Glasgow Science Centre. There were 250 people in attendance both at the venue and online.

- 9.2. The Scottish Government is working with people and organisations across the country to improve community health and social care support in Scotland. They want everyone to have access to consistently high-quality social care support across Scotland, whenever they might need it.
- 9.3. The event hear from co-chairs Lorraine McGrath, CEO of the [Simon Community Scotland](#) and Shea Moran, Senior Representative for [Aff The Streets](#) with speeches from Donna Bell, Director for Social Care and NCS Development, Lucy Challoner, an unpaid young carer and newly qualified social worker and Minister for Drugs and Alcohol Policy, Elena Whitham.
- 9.4. There was also a panel discussion led by Minister for Social Care, Mental Wellbeing and Sport, Maree Todd. The minister was joined by representatives of trade unions, the third sector, NHS, local authorities and those with lived experience to discuss how service users and workforce can work together to make changes. This was following with a question and answer session.
- 9.5. There were then tabletop discussions in the room around the following topics:
- Topic 1: Care and support should follow people and their friends and family through changes.
  - Topic 2: Prevention is important too.
  - Topic 3: Needing care support should not feel unusual or stigmatising.
  - Topic 4: Shared decision making is needed at all levels.
  - Topic 5: We must be careful not to exclude anyone as we develop the National Care Service.
- 9.6. Further communication around this will be forthcoming when it is all combined and into a report.

## **10. [2024 / 2025 Business Case](#)**

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- 10.1. Utilising the additional capacity approved by the IJB in March 2023 a series of 4 facilitated workshops to develop options for the 2024/25 Revenue Budget have been scheduled. The first workshop took place on 8 November and the final workshop will take place on 13 December. This process aims to identify 6 key Transformation and Sustainability projects which will form the basis of the structure and decisions required to meet the challenge of producing and delivering a balanced budget for 2024/25. This and timelines for budget development process are outlined in sections 9.5 and 9.6 of the Finance Report today.

## **11. [Conclusions](#)**

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

- 11.2. 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 as we approach winter.
- 11.3. Demand 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.

## 12. Appendices

None to note

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
<b>Implications</b>	
<b>Finance:</b>	None
<b>Other Resources:</b>	None
<b>Legal:</b>	There are no legal implications arising from this report.
<b>Risk &amp; mitigation:</b>	There are no risks arising from the content of this report as it is provided for information purposes.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at:</p>

[Fairer Scotland Duty: guidance for public bodies - gov.scot  
\(www.gov.scot\)](https://www.gov.scot/Information/OtherPublications/2014/04/FairerScotlandDutyGuidanceForPublicBodies.aspx)

**Please select the appropriate statement below:**

This paper **does not** require a Fairer Duty assessment.



# Clackmannanshire & Stirling Integration Joint Board

29 November 2023

Agenda Item 8.1

Financial Report (incorporating further  
financial recovery considerations)

*For Noting and Approval*

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

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

<b>Purpose of Report:</b>	To provide the IJB with an overview of financial performance and projected outturn for the 23/24 Budget along with further options in respect of financial recovery
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Note the projected overspend based on financial performance to Month 6 of £4.434m on the Integrated Budget and £2.674m on the Set Aside Budget for Large Hospital Services giving a total projected overspend of £7.107m</li> <li>2) Note the integrated financial report including commentary on areas of material variance from budget. (Section 4)</li> <li>3) Note the outcome of discussions with Scottish Government finance and approve the deployment of residual covid earmarked reserves (Section 6).</li> <li>4) Note that, to allow continued focus on budget recovery measures, development of the 24/25 IJB Business Case and development of the 24/25 Revenue Budget a refreshed medium term financial plan will be brought forward with the 24/25 Revenue Budget in March 2024.</li> <li>5) Discuss, consider and subject to approve the short-term budget recovery options (Section 7)</li> <li>6) Delegate authority to the IJB Finance and Performance Committee to consider the draft 2024/25 IJB Business Case, subject to those considerations approve formal submission to the constituent authorities.</li> <li>7) Approve the establishment of a member/officer budget working group between now and presentation of the 2024/25 IJB Revenue Budget in March 2024.</li> </ol>
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<b>Key issues and risks:</b>	<p><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.</i></p> <p><i>Based on best available information IJB is at substantial risk of overspend for the current financial year unless</i></p>
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	<p><i>further significant corrective action is taken and/or additional funding support is forthcoming. The IJB also at risk of not being able to set a balanced budget for 2024/25.</i></p> <p><i>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 this is scheduled to be discussed at the Audit and Risk Committee meeting in December 2023 and considered by the Board as part of the 2024/25 IJB Revenue Budget.</i></p> <p><i>Whilst opportunities to transform and modernise services, be more efficient and reduce costs remain, there is also a need to prioritise and make service reductions to balance financial and service sustainability. This will have implications for risk and service performance.</i></p>
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## 1. Background

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- 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.

The Quarter 1 Integration Authority (IJBs) Financial Overview report illustrated this with 21 of 31 Integration Authorities projecting net overspends and key cost pressures being.

- Non-Delivery of Savings
- Other Overspends
- Demand / Complexity of Need
- Staffing
- Prescribing
- Prices/ Inflation
- Demographic Pressures

The analysis accompanying the overview report suggests Clackmannanshire and Stirling are towards the higher end of partnerships under financial pressure. A significant number of partnerships are relying on deployment of reserves though which is clearly not sustainable on a recurrent basis.

- 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 Committees of 6 September and 1 November and at the IJB meeting 27 September 2023. There is a requirement for financial recovery measures/options to continue to be presented and considered until the IJB is assured that service delivery is within resources available in line with the provisions of section 8 of the Integration Scheme.
- 1.6. The Finance and Performance Committee received and discussed an extensive presentation on the drivers of the overspend and impacts on the financial position at their meeting of 1 November 2023. This discussion has informed the content of this report.

## **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. Given the need to focus on financial recovery options for 23/24 and the 24/25 revenue budget development it is proposed that a revised medium term financial plan (MTFP) is brought forward alongside the 24/25 Revenue Budget in March 2024.
- 2.2. The UK Autumn Statement was presented to parliament on 22 November 2023 and a Scottish Draft Budget will be published on 19 December 2023 setting out the Scottish Governments taxation and 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 of any funding being available for other areas notably any funding for population and changing demographic driven increases in demand for services. As demand, complexity and associated costs continue to rise this will become increasingly challenging meaning that increasingly difficult decisions on resource allocation and prioritisation will be required and there is increasing risk of not having sufficient resource to discharge statutory responsibilities.

### 3. Overview of Projected Budget Outturn

- 3.1. The projections summarised below based the mid-year point to Month 6 (the period to 30 September 2023) continues to set out a deeply concerning position despite ongoing efforts across the system to reduce expenditure levels.

	Annual Budget £m	Annual Forecast £m	Forecast Variance £m
<b>Integrated Budget</b>			
<b>Health Services</b>	<b>149.436</b>	<b>153.505</b>	<b>(4.069)</b>
<b>Adult Social Care</b>			
Stirling Locality	51.229	53.585	(2.356)
Clackmannanshire Locality	26.209	30.690	(4.481)
<b>Adult Social Care Total</b>	<b>77.438</b>	<b>84.276</b>	<b>(6.837)</b>
<b>Non-Recurrent Support from Reserves</b>			
Service Pressure Reserve	3.000	-	3.000
Covid Reserve	2.370	-	2.370
	<b>5.370</b>	-	<b>5.370</b>
Estimated Impact of Allocations Still to be Recieved (MDT and Band2-4)	1.103	-	1.103
	<b>1.103</b>	-	<b>1.103</b>
<b>Integrated Budget Outturn</b>	<b>233.348</b>	<b>237.781</b>	<b>(4.434)</b>
<b>Set Aside Budget</b>			
Set Aside Budget for Large Hospital Services	33.160	38.333	(5.174)
Ward 5 Costs not in Projection to be met from covid funding	-	0.270	(0.270)
COVID Reserve Allocation	2.770	-	2.770
<b>Set Aside Total</b>	<b>35.930</b>	<b>38.603</b>	<b>(2.674)</b>
<b>Partnership Outturn</b>	<b>269.277</b>	<b>276.384</b>	<b>(7.107)</b>

- 3.2. There are eight 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.
- 3.3. 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 continue to develop further in future reports to supporting the IJBs accountabilities.
- 3.4. There was an underlying deterioration in the projections between month 4 and 6 particularly in the Clackmannanshire 'arm' of the Integrated Budget. This is subject to ongoing line by line review to understand the drivers and a detailed review is scheduled for 23 November. This review will also seek to identify actions that can be taken to strengthen control and improve accuracy of reporting and/or projections.
- 3.5. There remains some scope for improvement in the position over the remainder of the financial year through grip and control actions, continued actions to further savings delivery and ensuring financial assessments and complete and income recovered. The report to the September IJB estimated a range of £0.5m to £1m potential improvement with an estimated £0.750m impact. Continued delays in progressing some of the savings and efficiency programmes which are dependent of staffing capacity, particularly in relation to Medicines Optimisation means the potential improvement in savings delivery is becoming more limited. This is balanced by confirmation of drug tariff adjustments now being confirmed viewed meaning a £0.750m improvement is still possible (the tariff adjustment was confirmed post Month 6 closure so is not yet reflected in projection). This would result in a net projected overspend on the integrated of £3.684m.

## 4. Integrated Financial Report

- 4.1. The table below forms the proposed main basis of integrated financial performance to the IJB. Where there are material variances against budget a brief narrative will be provided to give further information on the key issues and drivers.
- 4.2. 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.



Clackmannanshire & Stirling Health & Social Care Partnership  
 Projections Overview  
 Financial Year 2023-24  
 M6

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000	Prior IJB Report Variance £000	Variance Movement £000
Community Nursing	5,299	5,216	83	46	37
Complex Care Adults	1,359	1,921	(562)	(523)	(39)
Community Hospitals & Bellfield	11,166	11,981	(816)	(465)	(350)
Palliative Care in the Community	69	78	(9)	(10)	2
Older People/Physical Disabilities - Residential	22,196	26,026	(3,829)	(3,438)	(392)
Older People/Physical Disabilities - Non Residential	22,563	24,365	(1,802)	(1,888)	86
Learning Disabilities - Residential	6,041	5,908	133	660	(528)
Learning Disabilities - Non Residential	24,011	24,473	(462)	168	(630)
Mental Health - Residential	1,750	2,177	(427)	(125)	(302)
Mental Health - Non Residential	8,046	7,367	679	(19)	698
Assessment & Care Management	10,576	10,559	18	30	(12)
Reablement	12,602	12,099	504	301	203
Housing Aids & Adaptations	835	835	-	-	-
Health Promotion, Health Improvement & Corporate Services	1,720	1,530	190	197	(7)
Addictions	4,026	3,944	81	81	(0)
Public Dental Service	1,181	1,248	(67)	(80)	13
Management & Other	537	485	51	58	(7)
Community Admin	1,563	1,493	70	23	47
Transformation Funds	2,977	2,977	-	(0)	0
Leadership Funds	14	14	0	-	0
COVID	21	21	-	-	-
Family Health Services	49,813	49,817	(3)	10	(14)
GP Out of Hours Services	2,308	2,012	296	480	(185)
Primary Care Improvement Plan	3,208	3,208	(0)	-	(0)
Prescribing	31,413	36,447	(5,034)	(4,729)	(306)
Community Pharmaceutical Services	1,958	1,958	-	-	-
Vaccinations (Woman & Children Team)	432	432	-	-	-
Non-recurrent support from Service Pressure Reserve	3,000	-	3,000	2,000	1,000
Non-recurrent support from COVID Reserve	2,370	-	2,370	-	2,370
Estimated Impact of Allocations Still to be Received (MDT and Band2-4)			1,103	-	1,103
<b>Integrated Budget Total</b>	<b>232,245</b>	<b>237,781</b>	<b>(4,434)</b>	<b>(7,221)</b>	<b>2,787</b>
Set Aside Budget for Large Hospital Services	33,160	38,333	(5,174)	(5,850)	676
Ward 5 Costs not in Projection to be met from covid funding	-	270	(270)	-	(270)
COVID Reserve Allocation	2,770	-	2,770	-	2,770
<b>Set Aside Total</b>	<b>35,930</b>	<b>38,603</b>	<b>(2,674)</b>	<b>(5,850)</b>	<b>3,176</b>
<b>Partnership Total</b>	<b>268,174</b>	<b>276,384</b>	<b>(7,107)</b>	<b>(13,071)</b>	<b>5,964</b>

NOTE: Total budget differs from table on page 6 as a result of allocations still to be received.



## 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 have previously required hospital care and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient.
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 are largely offset in year by residual covid funding however this is not a sustainable solution. There has been a need to respond to staffing and care challenges in recent months at CCHC due to clinical risk 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 significantly in excess of pre Covid levels and the increase being observed across both Clackmannanshire and Stirling. This level of increase may not be being experienced to the same degree in most other partnerships. Head of Service implementing a resource allocation group during November to ensure control and monitor appropriateness of placements.
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, often, 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. Reablement – The projection includes underspend on the AHP element of the Rapid Respond Team for posts not yet recruited to (£0.198m year to date). Additional staff are in process of being appointed.
7. 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 reflect a population-based share.
8. 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 was 5 months in arrears when month 6 projections were prepared 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 a projected £0.6m for the year for Forth Valley c£0.3m per partnership. Discussion with other HSCPs has found that most are meeting the costs of Buvidal from ADP budgets thus limiting the resource available to pursue progress against MAT standards but not simply adding to the overspend within Prescribing Budgets. It is proposed that a similar approach is taken within Forth Valley from this point on. 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 is estimated to add between £0.127m and £0.250m to the prescribing bill for the year.

It is possible the current 5 month estimate within prescribing is over prudent however it is clear volumes and costs are increasing overall. It is envisaged that May and June data will be available soon and an additional month's data every 21 days thereafter however it will take some months to get back to the normal 2-month delay in prescribing data.

## 5. Savings and Efficiency Programme Progress and Risk Assessment

- 5.1. As detailed above there is a lack of traction to date in delivery of the savings and efficiency programme.
- 5.2. The table below reflects the current risk assessment of these savings and quantification of estimated savings delivery in year. This assessment is subject to ongoing review based upon best information available at any point in time.

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.
Continence Products	0.046	Yellow	tbc	?	New contract now in place. Assessment of financial impact required.
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.
<b>Strategic Approaches</b>					
Prescribing - PC Elements of Medicines Optimisation Programme	1.700	Yellow	0.671	✓	Some evidence of achievement (PII) but some delayed due to recruitment (non med prescribing and care home prescribing). Delay in prescribing information compromising accurate reporting will be reviewed based on July prescribing information. Savings included tariff adjustment benefit.
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
<b>Policy Options</b>					
Review of 22/23 investments	0.192	Green	0.192		
<b>Total</b>	<b>4.392</b>		<b>1.863</b>		

42% forecast achievement in year

**NOTES:**

Est Saving where provided is based on available intelligence at M6 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.

## 6. Residual Covid Funding within IJB earmarked reserves

- 6.1 As previously reported to the Board a balance of £5.140m of residual covid reserves remained in IJB reserves on 1 April 2023. The reasons for this were reported within the financial report to the IJB in June 2023.
- 6.2 Although technically the Scottish Government could have withdrawn this funding the IJB Chief Finance Officer has had ongoing dialogue with both Scottish Government Finance and NHS Forth Valleys Director and Deputy Director of Finance and a proposal for retention and matching the funding with evidence of ongoing costs attributable to covid across both the integrated and set aside budgets.

