

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **27 March 2024, 2 pm – 5 pm** at Forth Valley College, Stirling Campus, and hybrid via MS Teams

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

AGENDA

1. Welcome and Apologies
2. Declaration(s) of Interest
3. Draft Minute of the Integration Joint Board meeting held on 29 November 2023
4. Action Log
5. Case Study David Williams
6. Chief Officer Update Verbal

2.15 – 2.45 pm

For Decision with Direction

7. Financial Report Ewan Murray
8. IJB Revenue Budget 2024/25 Ewan Murray
9. Palliative and End of Life Care David Williams

2.45 – 3.45 pm

For Decision without Direction

10. Revised Clinical and Professional Care Governance Framework David Williams
11. IJB Strategic Risk Register Ewan Murray
12. IJB Membership and Roles Lesley Fulford
13. Review of Directions Policy Ewan Murray
14. Committee Terms of Reference Ewan Murray
15. Strategic Commissioning Plan-Strategic Delivery Plan Wendy Forrest
16. Quarter Three Performance Report Wendy Forrest

3.45 – 4pm

Tea/Coffee Break

4 – 5 pm

For Consideration and Noting

17. Delivering the Commissioning Consortia Wendy Forrest
18. Clackmannanshire and Stirling Chief Social Work
Officers Reports 2022-23 Sharon Robertson & Marie Valente
19. Committee Annual Assurance Statements Councillors Earl and Hamilton
20. Transitions Policy Wendy Forrest
21. Minutes
 - a. Finance and Performance Committee – 01.11.2023
 - b. Audit and Risk Committee – 13.09.2023
 - c. Joint Staff Forum – 30.11.2023
 - d. Strategic Planning Group - 14.12.2023
 - e. Clinical and Care Governance – 16.11.2023
22. Date of next meeting
19 June 2024

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 3

Draft Minute of IJB Meeting held on
29 November 2023

For Approval

Approved for Submission by	Ewan Murray, Chief Finance Officer
Paper presented by	N/A
Author	Sandra Comrie, Business Support Officer
Exempt Report	No

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 29 November 2023, at Ceteris, Alloa Business Centre, Alloa and hybrid via MS Teams

PRESENT

Voting Members

Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Gerry McGarvey (Vice Chair), Stirling Council
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Amanda Croft, Interim Chief Executive, NHS Forth Valley

Non-Voting Members

Ewan Murray, Chief Finance Officer, IJB and HSCP
Narek Bido, Third Sector Representative, Clackmannanshire
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Robert Clark, Employee Director, NHS Forth Valley
Paul Morris, Service User Representative, Clackmannanshire
Louise Murray, Carers Representative, Stirling
Julie Morrison, Union Representative, Stirling

Advisory Members

Lesley Fulford, Senior Planning Manager
Carol Beattie, Chief Executive Stirling Council
Nikki Bridle, Chief Executive, Clackmannanshire Council
Sophie Gardiner, Resources & Governance-Legal Services, Clackmannanshire Council
Lee Robertson, Senior Manager Legal & Governance and Monitoring Officer, Clackmannanshire Council

In Attendance

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

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

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

Apologies for absence were noted on behalf of:

Annemargaret Black, Chief Officer
Andrew Murray, Medical Director, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling
Nicola Wood, Interim Chief Nurse, HSCP
Eileen Wallace, Service User Representative, Stirling
Councillor Janine Rennie, Clackmannanshire Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Abigail Robertson, Staff Representative, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

Ewan Murray for Annemargaret Black, Chief Officer
Julie Morrison for Abigail Robertson, Staff Representative, Stirling Council

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. CASE STUDY

Due to technical issues, this item did not go ahead.

5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

5.1 ACTION LOG

Noted with the following amendments.

Mr Fairbairn queried whether there should be an action regarding working towards the implementation of the Directions policy. Mr Murray agreed and confirmed this was still being discussed with the Chief Officer and Chief Executives of the constituent authorities to progress.

Mr Murray confirmed there should also be an action relating to Primary Care updates as this was now hosted by the Falkirk Integration Joint Board. The newly appointed Head of Primary Care, Judith Proctor, would be part of the process for providing updates to the Integration Joint Board (IJB) going forward.

It was agreed that these items be recorded on the next action log for the March meeting.

6. DRAFT MINUTE OF MEETING HELD ON 27 SEPTEMBER 2023

The draft minute of the meeting held on 27 September 2023, was approved subject to the following amendments:

- Amanda Croft and Gerry McGarvey were added as being present.
- The date of the previous minute was amended to 21 June 2023.

7. CHIEF OFFICER UPDATE

The IJB considered the report provided by Mr Ewan Murray, Chief Finance Officer.

Mr Murray provided updates on a range of areas including the new appointments to the IJB and both Committees, delayed discharges, Medication Assisted Treatment, NHS Forth Valley escalation and winter planning for 2023/24.

As a partnership, NHS Forth Valley, Falkirk Health and Social Care Partnership and Clackmannanshire and Stirling Health and Social Care Partnership submitted a bid, to Scottish Government, to be a pathfinder, for the full implementation of the Primary Care Improvement Plan. Mr Murray explained that he would provide the IJB with an update on the outcome when known.