- 6.3 Scottish Government finance were initially keen to see a significant greater weighting to the set aside budget than the 50% split discussed with the IJB in September.
- 6.4 On the basis of evidence submitted by the IJB Chief Finance Officer Scottish Government finance agreed a £2.370m allocation to the covid driven cost pressures within the Integrated Budget with the balance offsetting pressures in the Set Aside budget. This is contingent on no covid funding remaining in IJB reserves on 31 March 2024.
- 6.5 This is viewed as the best achievable outcome to resolve the matter and retain these resources within the wider partnership budget. On this basis the IJB is asked to approve allocating £2.370m to the Integrated Budget and £2.770m to the set aside budget from the Covid Earmarked Reserve.
- 6.6 The element allocated to the Integrated Budget is in respect of
- Ongoing covid related workforce costs and marginal increased costs of supporting additional beds in Bellfield and Menstrie House £1.270m
  - Agency & Additional Staffing Costs in other integrated services £0.337m
  - Rural vaccination costs incurred in 23/24 £0.020m
  - IT Equipment (slippage of approved covid cost in 22/23) £0.028m
  - Exceptional Long Term Care Demand (marginal cost over Care at Home) £0.483m
- 6.7 The element allocated to the Set Aside Budget is in respect of Contingency Beds Costs and covid related staffing costs.

## **7. Budget Recovery Plan**

- 7.1. It is assumed that NHS Forth Valley will meet the financial pressures associated with the set aside budget for large hospital services, net of non-recurrent support from covid residual funding, 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 soon as part of an updated self-assessment of progress against the Ministerial Strategic Group (MSG) recommendation on progress with the outcome reported to the IJB in due course.
- 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. Possible short-term measures to mitigate financial risk in the current financial year were discussed with the Finance and Performance Committee on 1 November. Whilst the table at 5.2 sets out a view that many of the un or underdelivered savings and efficiency programmes in 2022/23 still have significant potential to deliver financial benefits it is unlikely these will have a

material impact over and above the possible improvement already set out in this paper. Therefore, it is viewed that only blunt short-term measures are likely to bring a material improvement in the financial position within the current financial year.

### Budget Recovery Plan Options

Measure	Timing	Implementation Risk (RAG)	Service Impact	Financial Impact
1. Implement a resource allocation group (or panel) to review the appropriateness of proposed admissions to long term care. This is consistent with strategic priority of Care Closer to Home	Mid Nov 22	Low	Low	£TBA likely to mitigate risk of further increases. If overall numbers in LTC reduced as result of measure, there would be net saving. Impacts (financial and non-financial) will be monitored closely.
2. Refocussing and enhancing review activity and including team leader capacity and review officers across both Clackmannanshire and Stirling localities	Revised business case prepared and partner Chief Exec support secured Nov 23 for 2-year fixed term appointments. Funded from Invest to Save Earmarked Reserve.	Medium (Risk of not appointing to fixed term posts).	Low (as based on ensuring care packages appropriate to assessed need and outcome focussed).	£0-£0.1m in current financial year dependent on timing of appointments
3. Offset projected underspend in transformation funding for 2023/24 to general position.	Immediate. Not in line with extant budget strategy. Likely transformation funding will be required in future to sponsor change to support whole system sustainability.	Low	Low	£0.650-£0.700m
4. Implement an enhanced vacancy management approach within delegated services progressing critical vacancies only.	Immediately post decision. A complete vacancy freeze would likely increase temporary workforce spend in some areas	Medium	Medium	£0.100-£0.250m difficult to accurately assess financial impact. Cost reduction dependent on risk thresholds applied.

	(particularly bed-based services) however other posts could be held vacant for a period and subject to additional scrutiny on a risk basis with criteria to be determined.			
5. Take further action to reduce level of adult social care services commissioned including review of application of eligibility criteria and consideration of responding only to critical only for a period.	Dependent upon decision.	Medium-High (Would likely require resource allocation groups / panel so resource intensive).	Medium-High (Could adversely impact whole system performance especially over winter)	£? Difficult to estimate however a peer partnership implemented for a period pre pandemic and did not observe significant cost reductions.
6. Encourage further engagement in Respiratory Prescribing Improvement Initiative (PII). 67% of practices have completed or are progressing at least part one.	Ongoing	Medium – primary care under ongoing pressure and winter demands beginning to be observed.	Low	£ dependent on further engagement.
7. Consider further options to reduce costs in Prescribing Budget whilst not negatively impacting patient care. Additional Primary Care Medicines Resources Group held 2 Nov and requires follow up. Material further impacts this financial year maybe unlikely.	Ongoing	High	Low-Medium	£?
8. Review of earmarked reserves. Deploy balance of MDT and Band2-4 earmarked reserves to offset integrated budget overspend.	Immediate dependent upon position	Medium	Low	£1.300m

9. Review of accruals	Immediate	Low	Low	£0.050m
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Potential savings £2.1m to £2.4m

It is extremely difficult to accurately quantify the likely financial impact of the measures above although modelling is ongoing. There is also evidence from elsewhere (albeit short term and pre pandemic) that measures such as responding to critical only in terms of eligibility criteria did not make a material impact on costs. The potential impact of the short-term budget recovery measures on whole system performance, capacity and safety also requires to be considered particularly with regard to additional pressures on Health and Social Care over Winter 23/24. However, the IJB must balance this with the responsibility within the integration scheme to consider a financial recovery plan.

Additionally, given the risks associated with the short-term recovery options ongoing engagement with the Corporate Management Teams of the constituent authorities and close monitoring of whole system impacts is vital particularly over winter period.

## **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 included the residual balance of £5.140m of Covid funding considered elsewhere in this report.

- 8.2. At the current point in time a balance of earmarked reserves of £4.964m is projected at 31 March 2024 subject to decisions set out in this paper being approved by the Board. A summary of the projected reserves position of the IJB at 31 March 2024 is appended to the report.
- 8.3. There is significant risk that the IJBs general reserves position will fall below target should financial recovery options not significantly reduce expenditure. This would increase the financial risk profile of both the IJB and constituent authorities and breach the IJBs extant reserves policy.

## **9. Progress on Development of 24/25 IJB Business Case, 24/25 Revenue Budget Options and Key Timelines**

- 9.1. The Integration Scheme requires development of an annual IJB Business Case using a defined methodology based on national guidance.
- 9.2. The draft business case is under development and will be presented to the Finance & Performance Committee in draft on 20 December 2023. A further iteration of the business case, taking account of the implications of the Scottish Draft Budget will be presented to the IJB at its February meeting.
- 9.3. The IJB are asked to delegate authority to the Finance and Performance Committee, subject to their considerations, to submit the business case to the constituent authorities for consideration in their budget setting processes.
- 9.4. Given the complexities and difficulties associated with the 24/25 Revenue Budget it will be important to keep contact with Board members during the development process. To aid this, in addition to programmed IJB and Committee meetings the merits of a member/officer budget working group meeting fortnightly between now and the end of March should be considered.
- 9.5. Utilising the additional capacity approved by the IJB in March 2023 a series of 4 facilitated workshops to develop options for the 24/25 Revenue Budget have been scheduled. The first workshop took place on 8 November and the final workshop will take place on 13 December. This process aims to identify six key Transformation and Sustainability projects which will form the basis of the structure and decisions required to meet the challenge of producing and delivering a balanced budget for 2024/25.
- 9.6. Key timelines in the budget development process are:
  - Draft IJB Business Case & Initial Feedback from Budget Workshops – (20 December 2023 F&P)
  - Consider impact of Scottish Draft Budget and update draft business case (7 Feb 2024 IJB)
  - Present draft Revenue Budget and MTFP (28 Feb 2024 F&P)
  - Constituent Authorities Confirm Payment / Budget Contributions to IJB for 2024/25 (28 Feb 2024.
  - Present 24/25 Revenue Budget and MTFP for Approval (27 March 2024)

## **10. Conclusion**

- 10.1. This report sets out a deeply concerning position both for the IJB and its constituent authorities. Whilst these issues and pressures are being experienced in partnerships across Scotland we require to focus on sustainable options and solutions.



- 10.2. Managing these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership over the coming period.

## 11. Appendices

### Appendix 1 – Summary of Forecast Reserves @ 31 March 2024

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
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"/>
<b>Implications</b>	
<b>Finance:</b>	Per body of report.
<b>Other Resources:</b>	As detailed.
<b>Legal:</b>	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable service planning.
<b>Risk &amp; mitigation:</b>	<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 was discussed at a development session prior to the IJB meeting on 27 September and requires further consideration by both the Audit and Risk Committee and IJB.</p> <p>Financial resilience is</p>
<b>Equality and Human Rights:</b>	The content of this report <b>does not</b> require an EQIA

<p><b>Data Protection:</b></p>	<p>The content of this report <b><u>does not</u></b> require a DPIA</p>
<p><b>Fairer Duty Scotland</b></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:  <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>

**APPENDIX 1****Clackmannanshire & Stirling Integration Joint Board****Financial Year 2023/24****Reserves Balance Summary @ Month 6****Forecast Reserves Position @ 31 March 2024**

<b>Reserve Category</b>	<b>Forecast Reserve Balance £000</b>
General Reserve	4,398
Transformation Fund	1,571
Leadership Fund	400
Invest to Save Fund	250
Community Living Fund	450
Other Earmarked Reserves	2,293
<b>Total Reserves</b>	<b>9,362</b>

Note: Any net overspend on Integrated Budget @ 31 March 24 would reduce general reserves balance.

£1.434m net overspend would reduce general reserves position to £2.964m

# Clackmannanshire & Stirling Integrated Joint Board

29 November 2023

Agenda Item 9.1

## ADP Commissioning Consortium

*For Approval*

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

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

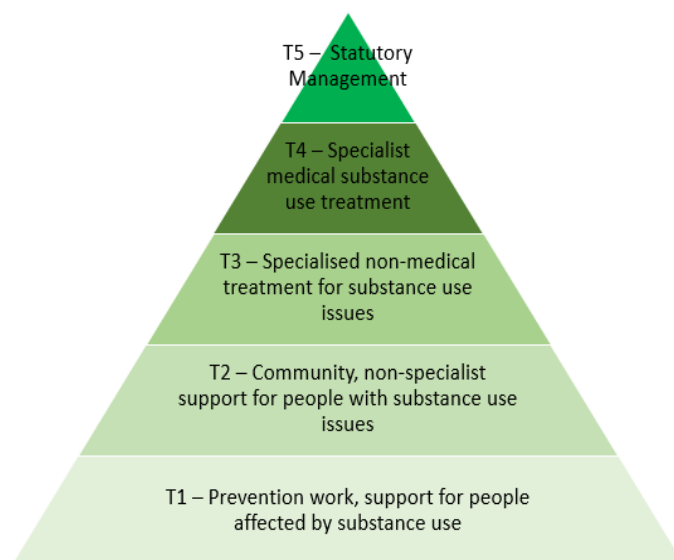
<b>Purpose of Report:</b>	To update the Integrated Joint Board on the progress made against the ADP Commissioning Consortium programme of work focused on tiered model of care, support and treatment for those affected by issues of substance use.
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<b>Recommendations:</b>	<p>The Integrated Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>• Agree the proposed commissioning arrangements for Tier 3 service delivery;</li> <li>• To seek for the procurement of third sector services through Clackmannanshire Council and Stirling Council.</li> </ul>
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## 1. Background

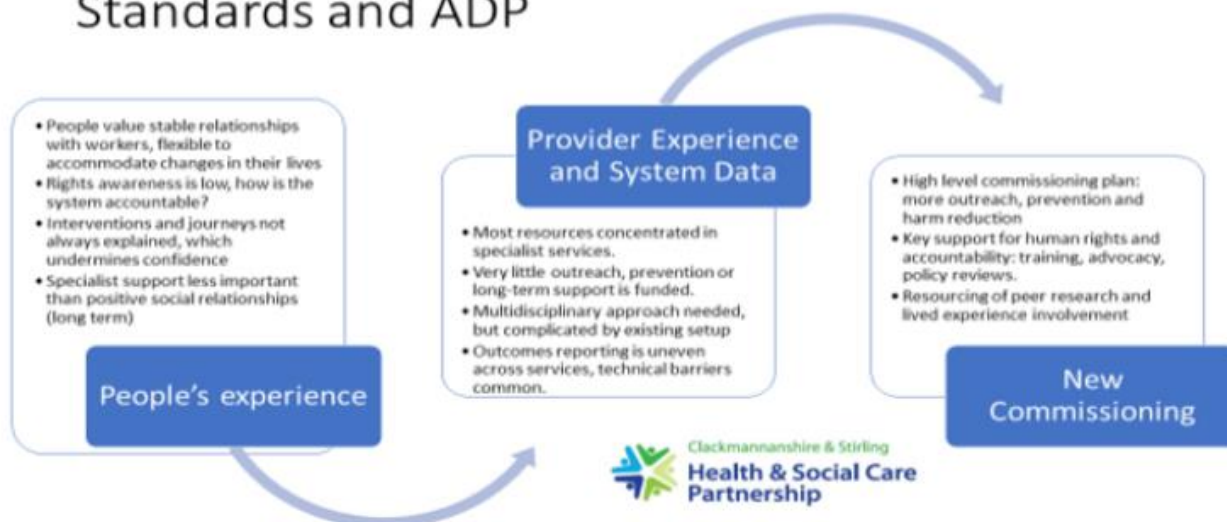
- 1.1. Clackmannanshire and Stirling Alcohol and Drugs Partnership Board (ADP) comprises of local delivery partners and stakeholders from statutory, third and independent sectors. The ADP Board has strategic planning responsibility for the whole system of substance use care and support, from reducing stigma to the delivery of specialist interventions. The work is always guided by the desire to improve outcomes for people affected by substance use.
- 1.2. Throughout 2022 - 2023 Clackmannanshire and Stirling ADP Board has been preparing to recommission the third sector specialist substance use external contract. The preparation has been undertaken jointly with colleagues in Falkirk HSCP, after agreement by both HSCPs, as there are operational and financial benefits to a joint strategic approach for all our Localities.
- 1.3. As such, a mirror version of this paper will be considered by the Falkirk IJB at their upcoming meeting. The content of this paper was approved for IJB consideration at the most recent Finance and Performance Committee meeting.
- 1.4. The ADP Board is extremely grateful to all people with lived and living experience, and providers, who have contributed their perspectives and reflections throughout this process. Third Sector partners and those with a lived experience have repeatedly expressed confidence in the Commissioning Consortium process to support collaborative working and better strategic planning. As such, the plans detailed in this paper respond to the expressed needs and aspirations of people's experiences at a local level.

- 1.5. In line with the agreement of a Commissioning Consortium approach by IJB members, the ADP Commissioning Consortium began work in January 2023.
- 1.6. Following a range of meetings with partners, collaborative debate and discussion on levels of need, care and support required across multi-agency and multi-disciplinary teams, as well as taking account of feedback from those who have a lived experience and their families. There was agreement for a five tiered model of care and support across Forth Valley including both ADP Board areas and Localities.



- 1.7. The 5-tier model of care was presented and discussed at the January 2023 ADP Commissioning Consortium and then subsequently at the March 2023 meeting. Partners and stakeholders at this stage gave positive feedback and highlighted the use of the model in evaluating contributions from across the whole system.
- 1.8. A further ADP Commissioning Consortium meeting in April 2023 saw continued discussion amongst partners to refine the model and ensure all partners were listened to. At this point a Strategic Commissioning Plan for the ADP was developed, this was discussed at the Commissioning Consortium meeting and refined, there then followed agreement at the ADP Board meeting in June 2023. This allowed for discussion of the balance of investments across the system, the alignment of an early intervention and prevention approach, as outlined in the IJB Strategic Commissioning Plan, and alignment to wider national strategic drivers including the National Drug Mission.
- 1.9. At August 2023 ADP Commissioning Consortium meeting, further plans were presented which outlined, in response to partners' requests, the opportunities for learning from lived and living experience reflection across the wider system. These proposals were warmly received by partners, particularly among third sector providers, who highlighted their confidence in the Commissioning Consortium process to address complex issues with a partnership ethos.

## Value-based commissioning in practice: MAT Standards and ADP



- 1.10. Lastly at the September 2023 ADP Board meeting, the proposed light-touch recommissioning approach to the Tier 3 contract was approved. Partners agreed the need for a clearer remit for the Tier 3 contract, within the context of continued work to rebalance and modernise the system of substance use care. Public Health Scotland, who are supporting MAT Implementation on behalf of Scottish Government, expressed confidence that ADP plans would support sustainable delivery of MAT Standard care.
- 1.11. Since the September 2023 ADP meeting, work has continued with third sector providers to manage expectations linked to commissioning and procurement. The ADP Board were clear that continuity of care and close alignment between operational delivery and strategic planning is at the core of this approach.
- 1.12. These plans complement other initiatives being delivered across the ADP to implement a Human Rights Based Approach, improve support for families affected by substance use and provide high quality harm reduction services to people regardless of their treatment status. The proposed new Tier 3 contract will explicitly support MAT Standard care for all people with substance use issues as such aligning the approach to the National Drug Mission.

## 2. Tier 3 Specialist Substance Use

- 2.1. As outlined above, the Tier 3 proposed contract provides for specialist substance use support to families and communities across all our Localities. The proposed contract will establish the third sector provider as the default provider of substance use key working, to help people navigate their recovery journey over the long term.
- 2.2. The approach has taken learning from feedback from those with a lived experience of substance use, as well as reflections gathered as part of the engagement work which has been delivered through the implementation of MAT Standards.

- 2.2.1. People told us they valued stable, flexible relationships with key workers to help them address their substance use in the context of their wider lives.
- 2.2.2. People told us that being able to access support for housing, education, and employment, physical and mental health (the social determinants) was far easier if it could be delivered through one provider.
- 2.3. This feedback aligns with other lived experience contribution gathered through the implementation of Recovery Hubs. This model of delivery supports the co-location of multi-disciplinary support across Localities. In one visit people can access multiple forms of support, often reducing the possibility of crises in other aspects of their life which might jeopardise their progress.
- 2.4. The provider has fed back that they could facilitate the move to multidisciplinary, co-located working across localities with approximately the same resource currently allocated, providing there is strategic support to develop the wider system of care.
- 2.7 To align with the ongoing development of our human rights based approach across HSCP, the ADP Board will support the use of the AAAQ human rights assessment framework to effectively plan service delivery that is Available, Accessible, Acceptable, and of high Quality for people.

### **3. Supporting harm reduction and recovery, in line with MAT Standards**

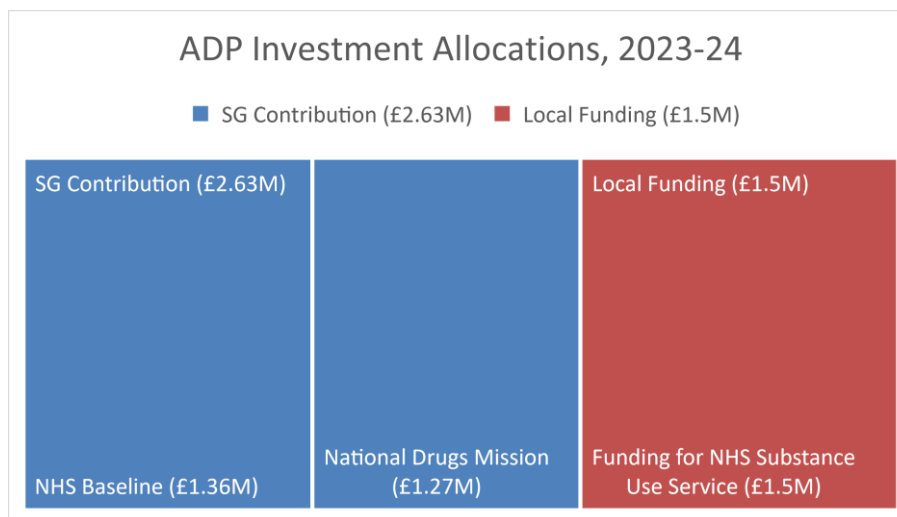
- 3.1 The participation of providers and learning from lived and living experience input has prompted the ADP Commissioning Consortium to examine how else we can ensure the delivery of high quality care and support earlier in people's lives.
- 3.2 The excellent work already underway across the system of care to support harm reduction and long-term recovery could, according to lived and living experience feedback, benefit from additional strategic support. The success of our peer recovery workers in transforming practice, and the increasing involvement of lived and living experience across ADP activity, are bringing new perspectives to our strategic planning activity. Creating opportunities to support people to take up learning and employment opportunities, access different forms of recovery activity across their areas and benefit from support closer to home are all now in our thinking. By working with local trauma informed, learning and development partners, there is an opportunity for those in recovery to influence and guide our model of care, support and treatment.
- 3.3 With the ADP Board commitment to this work, there is an intention to continue planning, with the benefit of increased lived and living experience input, and feedback from a wider range of providers who support long-term recovery, in the coming months. ADP Board discussions are focussed on how we can demonstrate reaching people earlier in their lives and supporting harm reduction and long term recovery in new ways. With the support of the recently delegated Health Improvement Team, there is an increased capacity of



knowledge, skills and experience to deliver change in this complex area of work.

#### 4. Financial implications

- 4.1 ADP funding comes from Scottish Government via NHS Forth Valley, as well as local authorities. In turn, this section focuses on funding granted from Scottish Government, and disbursed through NHS Forth Valley.



- 4.2 National Drug Mission funding is guaranteed to ADPs in each year from 2021 - 26 and relates to nationally-described strategic priorities. To date, Scottish Government has indicated no plans to continue this funding beyond 2026. The ADP Board has assumed the withdrawal of this funding from that point, and intends to use it to support transformational work across the system while it remains in place.

#### 5. Conclusions

- 5.1. The ADP Board has supported the ongoing development of the Commissioning Consortium, with positive feedback from partners around the opportunity for shared learning and for people with lived experience to influence our approach.
- 5.2. HSCP officers are continuing the work of the ADP Commissioning Consortium to support the modernisation of services in Tiers 2 and 4. Further papers will follow which will lay out plans for the Tiered model approach.

## 6. Appendices

This report has no appendices.

<b>Fit with Strategic Priorities:</b>	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
<b>Enabling Activities</b>	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
<b>Implications</b>	
<b>Finance:</b>	The proposals in this paper will be met within the existing ADP commissioning budget for external provision of services; approximately £800,000 per HSCP area.
<b>Other Resources:</b>	
<b>Legal:</b>	
<b>Risk &amp; mitigation:</b>	
<b>Equality and Human Rights:</b>	The content of this report <b>does</b> require a EQIA
<b>Data Protection:</b>	The content of this report <b>does not</b> require a DPIA
<b>Fairer Duty Scotland</b>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: <a href="http://www.gov.scot/Publications/2018/03/6918/2">http://www.gov.scot/Publications/2018/03/6918/2</a></p> <p>The content of this report <b>does/does not</b> require Fairer Duty Scotland Assessment</p>

## Equality Impact Assessment Process

### Equality & Diversity Impact Assessment

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

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

and here

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

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

ADP Commissioning Update to IJB

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

**Q2: What is the scope of this SIA**

Service Specific  Discipline Specific  Other (Please Detail)

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

Yes  No

**Q4: If no to Q3 what is it replacing?**

Recommends re-commissioning of existing specialist drug and alcohol treatment provision.

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

ADP

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

Name: Simon Jones Telephone Number:

Department: ADP Email:

Simon.jones2@nhs.scot

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

To recommission existing provision of specialist substance use treatment and support. New contract will resource increased choice for people seeking support, and care closer to home which will reduce intersectional barriers to substance use treatment. Multidisciplinary delivery of care will support long-term recovery in partnership with community groups of lived and living experience, in line with MAT Standards requirements.

**Q8:**

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

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

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

Yes  No

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

Experiential data was gathered through focus groups and individual interviews as part of the MAT Standards work and HSCP locality planning processes. This has informed the development of this high level commissioning approach. In turn we anticipate further lived and living experience involvement in the design of operational processes and the expansion of the hub model of delivery across localities.

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

Comments: Demographic data from routine commissioning meetings has informed the design of the commissioning proposals. This has been combined also with the lived and living experience data outlined above.

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

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

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

Has your assessment been able to demonstrate the following: Positive Impact

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	X			LLE data from young people shows that ability to access services is dependent on transportation links which are unaffordable for some who do not qualify for age-related transportation benefits. The proposed move to a hub model of delivery, closer to people's homes, should remedy this.

<b>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</b>	X			The new model of hub delivery across localities should reduce or eliminate physical barriers to substance use treatment access. While the option of long-term key-working support in third sector should facilitate the development of closer links with community-led disability groups which can support people's recovery and general health.
<b>Gender Reassignment</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
<b>Marriage and Civil partnership</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
<b>Pregnancy and Maternity</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
<b>Race/Ethnicity</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
<b>Religion/Faith</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
<b>Sex/Gender (male/female)</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
<b>Sexual orientation</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity

				around all protected characteristics.
<b>Staff (This could include details of staff training completed or required in relation to service delivery)</b>	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics. For staff this would include a focus on co-produced solutions to common problems.

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

Unpaid Carers	X			The legal situation of people who care for others with substance use issues is uneven. However the anticipated co-location of this service alongside expanded support for people affected by substance use, and advocacy, should provide for better identification and resolution of threats to people's rights.
Homeless	X			The increase of choice for people who are homeless or at risk, combined with the routinisation of multidisciplinary care and encouragement of greater harm reduction delivery, should demonstrate significant benefits for people.
Language/ Social Origins	X			
Literacy	X			Increased advocacy capacity facilitated through this contract should support people with literacy and related accessibility requirements.
Low income/poverty	X			The development of co-located hubs closer to home should remedy the barriers to treatment which have been identified through lived and living experience involvement.
Mental Health Problems	X			This contract is intended to support the co-occurring delivery of substance use and mental health care as anticipated under MAT

				Standards. Additionally the longer-term keyworking offer should support recovery in a social context which includes support for mental health issues of all kinds.
Rural Areas	X			The delivery of care closer to home and integration with mobile delivery mechanisms should remove barriers to treatment which are currently experienced among people living in rural areas.

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

Yes  No

**Q11: Is a detailed EQIA required?**

Yes  No

Please state your reason for choices made in Question 11.

The evidence gathered through lived and living experience involvement has been included in planning and we are confident that the proposal should support a reduction in barriers to access and support for all people with personal characteristics and intersectional traits. There should be no reduction in service for any groups.

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

**Date EQIA Completed**

08/11/2023

**Date of next EQIA Review**

DD / MM / YYYY

**Signature**

Simon Jones

Print Name

Simon Jones

**Department or Service**

ADP

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

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

**Equality & Diversity Impact Assessment Action Plan**

Name of document being EQIA'd:

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

Further Notes:

Signed:

Date:



# Clackmannanshire & Stirling Integration Joint Board

29 November 2023

Agenda Item 9.2

## IJB and Committee Dates 2024 / 2025

*For Noting and Approval*

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

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

<b>Purpose of Report:</b>	To request Board approval of the Programme of Meeting Dates for the Integration Joint Board for 2024 / 2025.
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Approve the proposed Integration Joint Board programme of meeting dates for 2024 / 2025 set out in paragraph 3.1.</li> <li>2) Approve March 2025 meeting is focussed on budget, associated Directions and delivery plan only set out in paragraph 3.</li> <li>3) Approve the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2024 / 2025 set out in paragraph 4.1.</li> <li>4) Note June 2024 Audit and Risk Committee meeting is in the morning.</li> <li>5) Approve the proposed Integration Joint Board Finance &amp; Performance Committee programme of meeting dates for 2024 / 2025 set out in paragraph 5.1.</li> <li>6) Note December 2024 Finance and Performance Committee meeting is in the morning.</li> </ol>
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## 1. Background

- 1.1. Section 7 paragraph number 7.1 in the Clackmannanshire & Stirling Integration Joint Boards Standing Orders states “the IJB will operate a quarterly cycle of meetings and will keep its meeting frequency under review. All meetings will be held on days, at the times and in the places fixed by the IJB and then published in its Programme of Meetings. These are published here <https://clacksandstirlinghscp.org/about-us/meeting-schedule/>
- 1.2. Section 22 of the Standing Orders allows for Committees to be established and there are currently two in place:
  - Audit and Risk Committee
  - Finance and Performance Committee

## 2. 2024 / 2025 IJB Meeting Dates

2.1. Due to the uniqueness of the Clackmannanshire and Stirling Health and Social Care Partnership there are a significant number of commitments to consider. For example:

- Clackmannanshire Council, Committees, Planning Boards, CMT and other meetings
- Stirling Council Committees, Planning Boards, CMT and other meetings
- NHS Forth Valley Health Board, Executive Leadership Team, Planning Boards and other meetings
- Health and Social Care Partnerships management and governance meetings
- Serving four Public Body governance structures
- Locality Planning Network groups
- Falkirk Integration Joint Board for some Clackmannanshire and Stirling IJB members.
- Transforming Care Board and other working, planning and implementation groups within the Health and Social Care Partnerships
- Supervision and supports to direct reports and wider teams
- Engagement with stakeholders to ensure the continued development of the HSCP inclusive culture.
- Other operational governance groups
- Summer recess

2.2. Planning of dates has actively tried to avoid the above commitments to enable the attendance of Integration Joint Board & Committee members.

2.3. Details of meetings held previously by the Clackmannanshire & Stirling Integration Joint Board and Committees are set out below:

**Table 1 – Previous year's meetings**

Financial Year	Integration Joint Board	Audit & Risk Committee	Finance & Performance Committee
2016 / 2017	6	3	N/A
2017 / 2018	6	3	N/A
2018 / 2019	4	4	4
2019 / 2020	6 <sup>1</sup>	4	5
2020 / 2021	5	4	5
2021 / 2022	5	4	5
2022 / 2023	5	4	4
2023 / 2024	4 <sup>2</sup>	4	5

<sup>1</sup> This includes two special IJB's

<sup>2</sup> February 23 IJB was cancelled, Finance and Performance briefing session was held.

### **3. Proposed 2024 / 2025 IJB Meeting Dates**

- 3.1. The Integration Joint Board is asked to approve the proposed IJB meeting dates in table 2 for the year 2024 / 2025. Venues (or MS Teams links) will be sought after confirmation of the dates.

**Table 2 – Proposed Programme of Meeting Dates**

<b>Date</b>	<b>Time</b>
Wednesday 19 June 2024	1400 – 1600
Wednesday 2 October 2024	1400 – 1600
Wednesday 20 November 2024	1400 – 1600
Wednesday 26 March 2025 <sup>3</sup>	1400 – 1600

- 3.2. Members should note the 29 June 2024 is the beginning of summer recess.
- 3.3. These meeting dates align with the proposed Committee dates listed in sections 4 and 5 of this report and will allow scrutinised papers to be brought forward for the Board's decision.
- 3.4. It is proposed the March meeting is a focussed meeting on the budget, associated Directions and delivery plan only.
- 3.5. Board members are asked to approve this proposed Integration Joint Board dates in table 2.

### **4. Proposed 2024 / 2025 Audit and Risk Committee Dates**

- 4.1. The Integration Joint Board is asked to approve the proposed Audit and Risk Committee meeting dates in table 3 for the year 2024 / 2025. Venues (or MS Teams links) will be sought after confirmation of the dates.

**Table 3 – Proposed Audit and Risk Committee Meeting Dates**

<b>Date</b>	<b>Time</b>
Wednesday 26 June 2024	1030 – 1230
Wednesday 18 September 2024	1400 – 1600
Wednesday 4 December 2024	1400 – 1600
Wednesday 19 February 2025	1400 – 1600

- 4.2. Board members are asked to approve the proposed dates for Audit and Risk Committee in table 3.
- 4.3. Board members are asked to note June 2024 Audit and Risk Committee meeting is in the morning.

<sup>3</sup> Focussed meeting on the budget, associated Directions and delivery plan.

## 5. Proposed 2024 / 2025 Finance and Performance Committee Dates

- 5.1. The Integration Joint Board is asked to approve the proposed Finance and Performance Committee dates in table 4 for the year 2024 / 2025. Venues (or MS teams links) will be sought after confirmation of the dates.

**Table 4 – Proposed Finance and Performance Committee Meeting Dates**

Date	Time
Wednesday 5 June 2024	1400 – 1600
Wednesday 6 November 2024	1400 – 1600
Wednesday 18 December 2024	1030 – 1230
Wednesday 29 January 2025 <sup>4</sup>	1400 – 1600
Wednesday 26 February 2025 <sup>5</sup>	1400 – 1600

- 5.2. Board members are asked to approve the proposed dates for Finance and Performance Committee in table 4.
- 5.3. Board members are asked to note December 2024 Finance and Performance Committee meeting is in the morning.

## 6. Conclusions

- 6.1. The above proposals will allow Integration Joint Board and Committee members to robustly discuss business, take decisions and agree directions (where required).
- 6.2. The paper also sets out the uniqueness and complexity the HSCP operates within.

## 7. Appendices

None to note

<b>Fit with Strategic Priorities:</b>	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>

<sup>4</sup> Budget briefing session

<sup>5</sup> Budget briefing session

Alcohol and Drugs	<input type="checkbox"/>
<b>Enabling Activities</b>	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
<b>Implications</b>	
<b>Finance:</b>	Financial and performance reporting as well as reporting on the transformation programme will be key features of the reporting to the IJB and Committees.
<b>Other Resources:</b>	Time commitment from Board members to prepare for and attend the meetings.  Officer and support services resources in preparation and consultation on business brought forward.
<b>Legal:</b>	Will provide the IJB and Committees with an opportunity to discuss business, take decisions and agree directions (where required).
<b>Risk &amp; mitigation:</b>	The proposed schedule is significantly more comprehensive and complex than has been previously in place. This will be challenging to deliver within existing capacity.  If the Integration Joint Board wish to meet more regularly: <ul style="list-style-type: none"> <li>• This will place additional work on officers, operational staff and professional advisors.</li> <li>• There will be a risk that key people will not be available to input to development of Board agenda items or attend the Board, due to other commitments. <ul style="list-style-type: none"> <li>○ There will be additional costs in terms of officers, operational staff and professional advisors and members time and potentially venue hire.</li> </ul> </li> </ul> <p>To mitigate these risks consideration of further additional resource will be required.</p>
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	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.  The Guidance for public bodies can be found at: <a href="https://www.gov.scot/Topics/consultation/consultations/2019/190116">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a>

	<p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment</p>
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# Clackmannanshire & Stirling Integrated Joint Board

29 November 2023

Agenda Item 10.1

## Quarter 2 Performance Report (July to September 2023)

*For Approval*

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



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

<b>Purpose of Report:</b>	To 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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<b>Recommendations:</b>	<p>The Finance and Performance Committee is asked to:</p> <ol style="list-style-type: none"> <li>1) Review the content of the report.</li> <li>2) Note that appropriate management actions continue to be taken to address the issues identified through these performance reports.</li> <li>3) Approve Quarter 2 July to September 2023 report (Appendix 1).</li> </ol>
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<b>Key issues and risks:</b>	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, this paper is being presented to committee to support the ongoing scrutiny role of the IJB of HSCP performance.
- 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 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 Quarterly 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 Plan, Service Planning and the Transforming Care Board programme of work.

- 1.5. There are key measures linked to national programmes to improve NHS Unscheduled Care. 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 13<sup>th</sup> September 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 delivering 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 which will inform this report.
- 1.10. The quarter two 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 to prevent the risk of identification of an individual.

- 1.14. Where data is not available for the current quarter this will be noted as "to follow" and will be included in the following quarterly report.
- 1.15. Where data is affected by completeness this is denoted with a "p".

## **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
Q2 QPR 23/24	1 <sup>st</sup> November 2023	29th November 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 becomes available following the F&P Committee it will be inserted.

## **3. Performance Summary**

- 3.1 Strategic Theme 1 Prevention, Early Intervention & Harm Reduction
- Standard Delayed Discharges and Code 9 In quarter two there has been a slight increase on the numbers of delayed discharge from the previous quarter, however, the average over the quarter is lower than the same quarter last year.
  - Another Positive CHART visit on 21 September provided assurance of continuous improvement around management, leadership, staff skills and knowledge.
  - Allied Health Professionals (AHP) Lead has been appointed and will progress the Pathway redesign project under the Transforming Care Board (TCB).
  - First Clackmannanshire and Stirling Community Falls Group held, with over 20 stakeholders from emergency services and third sector organisations in attendance. The aim is to provide shared learning,

monitor improvement projects and embed an integrated and consistent approach to falls across the HSCP area.

### 3.2 **Strategic Theme 2: Independent living through choice and control**

- Coming Home implementation report was published. CSHSCP have identified 70 individuals with a learning disability as living out of their local authority area. We will review the needs of each individual and the best support suited to their needs.
- The Dementia Commissioning Consortium is underway and is working towards aligning the proposed Model of Care with Scotland's new Dementia Strategy - "Everyone's Story", which was published on 31<sup>st</sup> May 2023, and the subsequent action plan.

### 3.3 **Strategic Theme 3: Achieving care closer to home**

- Deteriorated indicators:
  - Number of HSCP residents moved into Intermediate Care (step down) from hospital
  - % HSCP residents with reduced or no hours after Reablement
  - Delayed over 2 weeks awaiting a Package of Care at the end of the quarter (2 people)
- Improved Indicators:
  - HSCP residents moved into Intermediate care (step up) from home
  - HSCP resident waiting for reablement, or waiting to move out of reablement to a provider, and those requiring reduced or no hours of care following reablement.
  - Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter

### 3.4 **Strategic Theme 4: Supporting empowered people and communities**

- Social prescribing went up from quarter one (39) to 81 referrals in Quarter two. There has also been a considerable increase in the number of encounters, with 143 reported in quarter one and 406 reported in quarter two.

### 3.5 **Strategic Theme 5: Reducing loneliness and isolation**

- Work with TSIs to develop quantitative and qualitative data round this strategic theme is being progressed.

## 4. **Conclusion**

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- 4.1 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 Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Board.

- 4.2 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.
- 4.3 Work continues to develop and modernise an Integrated Performance Framework.

## 5 Appendices

Appendix 1 – Quarter two Performance Report (July to September)

Appendix 2 – Exceptions reporting. Risk Register

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
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"/>
<b>Implications</b>	
<b>Finance:</b>	The management of performance is critical to managing the overall budget of the Integration Joint Board.
<b>Other Resources:</b>	
<b>Legal:</b>	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
<b>Risk &amp; mitigation:</b>	Strategic Risk Register – appendix 2.
<b>Equality and Human Rights:</b>	The content of this report <b>does not</b> require a EQIA
<b>Data Protection:</b>	See 1.13. The content of this report <b>does not</b> require a DPIA
<b>Fairer Duty Scotland</b>	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: <a href="http://www.gov.scot/Fairer-Scotland-Duty-guidance-for-public-bodies">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>
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# Clackmannanshire & Stirling Integration Joint Board

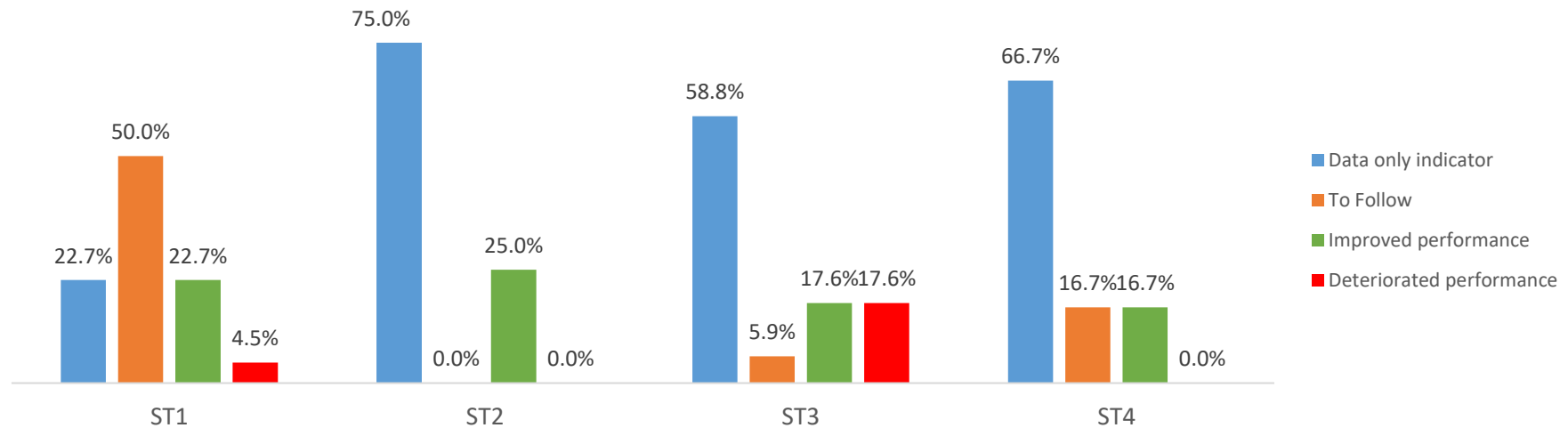
## Quarter Two Performance Report (July to September 2023)

## 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.**

### **Standard delayed discharge**

Standard delayed discharge patients waiting to return home from hospital with a package of care have been consistently low. This is supported by the continued Hospital Discharge Redesign work which is improving the planning and coordination of patients prior to their Planned Date of Discharge (PDD). In quarter two there has been a slight increase on the numbers of delayed discharge from the previous quarter, however, the average over the quarter is lower than the same quarter last year.

### **Intermediate Care at Bellfield**

The senior team are working hard on quality assurance across the suites and use of the dependency tools to support safe staffing based on the needs of people using the service is established and is providing good information. This work meets Care Inspectorate and legal requirements. There has also been another positive CHART visit on 21/9/23 and provided assurance that the effort to ensure continuous improvement is recognised by a visiting service. Reviews carried out included; management and leadership and staff skills and knowledge. All were assessed at Level 1 (low level concerns/no concerns).

### **District Nursing**

The District Nurses work with 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 supports people in the community through the treatment rooms available, providing advice over the phone and where required provides home visits. Advice can be given on long term conditions, complex nursing care, end of life care and support, wound management, bowel and urinary problems, assess for equipment to promote and maintain independence and referral to other speciality services. The service can also support packages of care on discharge where a care provider is unable to pick up straight away, they have done this on several occasions in this quarter to support system pressures.

The District Nursing Advanced Nurse Practitioner and trainee District Nursing Advanced Nursing Practitioner roles support the 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 Future Care Plans (formerly Anticipatory Care Plans) in place for those patients with a high frailty score.

There has been an increase in end of life patients who have been supported to die at home. The District Nursing teams along with care/social care colleagues have continued to support those individuals who expressed choice to die at home to do so, thereby preventing hospital admission.

## **Pathway redesign**

The new Allied Health Professionals (AHP) lead has been appointed and will progress the project to redesign pathways under the Transforming Care Board (TCB).

## **Falls**

Due to technical issues with PHS the rate of falls was reported incorrectly in the last quarterly report. 2022/23 Q4 should have been 6.4 per 1,000 population and 2023/24 Q1 was 5.6 per 1,000 population.

We hosted our first Clackmannanshire & Stirling Community Falls Group, which will run quarterly and consists of over 20 stakeholders ranging from emergency services to third sector organisations. The aim is to provide an environment to enable shared learning, monitor improvement projects and ensure there is an integrated and consistent approach to falls prevention across the partnership and third sector.

We have 15 confirmed falls champions representing our care homes across Clackmannanshire & Stirling at a Falls Champion Care Home Forum where we will meet for the first time in November. This platform will allow us to begin collecting timely and accurate falls data and provide opportunity to empower staff in care homes to be confident in using evidence-based falls prevention strategies.

Our Falls Awareness Week social media campaign was a success with 6749 views of our posts throughout the week on the platform "X". The same content was shared 46 times on Facebook and generated 60 likes. We received feedback from the campaign citing that the content "is very informative". Another comment prompted a family member to act with regards to lifting rugs and clear their environment to improve safety which demonstrates an improved awareness of falls.

## **Priority 1: Mental Health and Wellbeing**

We have a number of indicators 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 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. Our intention remains to strategically resource this contract as the backbone of a MAT Standards-compliant, multidisciplinary offer of care to people regardless of the nature of their substance use issue.

Key    ↑ increase    ↓ decrease    ↔ no change    ✓ performance has improved    \*performance has deteriorated

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
1.00.001	HSCP standard delayed discharge waits over 2 weeks snapshot at the last week in the quarter. Source: Local Data NHS FV	13	12	-	-	9	↓	✓
1.00.002	HSCP total number of acute delays (standard and code 9) snapshot at the last week in the quarter. Source: Local Data NHS FV	5	3	-	-		↓	✓
1.00.003	HSCP emergency admissions (age 18+) rate per 100,000 population. <b>National Indicator 12</b> Source: National Data PHS Discovery	1069	1006	-	-		↓	✓
1.00.006	Unplanned bed days (all ages) rate per 1,000 population. Source: Local data FV NHS	842	835	-	-	793	↓	✓
1.00.007	A&E attendances (age 18+) rate per 100,000 population Source: Local data FV NHS	1,347	1,337	-	-	1,359	↓	✓
1.00.008	Total number of repeat ASP (Adult Support & Protection) initial referral discussions within 6 months. <b>Under development</b> Source: Local Data Adult Social Care	<5	To follow	-	-	No data	↓	-
1.00.009	% of total ASP (Adult Support & Protection) initial case conferences held within 25 working days of AP1 alert date within quarter <b>Under development</b> Source: Local Data Adult Social Care	33%	To follow	-	-	No data	↑	-
1.00.012	Social prescribing Community Link Worker encounters Source: Primary Care	143	406	-	-	No data	Activity data	No analysis
1.00.013	Smoking quit rate at 4 weeks follow up Source: National Data PHS	74	To follow	-	-	No data	↑	-
1.00.014	Smoking quit rate at 12 weeks follow up Local Delivery Plan standard Source: National Data PHS	25	To follow	-	-	No data	↑	-
1.00.015	Number of hospital admissions due to falls (all ages) Source: National Data PHS Discovery	240	To follow	-	-		↓	-
1.00.016	Falls rate per 1,000 population aged 65+ <b>National Indicator 16</b> Source: National Data PHS Discovery	5.6	To follow	-	-		↓	-

Key    ↑ increase    ↓ decrease    ↔ no change    ✓ performance has improved    \*performance has deteriorated

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter
1.00.017	District Nursing Activity - No of visits Source: Local Data NHS FV	24,219	24,920	-	-		Activity data	No analysis
1.00.018	District Nursing Activity - No of treatment room visits Source: Local Data NHS FV	7,830	8,072	-	-		Activity data	No analysis
1.00.019	District Nursing Activity - No of Calls Source: Local Data NHS FV	1,964	2,290	-	-		Activity data	No analysis
1.00.020	District Nursing Activity - No of supported deaths at home Source: Local Data NHS FV	85	105	-	-		Activity data	No analysis
<b>Priority 1 Mental Health &amp; Wellbeing</b>								
1.01.001	% of FV patients who commenced psychological therapy within 18 weeks of referral by quarter. Local Delivery Plan standard. Source: Local Data NHS FV	74%	70.7%	-	-	59.7%	90%	*
1.01.002	% of FV patients aged 65+ who commenced psychological therapy - within 18 weeks of referral by quarter. Local Delivery Plan standard. <b>Under development</b> Source: National Data/Public Health Scotland	To follow	To follow	-	-		90%	-
1.01.003	Unplanned bed days mental health at last month in quarter <b>MSG</b> Source: National Data PHS Discovery	779 p	To follow	-	-		↓	-
1.01.004	Mental health readmissions of HSCP residents within 28 days Source: Local Data NHS FV	35	To follow	-	-		Activity data	No analysis
<b>Priority 2: Drug and alcohol care and support capacity across communities</b>								
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. <b>Under development</b> Source: National Data PHS	96.5%	To follow	-	-	89.1%	90%	-
1.02.002	Participants from HSCP who completed the Overdose Awareness and Naloxone Intervention training in the period. Does not include online training. <b>Under development</b> Source: Local Data NHS FV	32	To follow	-	-		↑	-

## 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.

### Coming home

A new implementation report was published ([Coming Home Implementation report<sup>\[1\]</sup>](#)) with aims to reduce delayed discharge and provide care closer to home for people with learning disabilities and complex needs. The HSCP have identified 70 individuals with a learning disability as living out of their local authority area. Care closer to home is not necessarily a more effective use of resources and does not lead to an improved experience for all, e.g. families, cared for person or carers. While it is the policy aspiration and is the starting point this is not always the correct individual solution. Our plan is to review these out of area (OOA) placements to review needs and where these would be best met.

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

Work is underway preparing the infrastructure required to meet our ambition for Self-Directed Support (SDS). 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. There were 7 new support plans for Options 1 & 2 in this quarter.

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

The Quarterly Performance Report contains two indicators for Priority 4. The Community Mental Health Team provide a minimum of 3 sessions of post-diagnostic support for every Clackmannanshire and Stirling resident who receives a diagnosis of dementia. This post-diagnostic support follows the five pillars model. Alzheimer Scotland are currently commissioned to provide additional ongoing post-diagnostic support to individuals living with a diagnosis of dementia and have seen 49 new individuals this quarter, which is higher than the quarter 1 figure of 39.

The Dementia Commissioning Consortium is underway and is working towards aligning the proposed Model of Care with Scotland's new Dementia Strategy - "Everyone's Story", which was published on 31<sup>st</sup> May 2023, and the subsequent action plan. This work will inform the HSCP's approach to commissioning services and support individuals on their dementia journey as well as their families and carers.

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<sup>[1]</sup> [Coming Home Implementation report - gov.scot \(www.gov.scot\)](#)

Key	↑ increase	↓ decrease	↔ no change	✓ performance has improved	*performance has deteriorated					
Reference	Performance indicator			Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 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. Source: Local Data Adult Social Care			226	235	-	-	No data	Activity data	No analysis
2.00.002	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter. Source: Local Data Adult Social Care			5	5	-	-	No data	Activity data	No analysis
2.00.003	Number of people in Learning Disability care group living in care home on last day of the quarter. Source: Local Data Adult Social Care			68	72	-	-	No data	Activity data	No analysis
Priority 3 Self-Directed Support information and advice promoted across all communities										
2.03.002	Number of new support plans in the quarter Source: Local Data Adult Social Care			6	7	-	-	No data	↑	✓
2.03.003	Number of Self-Directed Support Option 1 Source: Local Data Adult Social Care			148	141	-	-	No data	Activity data	No analysis
2.03.004	Number of Self-Directed Support Option 2 Source: Local Data Adult Social Care			165	167	-	-	No data	Activity data	No analysis
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			15	39	-	-	No data	↑	✓
2.04.003	Number of new individuals seen by Alzheimer's Scotland during the quarter Source: Alzheimer's Scotland			39	49			No data	Activity data	No analysis

## **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 their 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.**

### **Unmet Need**

An Adult Social Care Front Door Assessment and Review Processes Oversight Group has been established with terms of reference, project brief and plan developed.

### **New requests for care and support to people in their own homes**

In Clackmannanshire, 69 new requests for care and support were received in September 2023 (excluding requests made directly to Reablement, Mental Health & Learning Disability Team). In Stirling, 135 packages of care were requested in September 2023. In Clackmannanshire, the average number of requests each month has been 79. In Stirling the average number of requests each month has been 139. All requests are for older adults and people with physical disability.

### **Waiting list for care and support to people in their own homes as at 3<sup>rd</sup> October 2023**

In Clackmannanshire, the waiting list for people without any care increased from 11 people (78:30 hours of care and support per week on 26 September 2023 to 14 people (86:00 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 decreased from 27 people (220:30 hours of care and support per week) on 26 September 2023 to 26 people (191:00 hours of care and support per week). The waiting lists are lower than in 2021 and 2022.

In Stirling the waiting list for people without any care decreased from 48 on 26 September 2023 to 42. The waiting list for people without care was highest on 11 January 2022 when 194 people were waiting for 1791 hours of care and support. The total waiting list including people looking to change provider decreased from 104 on 26 September 2023 to 102.

### **Placed packages of care and support to people in their own homes**

53 packages of care, not including learning disability clients, were placed in Clackmannanshire in September 2023 (Average of 58/month). In Stirling, 113 packages of care were started in September 2023. This compares to an average of 104 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.

ALISS continues to be promoted and has seen a 100% increase in sign up by local organisations. New ways to promote ALISS are being identified, such as requiring applicants to the Communities Mental Health and Wellbeing Fund to be registered on ALISS.



We are also working with our Third Sector Interface partners to provide detailed information on community groups and supports as well as updating the HSCP website information and accessibility. How we report this work and the levels of engagement with resources will be developed.

The Locality Working and Locality Planning Networks are focussed on good information and communication as part of the Action Plans and work is progressing to work with communities and partners to increase knowledge and information sharing throughout the system and our communities.

### **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. The Strategic Workforce Plan Implementation Group is established and has identified actions for Year 2 of the plan with leads for each of the five pillars.

### **Palliative and end of life care**

Work is underway 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.

### **Rural Care at Home Team**

The Rural Care at Home Team is now managed as a 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. 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 their waiting list. Currently the team prioritises supporting the discharge of people who are in acute hospital and also supports those waiting for packages of care in the rural community.

### **District Nursing**

Since April, 215 patients have completed questionnaires. These are being reviewed with action plans being developed to improve practice. Four highlighted minor issues with only one related to District Nursing. The returned questionnaires have been complimentary and have been shared with staff. To ensure staff wellbeing and support and workforce retention a number of measures are in place which include annual i-matters feedback and individual monthly staff questionnaires where feedback is acted upon. Staff are actively encouraged to complete an exit questionnaire on EESS and also to carry out an exit meeting prior to leaving the service with any suggestions for improvement acted upon.



### Current planned care and support in place for people in their own homes - All care groups at 26<sup>th</sup> September 2023

In Clackmannanshire the number of people with open packages of care slightly increased from 784 to 786 over the past week. Over the past year we have supported an average of 766 people per week. The number of commissioned hours also increased from 12,301 to 12,317. Over the past year we have commissioned an average of 11,719 hours of care and support per week.

In Stirling the number of people receiving care and support in their own homes increased from 1,159 to 1,161 over the past week. An average of 1,168 packages of care have been in place each week over 2023. The number of hours commissioned hours per week increased from 19,813 to 19,954 over the past week. We have commissioned an average of 19,861 hours per week.

Key	↑ increase	↓ decrease	↔ no change	✓ performance has improved	*performance has deteriorated					
Reference	Performance indicator			Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 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). <b>In development</b> Source – National Data PHS (Public Health Scotland)			447	To follow	-	-		↑	-
3.00.002	Number of HSCP residents moved into Intermediate Care (step up) from home Source: Local Data Adult Social Care			27	29	-	-		↑	✓
3.00.003	Number of HSCP residents moved into Intermediate Care (step down) from hospital Source: Local Data Adult Social Care			56	50	-	-		↑	✗
3.00.004	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter Source: Local Data Adult Social Care			24	33	-	-		↓	✓
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			40	39	-	-		↓	✓
3.00.006	% HSCP residents with reduced or no hours after Reablement Source: Local Data Adult Social Care			72%	30%	-	-		↑	✗
3.00.007	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter Source: Local Data HSCP DD dashboard			1	2	-	-		↓	✗
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	65	-	-	No data	Activity data	No analysis

Key	↑ increase	↓ decrease	↔ no change	✓ performance has improved	*performance has deteriorated				
Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter	
3.00.010	Number of people receiving Telecare/Community Alarm service - All ages Source: Local Data Adult Social Care	3,058	3105	-	-	No data	Activity data	No analysis	
Priority 5 Good public information across all care and support working									
Indicators to be developed.									
Priority 6 Workforce capacity and recruitment									
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	3	To follow	-	-	No data	Activity data	No analysis	
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	3	To follow	-	-	No data	Activity data	No analysis	
3.06.004	Number of HSCP staff attended Making Protection Personal training in quarter Source: Local Data Adult Social Care	25	To follow	-	-	No data	Activity data	No analysis	
3.06.005	Number of HSCP staff attended Financial Harm Awareness training in quarter Source: Local Data Adult Social Care	23	To follow	-	-	No data	Activity data	No analysis	
3.06.006	Number of HSCP staff attended Person Centred Case Recording training in quarter Source: Local Data Adult Social Care	8	To follow	-	-	No data	Activity data	No analysis	
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	37	To follow	-	-	No data	Activity data	No analysis	
3.06.008	Number of HSCP staff attended Adult Support & Protection Key Processes, Roles & responsibilities training in quarter Source: Local Data Adult Social Care	12	To follow	-	-	No data	Activity data	No analysis	
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	2	To follow	-	-	No data	Activity data	No analysis	

## 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.**

### Carers

Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support to carers and to compliment the support already provided by both Carers Centres. Carers have highlighted the need for support within their communities as well as support at evenings/weekends, and digital signposting therefore potential solutions are being explored. This aligns with the documented model of care for unpaid carers which includes community and digital approaches, as well as a refreshed approach to short-breaks. The model of care will be presented to the Carers Consortium on 1 November. Following this, contracts associated with support to unpaid carers can be finalised.

Work updating the social care information systems continues, this is to ensure the accurate recording and reporting of carers with carers records linked to those they care for. The revised Carers eligibility criteria, now named the Carer Support Framework has been consulted on and the responses will now be analysed with appropriate changes made to the final version, the framework has a strong focus around the impact of the caring role which is aligned with the National Carers Strategy.

### Locality Working

The Locality Working Steering Group is an operational group with the focus of developing an integrated and joint working model across the localities. The group is in place to promote multidisciplinary working and 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 is currently focused on primary care, community health and care and third & independent sector, based around an integrated and patch based working model. The Locality Working Steering Group has established links with Locality Clusters and plans are being developed to address issues raised around working across the whole-system, for example, referral pathways and joint case working. This aligns to the Social Work Front Door redesign programme. Over the past few months, representatives have met with Locality Clusters to discuss challenges and opportunities.

There is also investment in community teams based on needs that have been identified – for example, ADP (Alcohol and Drugs Partnership) funded Social Worker & Social Work Assistant and a community prescribing model for substance use.

Within the third Sector, CTSI (Clackmannanshire Third Sector Interface) and SVE (Stirlingshire Voluntary enterprise) are working to develop the activities and measures against the new Locality Plans which have been agreed by the IJB using third sector commissioned and community services. Communication is a key measure and discussion is now underway to combine the Locality Network CSHSCP bulletin with the existing well-read one produced for the third sector. It is planned that these will be offered to wider health professional teams through Q3 for sign up and will hold relevant information for all groups.

### **Locality Planning Networks**

The HSCP's three locality planning network groups (Clackmannanshire, Urban Stirling and Rural Stirling) have been established for over a year and have produced Locality Plans. Meetings held in August took place within the communities of Clackmannan, Raploch and Thornhill. This focus on individual communities will continue over future meetings as we hold each of the meetings within local communities to include more people within the communities to get involved in the delivery of the locality action plans, providing lived and living experiences of services within the communities and identifying gaps and opportunities.

### **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.

Referrals are now listed within key measures below. A full report has been produced with case studies and commentary and has been passed to the Senior Leadership Team for review.

### **Social Prescribing**

In this quarter, a total of 81 referrals have been made (45 in Clackmannanshire and 36 in Stirling). This is an increase from quarter one. There has also been a considerable increase in the number of encounters, with 143 reported in quarter one and 406 reported in quarter two (205 in Clackmannanshire and 201 in Stirling).

Welfare advisors are embedding services within general practice this will allow them to support people with financial issues and allowing Community Link Workers to concentrate on Mental Health & Wellbeing.

Key	↑ increase	↓ decrease	↔ no change	✓ performance has improved	*performance has deteriorated				
Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter	
4.00.001	Number of Chief Social Worker Guardianships Source: Local Data Adult Social Care	118	127	-	-	No data	Activity data	No Analysis	
4.00.002	Number of HSCP staff attended Adult Support & Protection staff training in quarter - Adult with Incapacity Source: Local Data Adult Social Care	24	To follow	-	-	No data	Activity data	No Analysis	
4.00.003	Number of HSCP staff attending Power of Attorney training in quarter Source: Local Data Adult Social Care	7	To follow	-	-	No data	Activity data	No Analysis	
<b>Priority 7 Support for Carers</b>									
4.07.001	Numbers carers accessing individual support from Carers Centre Source: Local Data Carers Centres	816	To follow	-	-	No data	↑	-	
4.07.002	Number of Adult Carer Support Plans completed by Carer Centres Source: Local Data Carers Centres	168	To follow	-	-	No data	↑	-	
4.07.003	Number of Adult Carers Support Plans received by social care Source: Local Data Adult Social Care	40	38	-	-	No data	Activity data	No Analysis	
4.07.004	HSCP clients attending day care services (all care groups all sectors) Source: Local Data Adult Social Care	182	179	-	-	No data	Activity data	No Analysis	
4.07.005	Number of HSCP staff attending Adult Support & Protection Carers Stress training in quarter Source: Local Data Adult Social Care	13	To follow	-	-	No data	Activity data	No Analysis	
<b>Priority 8 Early intervention linking people with third sector and community supports</b>									
4.08.001	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers Source: TSI's	39	81			No data	↑	✓	
4.08.002	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers Source: TSI's	143	406			No data	↑	✓	
<b>Priority 9 Develop locally based multiagency working across communities</b>									

Key		↑ increase	↓ decrease	↔ no change	✓ performance has improved	*performance has deteriorated			
Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 22/23	Desired trend or target	Compared to previous quarter	
4.09.001	Number of HSCP staff attending An Introduction to MAPPAs (Multi Agency Public Protection Arrangements) training in quarter Source: Local Data Adult Social Care	24	To follow	-	-	No data	Activity data	Activity data	
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	<5	To follow	-	-	No data	Activity data	No analysis	
<b>Priority 10 Ethical Commissioning</b>									
	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.								

## 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 of which can impact a person’s physical and mental wellbeing. We will work with communities to support local communities to build connections. We will build preventions and early interventions around changing the narrative around loneliness and isolation and find new ways for people to ask for help without feeling embarrassed.**

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 way to reconnect to their communities. The Community Link Workers are supporting people as individuals to join in with community activities. Information on the groups is collated in the CTSI directory and there is also information on ALISS, the national directory.

We know that the groups 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.

### Third sector update

Our Third Sector Partners have been receiving applications for the Communities Mental Health and Wellbeing Fund which was open until 30<sup>th</sup> October alongside the Ill Fund. Grants available of up to £2K, £10K and £20K for partnership working. For the small grants a panel consists of previous recipients and people with lived experience. For the larger grants, the panel includes people with lived experience and health professionals.

Further funding is being provided through the Shared Prosperity Fund, Tackling Poverty Fund, Rural Community-led Development Fund and Whole Family Wellbeing Fund to third sector groups presently.

The new TSI Scotland Network online training platform is due to go live before the end of 2023. This will be a vehicle for sharing information in short bite-sized ways to third sector staff, volunteers and trustees.

Key	↑ increase	↓ decrease	↔ no change	✓ performance has improved	*performance has deteriorated					
Reference	Performance indicator			Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q2 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:			6	To follow	-	-	No data	Activity data	No analysis

## 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	Jun 23	13,823	14,029 p	+206 p	+1.5% p
2a	Number of unscheduled bed days; Acute	Jun 23	99,783	100,903 p	+1,120 p	+1.1% p
2b	Number of unscheduled bed days; Geriatric Long Stay	Jun 23	151	0 p	-151 p	-100% p
2c	Number of unscheduled bed days; Mental Health	Jun 23	22,028	18,000 p	-4,028 p	-18.3% p
3	Number of A&E attendances	Jun 23	28,898	28,456	-442	-1.5%
4a	Delayed Discharge Bed Days; All reasons	Jun 23	15,545	14,048	-1,497	-9.6%
4b	Delayed Discharge Bed Days; Code 9	Jun 23	3,567	5,337	+1,770	+49.6%
4c	Delayed Discharge Bed Days; Health and social care reasons	Jun 23	11,966	8,614	-3,352	-28.0%
4d	Delayed Discharge Bed Days; Patient/Carer/Family related reasons	Jun 23	12	97	+85	+708.3%
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%	-	+0.40%

Source: PHS NSS (note figures marked with p 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 for the MSG indicators. Currently for June 2023.



## Locality Planning Actions

The following section contains agreed Locality Planning Action Plans. The Locality Planning Networks are currently updating the progress made towards these actions and this will be reporting with Q3 report.

### Clackmannanshire Locality Planning Actions

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
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

Agreed Locality Priority	Action	Lead Officer	Timescale
	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

## Stirling Rural 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
Scope support available to develop caring and connected	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager	September 2024

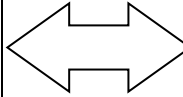
Agreed Locality Priority	Action	Lead Officer	Timescale
communities and supporting recruitment opportunities in health and social care.	Identifying Social Enterprise opportunities based around need within our communities for example community based toe-nail cutting to support mobility and independence.	HSCP Health Improvement Team Third Sector Interface Partnership Lead	March 2024
	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
Supporting people with dementia within our communities supporting capacity and need.			

## Stirling Urban Action Plan 2023-2026

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	June 2024

Agreed Locality Priority	Action	Lead Officer	Timescale
		HSCP Planning and Policy Development Manager HSCP Health Improvement Team	
	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
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


Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action (Timescale)	Risk Owner(s)	Notes / Progress	Risk Direction
HSCP 001	<b>Financial Resilience</b> 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) <b>High</b>  Target (9) <b>Medium</b>	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	

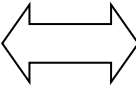
Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

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><b>8</b> . Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Senior Leadership Management Team (ongoing)</p> <p><b>9</b> . 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><b>10</b> . Review of Terms of Reference of Finance and Performance Committee (Complete: March 2023)</p> <p><b>11</b> . Implement Pan FV Budget Monitoring &amp; Oversight Arrangements (under review linked to Integration Improvement Plan)</p>			

Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

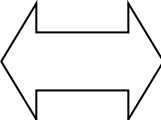
<p><b>HSC 006</b></p>	<p><b>Experience of service users/patients/unpaid carers</b> The risk that the experience of service users, patients and unpaid carers is not adequately taken into account in service design and delivery.</p>	<p>1. National Core Outcome 'Carers are supported', and 'Positive Experiences' 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) <b>High</b>  Target (6) <b>Low</b></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&amp;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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Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

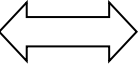
<p><b>HSC 007</b></p>	<p><b>Information Management and Governance</b> The risk that the volume, timing, and wide ranging sources of information, guidance, and communication may lead to failure to access, share, or make decisions based on best practice. Failure to apply due diligence and prioritisation 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 &amp; Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (5)  Target (3)</p>	<p>Current (5)  Target (3)</p>	<p>Current (25) <b>High</b>  Target (9) <b>Medium</b></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 &amp; 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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Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 008</b></p>	<p><b>Information sharing process and practice</b> 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 &amp; Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (4)  Target (3)</p>	<p>Current (4)  Target (4)</p>	<p>Current (16) <b>High</b>  Target (12) <b>Medium</b></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&amp;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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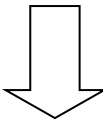
Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 010</b></p>	<p><b>Harm to Vulnerable People, Public Protection and Clinical &amp; Care Governance</b> The risk that arrangements in relation to Harm to Vulnerable People, Public Protection and Clinical &amp; 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) <b>High</b>  Target (4) <b>Low</b></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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**Appendix 2 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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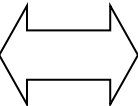
Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 011</b></p>	<p><b>Sustainability and safety of adult placement in external care home and care at home sectors</b> 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) <b>High</b>  Target (4) <b>Low</b></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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Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 012</b></p>	<p><b>Health and Social Care workforce demographic / resilience of service.</b> The risk that the workforce profile and demographics result in inadequate workforce is secured and retained to deliver delegated integration functions.</p>	<p><b>Health and Social Care Outcomes</b></p> <ul style="list-style-type: none"> <li>• People can live well at home for as long as possible</li> <li>• People are safe and live well for longer</li> <li>• People are satisfied with the care they get</li> </ul>	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (16) <b>High</b></p> <p>Target (6) <b>Low</b></p>	<ol style="list-style-type: none"> <li>1. Proactively implement transformation programme working in partnership with staff side. (ongoing)</li> <li>2. Review models of working and optimise opportunities of integration.(ongoing)</li> <li>3. Proactive recruitment including opportunities for new roles and international recruitment (ongoing)</li> <li>4. Explore opportunities with staff to optimise retention. Flexible working, training, education. (ongoing)</li> <li>5. Consider organisational change opportunities to build workforce capacity. (ongoing)</li> <li>6. Ensure staff welfare and development are clear priorities with action plans.(ongoing – wellbeing week is practical example)</li> <li>7. Work with partners to promote Clackmannanshire and Stirling as a positive area to work and live. (ongoing)</li> <li>8. Strategic Workforce plan including action plan (Nov 22)</li> <li>9. Supply constraints requires more collaborative work with Universities and Colleges to assist in ‘growing our own’ (Ongoing)</li> </ol>	<p>Head of Service, CH&amp;C and Professional Leads</p>		
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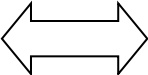
Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 014</b>  (added 26 May 2019)</p>	<p><b>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</b> 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) <b>High</b>  Target (9) <b>Medium</b></p>	<p>1. Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which is delivering on significant proportion of requirement. (2) 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 &amp; 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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Appendix 2 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).  <b>7.</b> 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.  <b>8.</b> Strong and regular engagement with SG and BMA in place regarding national MOU funding allocations / requirements.  <b>9.</b> Focus on increased training around workforce.  <b>10.</b> Innovative Advertising methods used when recruiting  <b>11.</b> Development and negotiation of sustainable delivery options with tripartite (Sept 23)</p>			
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Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 015</b> <b>(added 21 Feb 2020)</b></p>	<p><b>Primary Care Sustainability:</b> 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 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) <b>High</b>  Target (9) <b>Medium</b></p>	<ol style="list-style-type: none"> <li>1. Primary Care Programme Board Re-established November 2021</li> <li>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.</li> <li>3. Sustainability Improvement loans process in place</li> <li>4. Support for practices to become training practices (delivered in conjunction with NES)</li> <li>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).</li> <li>6. Expansion of community pharmacy services</li> <li>7. GP IT Programme Board established</li> <li>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</li> </ol>	<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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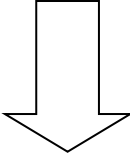
Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						<p>support PCIP and patient safety implementation</p> <p><b>9.</b> 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><b>10.</b> Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements</p> <p><b>11.</b> 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><b>12.</b> 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. <b>13.</b> 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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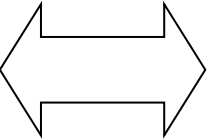
Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

						replacement. (Board papers by Kathy) - implemented <b>14.</b> Roll out of remote server solution - around 50 laptops have been distributed. <b>15.</b> Board appointed GPs where there are issues such as rural practices. <b>16.</b> Re-instatement of Primary Care Sustainability Group (could be opened up to other Primary Care services)			
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Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 017</b>  <b>(added Nov 22)</b></p>	<p><b>Potential Industrial Action:</b> 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 <b>Medium</b>  6 <b>Low</b></p>	<ol style="list-style-type: none"> <li>1. Review and ensure business continuity arrangements are up to date and robust</li> <li>2. Work closely with constituent authorities to fully understand likely impacts.</li> <li>3. Ensure ongoing constructive working relationships with staff side / unions are maintained.</li> <li>4. Consider potential public messaging implications.</li> <li>5. Participate in pan FV and local resilience arrangements.</li> <li>6. Associate medical director for Psychiatry participating in business continuity planning for junior doctors industrial action.</li> </ol>	<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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Appendix 2 CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 6 September 2023 - Exceptions only

<p><b>HSC 018</b>  <b>(Added March 23)</b></p>	<p><b>Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety</b> 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 <b>Hig h</b>  6 <b>Low</b></p>	<ol style="list-style-type: none"> <li>1. Ensure Strategic Planning is Based on robust Strategic Needs Assessment</li> <li>2. Develop Locality Plans (March 23)</li> <li>3. Manage positive arrangements with providers through providers forum (Ongoing)</li> <li>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)</li> <li>6. Ensure sound management arrangements in place to maximise local capacity available. (Ongoing)</li> <li>7. Prioritise transformation programme to maximise use of existing resources (Ongoing)</li> <li>8. Work with constituent authorities to promote partnership</li> </ol>	<p>Chief Officer</p>	<p>Risk added post previous discussion at Audit and Risk Committee and IJB</p>	
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Appendix 2 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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## Appendix 2 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
27 September 2023	Chief Officer Update	Lesley Fulford	Annemargaret Black	N	1) Noted the content of the report. 2) Noted that the 29 November 2023 IJB development session will be delivered by the Standards Commission Scotland. 3) Approved Helen Duncan as a third sector representative on the IJB as nominated by Stirling Voluntary Enterprise. 4) Noted the resignation of the Stirling Council voting member Cllr Danny Gibson from the IJB. 5) Noted Cllr Gerry McGarvey as the new IJB voting member for Stirling Council. 6) Noted 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) Noted 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 were 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) Noted that the Audit and Risk Committee is seeking a (non-voting) member of the IJB to join the committee.

					<p>10) Noted that the IJB Finance and Performance Committee is seeking a Stirling Council voting member to join the committee.</p> <p>11) Noted the memorandum of understanding for Scottish Prisons.</p>
27 September 2023	Financial Report (incorporating initial financial recovery considerations(	Ewan Murray	Ewan Murray	N	<p>1) Noted 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.</p> <p>2) Noted and commented on the integrated financial report including commentary on areas of material variance.</p> <p>3) Noted that estimated financial recovery measures were projected to reduce the overspend on the Integrated Budget to £2.901m.</p> <p>4) Approved the proposed approach in respect of residual Covid funding in earmarked reserves and deployment of a further £1m of service pressures reserve as part of the financial recovery plan for 2023/24.</p> <p>5) Noted that, on the basis of recommendation 3, it was not possible to give the IJB assurance on financial recovery in 2023/24 at this point.</p> <p>6) Agreed that further updates in respect of financial recovery, funding, and 2024/25 financial planning were brought to the Finance and Performance Committee and IJB in November 2023.</p>



					Noted 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.
<b>27 September 2023</b>	2022/23 IJB Audited Accounts and Annual Audit Report	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> <li>1) Noted the recommendation of the IJB Audit and Risk Committee to approve, sign and publish the accounts.</li> <li>2) Noted the content of the Annual Audit Report from Deloitte LLP including the recommendations and management responses contained within the action plan.</li> <li>3) Noted that progress on the action plan will be monitored by the IJB Audit and Risk Committee.</li> </ol>
<b>27 September 2023</b>	Financial Regulations	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> <li>1) Noted the recommendation of the IJB Audit and Risk Committee to approve the revised and updated Financial Regulations</li> <li>2) Noted the revised financial regulations have been updated based on experience since the establishment of the IJB including reflecting current terminology.</li> <li>3) Approved the revised financial regulations and agreed 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.</li> </ol>
<b>27 September 2023</b>	Locality Plans	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> <li>1) Considered and approved the three proposed Locality Plans created in partnership with stakeholders and communities which align with the newly</li> </ol>

					<p>agreed Strategic Commissioning Plan (2023-2033).</p> <p>2) Asked 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.</p>
<b>27 September 2023</b>	Primary Care Update	Dr Kathleen Brennan	Dr Kathleen Brennan	N	<p>1) Noted 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.</p> <p>2) Noted the significant impact that the delivery of the Primary Care Improvement Plan (PCIP) has on general practice capacity.</p> <p>3) Noted 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.</p> <p>4) Approved an update on the options appraisal being reported to a future IJB meeting.</p> <p>5) Noted the challenges in General Practice capacity and sustainability as set out in the report.</p> <p>6) Supported plans to arrange a joint development session to take members of both IJBs through the challenges facing GP</p>

					<p>Practice and the proposals that are being developed to address them.</p> <p>7) Noted the progress being made towards effective Integrated Locality working with the engagement of General Practitioners across the localities.</p> <p>8) Noted developments within the local GP Cluster Network.</p>
<b>27 September 2023</b>	Quarter 1 Performance Report (April – June 2023)	Wendy Forrest	Annemargaret Black	N	<p>1) Reviewed the content of the report.</p> <p>2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports.</p> <p>3) Approved Quarter 1 April to June 2023 report.</p>
<b>27 September 2023</b>	Climate Change Report 2022/23	Lesley Fulford	Lesley Fulford	N	<p>1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.</p> <p>2) Approved the draft Climate Change Report 2022 / 2023 for submission to Sustainable Scotland Network.</p>
<b>27 September 2023</b>	Information Assurance Report	Sarah Hughes-Jones	Sarah Hughes-Jones	N	<p>1) Consider and approve the Information Governance activity for the year 2022/2023</p>

**Minute of the Clackmannanshire & Stirling Integration Joint Board  
Finance & Performance Committee Meeting  
held on 06 September 2023 at 2.30pm via MS Teams**

**Present:**

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)  
Councillor Rosemary Fraser, Stirling Council  
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley  
John Stuart, 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  
David Williams, Scottish Government  
Sandra Comrie, Business Support (Minutes)

**Chair's Welcome and Introductory Remarks**

Councillor Wendy Hamilton welcomed everyone to the meeting.

Councillor Fraser explained she could not attend the November meeting and asked whether she had to submit apologies or arrange a substitution from Stirling Council. Mr Murray explained she could ask a Stirling Council member to substitute but if half the voting members were present, from either Council, the meeting would still be quorate.

**1. Apologies**

Councillor Martha Benny, Clackmannanshire Council

**2. Declarations of Interest**

None

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

Update on the Annual Performance Report, National Health and Wellbeing Indicators, by Wendy Forrest.

Ms Forrest explained that unfortunately, due to capacity issues, the work had not been completed and would be brought to the next Committee meeting, if agreeable with the Committee. To which they agreed.

#### **4. Minute of Meeting held 31 May 2023**

The draft minute of the meeting held on 31 May 2023 was approved.

#### **5. Presentation Section**

##### **5.1 23/24 Budget Projections, Developing Financial Recovery Plan Options & Development of Approach to IJB Directions**

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

Mr Murray explained that the projected financial position is very challenging and early indicators for 2023/24 showed that the health and social care system was under significant financial pressure locally and nationally. Mr Murray provided an overview of the challenges faced across key pressure areas which included prescribing, unfunded beds, workforce, recruitment and retention issues, temporary workforce costs, and higher than normal absence levels. In addition, there were some areas of cost, previously met from COVID funding, which had not been fully exited from and continued to be a legacy at this point. There were also significant inflationary cost pressures, particularly around local government pay increases, and with winter fast approaching.

Mr Murray provided details of the month 4 projections, based on the best information available, showing a net overspend on the integrated budget of just over £7.2 million, taking account of the non-recurring support from reserves, agreed by IJB as part of the initial budget in March 2023. He explained all areas of the budget were under pressure, highlighting prescribing costs and the set aside budget for large hospital services, due to significant pressures around workforce and costs associated with additional contingency beds. As a result, service reduction, rationalisation, and disinvestment would need to be considered along with efficiency and transformation to ensure sustainability over 2024/25 and 2025/26 and would require collaboration across the whole system.

The process for the recovery plan was outlined including a review of the integrated budget, further reserves support, and the reduction of service pressures reserves. However, it was noted that due to the challenges being faced, it would be difficult to provide assurance that the impact of these risks could be materially reduced in 2023/24.

A brief overview of the Savings and Efficiency Plan and Thematics was provided along with an update on the next stages and the work to be progressed which Maxine Ward, Interim Head of Community Health and Care was supporting, to understand the opportunities available. Ms Black explained the importance and focus on early

intervention and prevention along with demand management and unmet needs in the community.

The Committee discussed in detail the national financial position across the system including additional winter funding, prescribing, and staffing/vacancies and how this could be raised and considered by Scottish Government.

As chair of the IJB, Mr Rennie sought assurance that the actions regarding the savings plan and reserves plan were going to the September IJB. Ms Black confirmed this would be the case and Mr Murray was progressing with Esther Stewart regarding potential future proposals for savings and how to develop these.

### **The Committee agreed to take Item 6, as this point in the agenda**

#### **6. Finance Report**

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

Mr Murray explained he had been working on restructuring and reformatting the style of the report to suit the needs of the Senior Management Team, IJB and Committees. The revised style of the report contained organisational elements and a topic-based structure. Working across three different ledger systems made the consolidation and analysis of data quite complex and it was explained that minimising manual intervention in consolidating data would reduce potential error. The next stage of the process included building a dashboard to make key financial issues more visual was required. Mr Murray welcomed the Committee's feedback as the report was still a work in progress, which would improve over time.

Mr Murray confirmed an updated version of this report would be presented at the September IJB providing further clarity and further review of reserves. Although a full recovery plan would not be ready for the next IJB, an update on the progress would be. Mr Murray agreed to provide a route map on the review of medium-term financial planning and the building of the budget for 2024/25 at the next Committee meeting and to the IJB in November.

In response to a question from Councillor Hamilton regarding whether the care home eligibility criteria were the same for both Clackmannanshire and Stirling Council, and if care home packages were still being provided; Ms Forrest explained the criteria were the same but a better understanding of what was driving additional placements was required. She suggested the potential for a deep dive into this which would provide the Committee with a better understanding and provide assurance that the practice and application were consistent. Maxine Ward, interim Head of Community Health and Care was also reviewing the current arrangements for care at home providers in Stirling.

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

- 1) Discussed and commented upon the revised style of financial reporting.**
- 2) Noted 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.**
- 3) Noted that a presentation on developing options for financial recovery, in line with the Integration Scheme, would be presented to the committee alongside the report.**
- 4) Noted the position with regard to IJB reserves.**
- 5) Discussed the view of building a case for offsetting some ongoing costs previously charged to Covid funding from residual Covid earmarked reserves.**

## **5.2 NRS Annual Drug and Alcohol Death Statistics 2022**

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

Ms Forrest provided data and trends in relation to alcohol specific deaths which mirrored the Scottish average over the last 10 years and the increase across Scotland as a whole. She explained deaths were strongly associated with inequality and that supporting the social determinants of health could reduce these and long-term harms.

Drug related deaths rates in Scotland have significantly increased since 2013 but have reduced since 2021. While there had been a significant spike in 2020 for Stirling this had settled, and figures were now below the national average for drug-related deaths. However, alcohol specific deaths in Clackmannanshire, Stirling, and Falkirk were in the upper range for Scotland. The National Drugs Mission included additional funding for the Alcohol and Drug Partnerships (ADPs) which had been invested in some of the local communities' drug and alcohol-related issues. Ms Forrest highlighted the Medication Assisted Treatment (MAT) which had been effective in some areas in treating and helping people sustain recovery.

Ms Forrest advised that by improving the quality of life and quality of care for people at risk of substance use harm, deaths could be prevented. Along with appropriate support provided within the context of people's lives including families. Through a Human Rights Based approach, individuals affected would be able to play a critical role in developing systems of care and support.

Ms Forrest explained that going forward there had to be awareness of learning from adverse deaths and how families were affected. She confirmed that Clackmannanshire Council had now signed off its naloxone policy and was making positive steps to ensure communities were more resilient. Finally, Ms Forrest confirmed that Integrated working across community services was in place to ensure there was a whole system approach, working with the third sector, and being responsible within communities to support people around the issues of drug and alcohol.

## 7. Quarterly Performance Report (April - June 2023)

Annemargaret Black, Chief Officer, presented the paper to the Committee.

Following approval of the 10-year Strategic Commissioning Plan by the IJB in March a review of the performance framework that aligned to the key performance indicators of the strategic themes and priorities had been underway. The new updated style of the Quarter 1 Performance Report would continue to develop further and was being presented to the Committee for their comments. To understand performance in particular areas/services in more detail it was beneficial to carry out a deep dive. Ms Black highlighted a recent deep dive into unscheduled care and explained it would be useful to have further deep dive sessions on the delayed discharges waiting list (particularly for people who had not yet been assessed), mental health, and packages of care.

The performance report was laid out in strategic themes and Mr Black presented some highlights to the Committee in relation to:

### **Prevention, Early Intervention and Harm Reduction**

There had been a significant reduction in the falls rate, and increased training for overdose awareness, and Naloxone training. Included within the report were a number of new indicators including disability services and outcomes while the indicators for SDS continued to be developed.

### **Achieving Care Closer to Home**

The positive impact of the hospital at home service redesign resulted in fewer bed days being used, compared to previous numbers. There were improvements in the number of HSCP residents moved into immediate care and the number of people waiting for a package of care. There were improved indicators around care closer to home, and the number of residents waiting for reablement and waiting to move to a provider. There was also an improvement in the number of people requiring reduced or no care hours, after a reablement package.

### **Supporting empowered people and communities**

Two improved indicators were carers access and support and carers support plans in place. The data around adult support and protection was still under development.

Plans to reduce loneliness and isolation were underway in collaboration with third-sector colleagues. High areas of risk areas were the financial resilience of the IJB and the HSCP, and the experience of service users and unpaid carers.

Mr Rennie suggested an executive summary was added to the report to highlight key points and explain the data more clearly. As some performance indicators may be more important than others, it would also be helpful if the report included specific targets on these and benchmarking. Ms Black explained that an improved version of the report would be presented at the September IJB.

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

- 1) Reviewed the content of the report.



- 2) **Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.**
- 3) **Approved Quarter 1 April to June 2023 report to be presented at Integration Joint Board.**

## **8. Locality Plans**

Wendy Forrest, Head of Strategic Planning and Health Improvement, presented the paper to the Committee.

Ms Forrest explained the Locality Plans had been updated and contained more detail and specific timescales. Each Locality Planning Network Group now had a chairperson, Councillor Hamilton for Clackmannanshire, Mike Evans for Stirling Rural, and Alan Clevett for Stirling Urban. Ms Forrest confirmed she had attended the Locality Planning Network Groups and met with all the chairpersons to support them to improve and refresh the plans. Following the process of engagement across the networks, the focus for each of the Locality Plans was agreed upon. Third sector colleagues had mapped out all the third sector organisations in each locality, to ensure there was an investment in early intervention and prevention. Ms Forrest explained that she and Mr Murray were working on moving some of the budget into the early intervention and prevention agenda, helping to build resilience with both the third sector and independent sector.

Ms Forrest was pleased to report that the refreshed Locality Plans were based on the well-being of local communities and individuals through demographics, local intelligence, and the data available. The work was carried out in conjunction with the multidisciplinary team, including GP Clinical and Pharmacy Leads.

Mr Johnston asked how the actions would be monitored and evaluated going forward. Ms Forrest explained that the chairpersons for each Locality Planning Network Group had the oversight to ensure all the work would be carried out. She explained that progress updates would be included in the quarterly performance reports.

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

- 1) **Considered the three proposed Locality Plans - which align with the Strategic Commissioning Plan (2023-2033) - sought approval of the Plans at the Integration Joint Board.**
- 2) **Requested Officers provide an annual update to the Finance and Performance Committee, in line with the annual review of the Strategic Commissioning Plan and in addition to quarterly updates provided to the Transforming Care Board and Strategic Planning Group.**

**FOR NOTING ONLY**

**9. Briefing Note on Death from Alcohol and Drugs Statistics (accompanies item 5.2) – noted**

**10. AOCB**

As there was no other competent business the Chair closed the meeting.

**11. Date of Next Meeting**

01 November 2023

**Minute of the Clackmannanshire & Stirling Joint Staff Forum held on  
Wednesday 5 July 2023 @ 2.30pm via Teams**

**Present:**

Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)  
Annemargaret Black, Chief Officer, HSCP (AB)  
Robert Clark, Employee Director, NHS Forth Valley (RC)  
Caroline Dempsey, Interim Locality Manager, Stirling HSCP  
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)  
Wendy Forrest, Head of Strategic Planning & Health Improvement, HSCP (WF)  
Linda Guy, HR Manager, NHS Forth Valley (LG)  
Karren Morrison, Unison Branch Secretary FV (KM)  
Sonia Kavanagh, Business Manager, HSCP (SK)  
David O'Connor, Regional Organiser, Unison (DOC)  
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)  
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)  
Caroline Robertson, Locality Manager Clackmannanshire, HSCP (CR)  
Brian Wilson, GMB Stirling Council (BW)

**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)  
Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)  
Kelly Higgins, Senior OD Adviser, HSCP (KH)  
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)  
Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)  
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)

**3. Minute of Meeting of 3 May 2023**

This minute was approved as an accurate reflection.

**4. Matters Arising**

**H & S Group TOR**

No update ToR to be brought back to next meeting if H & S group have agreed this.

**Matter Arising next meeting.**

**Update on SCO's**

Caroline D & Wendy to pick up with Abigail and update to next meeting.

**Matter Arising next meeting.**

**H & S issues**

At the last meeting we agreed we would add an additional hour to this meeting to go through H & S issues. However, we have been unable to get together with H & S reps to establish this so we will try again and hopefully this will be in place for the next meeting.

**DOC** conscious that this had been outstanding for a few meetings – ToR to be circulated before next meeting.

**KM** acknowledge that she had not attended the previous meeting and queried why we would be discussing H & S issues at this meeting when there is already an established H & S committee. If there were significant issues, then a paper should come to this group.

**AB** advised that we have no other forum where we have a collective oversight of the H & S Issues between management & trade union colleagues. A short sharp overview of any issues so that we were all sighted together. If we feel it is a duplication happy to discuss further.

**DOC** worthwhile seeing what the H & S ToR says. There has always been the discussion of what is the purpose of the JSF and the purpose of discussing H & S. The idea was not to duplicate the H & S committees but to highlight what the issues were and see what is happening in all the areas and what might affect us.

**AB** asked if we could tag an item on to this meeting and get the H& S Advisers to attend to give us a highlight on anything that we need to know about from the H&S Forum

**KM** advised that there are specific legal requirements about the makeup of committees, who should be there, who should not be etc. What **DOC** is saying makes more sense in terms of issues raised that may affect our members. We must be careful re H & S issues.

**AB** advised that we do have the fora but is content to leave as is and if colleagues here who are on the forum feel escalation is required this could be accommodated.

**AB** requested that **KM** have a chat with other TU colleagues around this and we will pick up at the next meeting.

### **Matter Arising Next Meeting**

#### **5. Recruitment to Head of Health & Community Care & Locality Manager Stirling Vacancies**

Caroline Dempsey is the acting locality manager for Stirling. A temporary Head of Service will be starting on 31 July. Interviews for the Head of Services will be on 1 August.

#### **6. Management Update/Service Pressures WINTERPLANNING**

**AB** advised winter planning started last week. We are already experiencing more people being delayed in discharge and acute services are currently under pressure. In the absence of a HOS, **AB** has been meeting with Barry Sneddon, Judy Stein & Commissioning on a weekly basis. Our performance has deteriorated from previous years. We are looking for extra capacity to get people back home and we need to be in a good position to cover winter.

#### **CARE HOME PROVIDER**

**AB** advised that a major provider of care homes in Scotland could be withdrawing from the market if they are not paid more. We do not have any of their care homes locally. We are participating in national discussions around this.

The NCHC negotiations are also ongoing. Potentially this is a big risk if we can't get that agreed then in theory it will require individual negotiations with providers.

#### **Ten Year Strategic Commissioning Plan**

**AB** advised that this was signed off at the Integration Joint Board on 29 March 2023. The year one delivery plan (draft) was signed off at the 21 June IJB. **AB** is now further engaging with the three Chief Executives on this. Actions from this will then form the senior management team objectives and thus tighten up governance on our priorities.

Part of our priorities this year also needs to fully implement the public bodies act which includes Directions. The IJB should be sending out detailed directions to the Health Board and both Councils about the services they should be providing with the funding that goes along with that. The delivery plan should form the basis of the IJB Directions. Previously IJB directions have been high level.

**DOC** queried if the ten-year strategic commissioning plan was discussed with TU colleagues? **AB** advised that there has been engagement with trade union colleagues, Chief Executives, Elected Members, the three locality planning groups, community groups and there was also an internal audit completed. The audit gave substantial assurance that the engagement and all the actions available had been taken.

### **CARE INSPECTION**

There has been a range of inspection activity in Specialist Mental Health Services. There was an unannounced HIS inspection - verbal feedback provided was good and complimented staff. There are a few issues for improvement. The Mental Welfare Commission have also visited recently. These are usually themed visits, but these were unannounced, verbally there was no concerns raised and reports are expected shortly. MH staff under enormous pressure in terms of our ability to recruit.

There is a ward closure in CCHC due to an ASP large scale investigation. Chief Nurse will hear feedback today. We have put a stop on admissions and a decision will be made later this week regarding re-opening.

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

This has now moved to a monthly meeting. Deep dives are being carried out on specific topics. The last one carried out was on unscheduled care. This went well, and they advised that they have a better level of assurance that we know what we are doing. Integration is still part of the ongoing work. David Williams is reviewing from an IJB/Health Board perspective. Assurance Board fed back they were more assured with this area of work on a whole systems basis.

John Brown is completing the governance review, and this is due to report this month. This will go into the public domain.

#### **8. OD & Wellbeing Update**

Kelly was on annual leave and had provided a written update.

**WF** advised that KH & Aileen (Health Improvement Team) have been supporting culture work with colleagues from NHS. They have been out facilitating sessions. We are also planning to have roadshow events in Autumn for all staff.

**KM** wished to compliment the staff on the coffee machines and the wellbeing packs. This was an excellent idea. Small simple things can make a difference.

**RC** advised that there is an NHS endowment fund. RC is on the group as is KH.

#### **9. Update on Business Case**

IJB Rapid & Rural – we have managed to recruit into social care and AHP's have been recruited.

Remove as standing item but matter arising for next meeting – Query do we have all the AHP posts recruited to. **Matter Arising Next Meeting**

#### **10. Service Updates**

##### **Stirling Locality**

A written report had been provided, which was for noting. Caroline added that it was business as usual in Stirling – a few issues in terms of vacancies, sickness pressures. Adult Support and Protection work continues and demands continue to be challenging.

### **Clackmannanshire Locality**

No report was received as Caroline had been on leave. Demand continues to rise. Today have had a breakthrough and our temporary staff will be made permanent. Delighted for staff and this has boosted morale.

### **Mental Health & Learning Disability**

Nobody was in attendance –

AB had update throughout the meeting on HIS inspection & MWC inspection.

### **Hospital, Reablement & District Nursing**

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

## **11 STANDING ITEMS**

### **Health & Safety**

#### **H & S Partnership Group Minutes 190123**

These were for noting.

## **12. AOCB**

### **Bellfield Uniforms**

These have now been received and this is resolved.

### **Junior Doctor Strike Action**

**KM** enquired regarding the preparation the Partnership has in place for the Junior Doctor Strike scheduled for 12 – 15 July, as she has had little engagement by health.

**AB** advised that gold command has been set up by the health board. The understanding is there has been national negotiations and rejected offer but there may be another offer.

The Medical Director has looked at the risk and where the gaps will be and has asked other doctors to come in and cover i.e. consultants. In Primary Care the GP leads are advising there will be no impact as the junior doctors are brought in in a different way from that of acute. Jim Crabb from mental health has been attending that meeting. We have been asked onto Silver Command, Jen Borthwick will be representing the Partnership.

**RC** advised that a group had been set up although RC did not attend the meetings. RC has cautioned them we will not be compliant if they are trying to bring our members of staff into cover their junior doctors i.e. allocating additional ANPs to cover.

**KM** advised that the strike could have a huge impact on our staff. We should be involved in some capacity as could cause huge disruption and our staff may not want to cross the picket line.

**DOC** advised that he had not received any info from BMA.

### **Access to IT for Domestic Staff**

**RC** advised that Domestic Staff when completing matters & online learning have been advised that there is an agreement that staff should have access to any computer within the organisation.

### **New Build Care Home at Orchard House**

**RC** asked if this is something that the Partnership will use.

**AB** advised that we can only pay the NCH rate. Many people moving in will be self-funders.

**CD** advised that a couple of staff had gone along to visit the home and they had been advised that roughly 20% of their beds will be kept for local authority use.

**AMB** advised that the Council had recently reminded us from an NHS perspective that we can put objections in to any planning applications. The Planning committee usually write to the health board. AB has raised with primary care and Scott Williams, and he has put in some objections. There is also an impact as staff are leaving us to go and work in the new homes.

**WF** advised that Commissioning colleagues are asked by planning within both Local Authorities and Primary Care can raise objections. We essentially have two opportunities to input. Co-ordination is needed on this, and we should work closely with the committee.

- 13. Date of Next Meeting(s)**  
Thursday 21 September at 10am

## Strategic Planning Group

Minute of meeting held on 17 August 2023 @ 2.30 pm Stirling Council, Council Chambers, Old Viewforth, Stirling, FK8 2ET and via MS teams

Name	Position
<b>In person</b>	
Allan Rennie	Integration Joint Board Chair and Chair of Strategic Planning Group (Chair)
Hazel Meechan	Public Health, NHS Forth Valley
Wendy Forrest	Head of Strategic Planning and Health Improvement, C&S Health & Social Care Partnership
Simon Jones	Lead Officer Alcohol & Drug Partnership, C&S Health & Social Care Partnership
Hazel Chalk	Short Break coordinator, S&C Health & Social Care Partnership
Jessie Anne Malcolm	Public Involvement coordinator NHS Forth Valley
Linda Riley	Service User Representative
(Emma Bowen	PA Support to L Riley)
<b>MS Teams</b>	
Abigail Robertson	UNISON Representative, Stirling Council;
Liz Rowlett	Partnership Officer, SVE & CTSI
Lesley Fulford	Senior Planning Manager, C&S Health & Social Care Partnership
Ewan Murray	Chief Finance Officer, IJB/C&S Health & Social Care Partnership
Helen Duncan	CEO, Town Break
Agnes McMillian	Falkirk and Clackmannanshire Carer's Service
Michelle Duncan	Planning & Policy Development Manager, C&S Health & Social Care Partnership
Elizabeth Ramsey	Carer's Representative
Marjory MacKay	Strathcarron Hospice, NHS Forth Valley
Kelly Tulloch	NHS FV
Anthea Coulter	CTSI Third Sector Interface
Jennifer Baird	Contract & Commissioning Service Manager, C&S Health & Social Care Partnership
Colleen McGregor	Centre Manager, Stirling Carer's Centre
<b>In attendance</b>	
Fiona Norval	Minute taker / PA
<b>Apologies</b>	
Annemargaret Black	Chief Officer, C&S Health and Social Care Partnership/IJB
Lorraine Robertson	Chief Nurse, Health & Social Care Partnership
Marie Valente	Chief Social Work Officer Stirling Council
Lesley Middlemiss	Primary Care Improvement Programme Manager, NHS Forth Valley
Shiona Hogg	AHP Manager, C&S Health & Social Care Partnership
Judy Stein	Stirling Locality Manager, C&S Health & Social Care Partnership
Julie Anne Moore	Locality Leader Alzheimer's Scotland
Caroline Robertson	Clackmannanshire Locality Manager, C&S Health & Social Care Partnership



## 1. Welcome from Chair & Apologies for absence

Allan Rennie welcomed all to the Strategic Planning Group (SPG) which will take place as a Hybrid meeting.

## 2. Draft Minute of meeting held on 15 June 2023 @ 2.30 pm -

The note of the meeting held on the 15 June 2023 @ 2.30 pm – was approved as an accurate record.

## 3. Action Log & Matters Arising

Action Log was picked up via agenda in meeting and updated.

## 4 Annual Delivery Plan Update - Wendy Forrest, Head of Strategic Planning & Health Improvement

Wendy Forrest shared a presentation advising the Strategic Delivery Plan and Operational Delivery Plan sets out the actions and planning around the implementation of the Strategic Commissioning Plan 2023 – 2033, and explained the linkage of the plans to the budget.

The Five objectives for implementation:-

- Governance & Performance
- Communication, Engagement & Participation
- Culture & Wellbeing
- Transformation Priorities
- Operational Priorities

A quarterly report will be present to this meeting showing the delivery against our Strategic Commissioning Plan (SCP), along with the Annual Performance Report.

Wendy Forrest advised two deep dives will take place, one in Alloa the other in Callander as part of the commitments linked to our Strategic Commissioning Plan. This work would be undertaken collaboratively with colleagues from NHS and PH.

Discussion took place around how we benchmark against other areas-

- are we happy with the targets and outcomes?
- what do we do if we do not meet our targets?
- what are the issues that are preventing us reaching our targets?

SCP Priorities are a guide to decision making and how we spend money.

It was agreed the targets need to be clear and useful, we need to make sure targets we agree are stretched, but realised within current resources. It would be useful for people of this group to ask F&P and IJB around what they would wish to see around performance; targets numbers and what we mean about performance and targets.

We will increasingly need to consider investment decisions and thinking around this, and whether there is an appetite for risk. There is a requirement to realign resources to a more preventative strategy as currently IJB's are not in the long term financially viable.



Discussion took place around whether unpaid carers are included in the Workforce Plan. Wendy Forrest advised that they sit on their own as an important workforce but not within the employee workforce. It is essential that we support carers to be carers, support with short breaks etc. We will have a core group of people supporting carers to which in turn will make the offer to then larger. The Carers budget will be protected this year.

Discussion took place around the work undertaken by Anchor and whether looking at prevention pieces as a collaborative, looking locally to help understand how our money is being spent.

Work is ongoing around undertaking an assessment of our current resources to ensure that they clearly align to our priorities. It is quite difficult to get to the detail of this, but it should get us collectively and better clarity of dialogue with the public are we better spending our resources, to be discussed at the next Strategic Planning Group meeting.

## **5 Locality Plans - Locality working update and key actions**

Wendy Forrest shared a presentation and provided an update showing the key areas identified by Locality Planning Networks:-

- Multi-disciplinary working – primary care / social work / social care / third sector & independent sector
- Well-being and exercise / good health
- Dementia – community support / peer support / carer support
- Communication – between services
- Communication – between services and communities – good & consistent public information on services
- Community support services e.g. toenail cutting
- Community link workers programme

Wendy Forrest advised that herself and Dr Kathleen Brennan. GP NHS Forth Valley Stirling GP Clinical Lead for Clacks and Stirling HSCP are currently attending GP Cluster meetings, where there is an appetite for this work to continue, to work better together, clearly and avoid duplications, working with LPN chairs.

The next steps are:-

- Locality Planning Networks
- SMART Action Plans for each locality
- Community Listening events across our communities in partnership with third sector

Discussion took place around areas we can improve on to ensure people have easy access to services and services that work for them. There is a need to be more consistent around our communications; no matter who a person speaks to they will get the same message and advice, thought is required around how to do this.

Through the Locality Plans the communities have advised us what they wish us to work on, the question for this meeting; do you agree the priorities? And or do we think we missed anything, with a caveat substance would be based with ADP.

The work to undertake these priorities sits elsewhere within the partnership but this group advised they would be happy to support these priorities.



Discussion took place around whether anything was missed within the community priorities Signage, transportation and housing were mentioned. Wendy Forrest advised she would be content taking account of transport and housing as other areas to consider, as part of a broader partnership. Transport would sit within the Anchor Board, and bring the housing to the C&S HSCP - Specialist Housing Forum, where funding has been agreed for a policy post which will pick up some of this work and deliver against a range of housing issues. Important point to note is that the budget which is delegated into IJB does not cover that community work.

Discussion took place around the Regional Transport Strategy, Consultation on a New Regional Transport Strategy 2024-2034 - [Regional Transport Strategy - Tactran](#) – who are working on a new Tayside and Central Scotland Regional Transport Strategy to consider the challenges and opportunities that have arisen since 2015

Action:	All issues/points raised across partnership meetings to do with Transport, from LPN meetings to be brought to a future SPG meeting
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Anthea Coulter advised that transport is a big issue for Clackmannanshire, she has put forward a suggestion to co-chair Pete Leonard, Strategic Director for Place for a transport discussion possibly in mid-September as there are a range of issues including how to get to the Wellbeing Campus going forward.

## **6 Human Rights and Rights Based Approach – Update - Simon Jones, Alcohol and Drug Partnership Lead**

Simon Jones shared a presentation around developing our Human Rights Based Approach, explaining Human rights-based approaches (HRBA):-

Align with PANEL principles, set out by Scottish Human Rights Commission

- Participation of people across the whole system.
- Accountability of duty-bearers to rights-holders.
- Non-discrimination and equality are actively committed to.
- Empowerment of people to know their rights and participate.
- Legally compliant.

In practice, people who use services, their families and staff should see:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

FREDA principles link back to legal rights.

Discussion took place around implementing and developing our HRBA. Practical actions that can be taken:-

- Improving rights awareness across the system through partnership with REACH Advocacy. In community settings, and areas of service.
- Developing accessible structures for accountability



- Reviewing policies and procedures, with experience involvement, to ensure rights compliance

HRBA is about looking at things in a different way.

Alan Rennie keen to see a deep dive on this topic at a future IJB seminar session. Liz Rowlett advised that, THRE - Third Sector Human Rights & Equalities is a new nationwide project led by GCVS in partnership with HTSI and EVOC. They are working with Scotland's Third Sector Interface organisations (TSIs) to develop resources, training and networks to support third sector organisations towards taking a human rights and equalities first approach to their organisational development and delivery. They will also be working to give organisations and individuals the skills to become human rights and equalities champions, allowing the sector as a whole to better challenge inequalities and make a positive difference. Staff based in Glasgow, Edinburgh and the Highlands who will work with their local TSIs to give the project national reach combined with a local understanding of the needs of the third sector across Scotland. THRE is funded by The Scottish Government Equality and Human Rights Fund which is managed by Inspiring Scotland

Human rights and equality training available for free at THRE project [THRE - Third Sector Human Rights & Equalities Events | Eventbrite](#)

## **7 Financial Update - Ewan Murray, Chief Finance Officer**

Ewan Murray shared a presentation titled “needs Led Resource Bound”, and provided an update on the Financial Outlook 23/24 and beyond advising:-

- Early 23/24 Indicators are H&SC system under significant financial pressure (locally and nationally)
- Key pressure areas
- Prescribing
- Unfunded Beds
- Temporary Workforce Costs
- Legacy Covid costs
- Traction on delivery of efficiency and savings programmes
- Inflation / cost pressures
- Pay

Work is currently on going on Month 4, which will reported to the F&P and IJB in September.

The next stages will be:

- More integrated financial reporting to F&P & IJB
- Alignment of budget / spend to strategic priorities
- Risk appetite and tolerance development session with IJB
- Review transformation programme and efficiency and savings programmes (outcomes and alignment)
- Initial financial recovery options (F&P, IJB, next SPG)
- Financial element of delivery plans
- Review of Medium Term Financial Plans
- Benchmark with other areas including difficult decisions and impact/risk



- Intelligence sharing and use of national networks including Health and Social Care Scotland

**8 Any other business & close**

None

**9 Date of Next Meeting:-**

Thursday 12 October 2023 @ 2.00pm –The Boardroom, NHS, Carseview House, Castle Business Park, Stirling, FK9 4SW - Hybrid



**Minute of the Clinical and Care Governance Group meeting held on Thursday 20 July 2023, at 2.00pm, via Microsoft Teams**

**Present:** Dr James King, GP Clinical Lead and Locality Coordinator (Chair)  
Lorraine Robertson, Head of Nursing (Vice Chair)  
Marie Valente, CSWO, Stirling Council  
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley  
Caroline Robertson, Stirling Locality Manager  
Shiona Hogg, AHP Manager

**In Attendance:** Joanne Sweeney, ASP Lead  
Tracey Main, Senior Pharmacist (Item 4)  
Claire Stanners, Lead ANP (Item 4)  
Sonia Kavanagh, Business Manager (Minute)

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**DEEP DIVE – ASP Improvement Plan update**

Joanne Sweeney, ASP Lead went through the various improvements and actions detailed in the Improvement Plan. The plan itself had been rag rated to enable specific focussed planning by the Short Life Working Group.

The need for attendance at multiagency meetings and compliance with the relevant training was highlighted. This showed an improvement and further training was due to take place in September and November. In relation to Adult Protection Case Conferences, although meetings were convened timeously there were occasions where these were not quorate as not all multidisciplinary teams were represented, this risk had been escalated to the ASP Committee.

The ASP Lead Officer post which NHS Forth Valley had committed to recruit to following the ASP Inspection, was now back out to advert.

Joanne Sweeney provided further detail regarding self-evaluation and particular processes including use of risk assessment templates and chronologies which were also national issues. Further discussion and agreement was required regarding where chronologies should be recorded and stored/updated along with appropriate training to ensure consistency.

Particular challenges were identified in relation to IT systems to meet data requirements of the Scottish Government and training due to operational pressures although this was improving.

The Clinical and Care Governance noted the progress being made across the various actions and the concerns due to capacity including chairing ASP Case Conferences and the need for an Independent Chair. Discussed the need for experienced Social Workers who could also support those newly qualified and the labour intensive systems currently in place

which required further consideration and professional advice on from others for example Care Inspectorate to understand potential areas to reduce labour intensive methodologies.

## **1. WELCOME AND APOLOGIES FOR ABSENCE**

Dr James King welcomed everyone to the meeting. Apologies for absence were noted on behalf of Sharon Robertson, Lorraine Robertson, Judy Stein, Barry Sneddon and Lesley Fulford.

## **2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 18 May 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. Intravenous Therapy at the Bellfield**

Claire Stanners provided a brief outline of the advantage of introducing a mechanism for the administration of Intravenous (IV) Therapies for a defined group of deteriorating patients in the community hospital, rather than being transferred back to Forth Valley Royal Hospital as per the current option in the emergency care plan, ReSPECT for Level 1 care. This was also part of the Deteriorating Patient Leadership Improvement programme within NHS Forth Valley and the larger Scottish Patient Safety programme.

The proposal, which followed an initial successful trial, would offer better service and delivery of care, supporting those who were elderly with advance frailty and/or life limiting illness in the Wallace Suite, Bellfield. A Standard Operating Procedure including clear inclusion and exclusion criteria would be used and staff had undertaken necessary training.

The Clinical and Care Governance Group noted and agreed with the positive proposal to support patients in the community unless it was absolutely necessary to be transferred back to acute and the upskilling of staff which developed their learning and experience.

## **5. 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.

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

Caroline Robertson provided a verbal update including the progress to recruit two Social Workers and a Team Manager. Demand continued to increase week on

week including the number of ASP Case Conferences partly due to the improvements made as discussed earlier in the agenda.

Highlighted the improvements made in Menstrie House with the interim manager and the ongoing work to progress and maintain the improved grades. However, it was noted that the interim manager wished to return to their substantive post and this was being considered to understand how to manage this and any potential risks.

**5.2 Integrated Mental Health Service and Learning Disabilities**

The report provided relevant details and updates.

**5.3 Reablement, TEC, Community Nursing and Hospital**

The reports provided relevant details and updates.

**5.4 Stirling Locality**

Noted the interim Locality Manager was currently off and the capacity challenges across the teams.

**5.5 AHP**

The report provided relevant details and updates including particular areas rated red in relation to resource budgets and waiting times as well as the areas of good performance.

**5.6 Discharge without Delay and CCHC**

The report provided relevant details and updates including ongoing work to meet delayed discharge targets with 2 clients currently on waiting list with an assessment ongoing and no vacancies.

**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.**

**6. ITEMS FOR OVERSIGHT AND ASSURANCE - Noted**

**6.1 Non-Clinical Claims report: June 2023**

**6.2 HSCP Complaints: NHSFV, Stirling Council, Clackmannanshire Council**

**6.3 Standards and Reviews report: May 2023**

**6.4 Letter from Care Inspectorate regarding Large Scale Investigation**

**7. AOCB**

Lynda Bennie highlighted the NHS Forth Valley Clinical Governance Safety Culture event due to take place on 15 August 2023. An opportunity to share information eg adverse event process, human factors and safety culture discussions.

**8. DATE OF NEXT MEETING**

**Thursday 21 September 2023 at 2pm**