Mr Murray explained that he, the Chair and the Vice Chair of the Audit and Risk Committee had agreed to reschedule the meeting arranged for 6 December to 21 February 2024. This was due to limited business being available for consideration and to allow for focus on the development of the 2024/25 service and budget options.

Mr Murray thanked colleagues across the board for their ongoing hard work.

The IJB discussed the benefits, if successful, of the bid to be a pathfinder and how delayed discharges and the assurance improvement plan would be monitored going forward. Mr Murray advised updates would be provided in the Chief Officer Reports, Ms Croft added that further information could be obtained from NHS Forth Valley Health Board papers and that she was happy for this information to be provided to the IJB.

The Integration Joint Board:

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

- 2) **Noted the appointment of Councillor Gerry McGarvey to Vice Chair of the IJB.**
- 3) **Approved Councillor Gerry McGarvey as the Stirling Council voting member to join the IJB Finance and Performance Committee.**
- 4) **Approved Robert Clark as the non-voting member to join the Audit and Risk Committee.**

8. BUDGET AND FINANCE

8.1 FINANCIAL REPORT (INCORPORATING FURTHER FINANCIAL RECOVERY CONSIDERATIONS)

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The report set out the updated set of projections at month 6 which continued to project a significant overspend to the Clackmannanshire and Stirling IJB budget. Mr Murray explained the key drivers of overspends were prescribing costs and volumes, and demand-driven increases in adult social care. Prescribing data as of July 2023 had recently become available and analysis was being undertaken to help inform future projections.

He noted that 42% of the approved savings and efficiency plans were forecast to be achieved in year. Work was required to maximise savings delivery where possible within the year and on a full year basis to aid service and financial sustainability.

Ongoing issues relating to residual COVID funding had been resolved with Scottish Government Finance Officers, Mr Murray confirmed the best possible outcome had been achieved.

As set out in the Integration Scheme the IJB was required to consider a budget recovery plan. The Finance and Performance Committee had a detailed discussion on potential options available at the meeting on 01 November 2023.

Mr Murray confirmed the draft business case was under development and would be presented at the Finance and Performance Committee on 20 December 2023, along with key points from the Scottish Draft Budget. They would also be discussing the outcomes and feedback from the series of finance workshops which had taken place. There was still a lot of work required to deliver a sustainable set of plans, this would be done collaboratively with the Strategic Planning Group, the Locality Planning Groups and trade union colleagues to identify the best solutions to achieve sustainability.

Mr Murray explained the report set out a deeply concerning position for the IJB and its constituent authorities but there was still a requirement to focus on sustainable options and solutions.

Ms Bridle discussed the benefits of having a whole system approach with collaborative working with the constituent authorities across Forth Valley. Ms Croft agreed and fully supported this approach confirming that regular meetings were already taking place.

Mr Clark referred to item 4 of the Budget Recovery Plan Options, explaining that the staff side would not agree to any enhanced vacancy management systems being put in place by the HSCP. The IJB discussed and agreed that the HSCP were responsible for considering a budget recovery plan, but any decisions in respect of staffing and vacancies lay with the constituent authorities.

The IJB discussed the budget recovery plan options and agreed to amend some of the recommendations made.

- 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.
Approved
- Refocussing and enhancing review activity and including Team Leader capacity and review officers across both Clackmannanshire and Stirling localities.
Approved
- Offset projected underspend in transformation funding for 2023/24 to general position.
Approved
- Implement an enhanced vacancy management approach within delegated services progressing critical vacancies only.
Recommendation amended to the IJB request that the constituent authorities consider enhanced vacancy management approaches.
- Take further action to reduce the level of adult social care services commissioned including a review of application of eligibility criteria and consideration of responding only to critical only for a period.
Not approved.
- Encourage further engagement in Respiratory Prescribing Improvement Initiative (PII). 67% of practices have completed or are progressing at least part one.
Approved

- Consider further options to reduce costs in the Prescribing Budget whilst not negatively impacting patient care. Additional Primary Care Medicines Resources Group held 2 November 2023 and requires follow up. Material further impacts this financial year may be unlikely.

Approved

- Review of earmarked reserves.
Deploy balance of MDT and Band 2-4 earmarked reserves to offset integrated budget overspend.

Approved

Mr Murray confirmed a budget working group was being set up which would establish a forum for people to discuss the wider recommendations. The IJB agreed that all Chairs/Vice Chairs from the IJB and both Committees should be involved. This would build in a greater degree of resilience as there should be representatives from each constituent authority at each meeting.

The IJB agreed that a special IJB/pre-budget meeting be arranged before the scheduled March meeting.

The Integration Joint Board:

- 1) **Noted 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 £7.108m**
- 2) **Noted the integrated financial report including commentary on areas of material variance from budget. (Section 4)**
- 3) **Noted the outcome of discussions with Scottish Government finance and approved the deployment of residual covid earmarked reserves (Section 6).**
- 4) **Noted 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.**
- 5) **Discussed, considered, and subject to approval the short-term budget recovery options (Section 7)**
- 6) **Delegated authority to the IJB Finance and Performance Committee to consider the draft 2024/25 IJB Business Case, subject to those considerations approved formal submission to the constituent authorities.**
- 7) **Approved the establishment of a member/officer budget working group between now and the presentation of the 2024/25 IJB Revenue Budget in March 2024.**
- 8) **Agreed a special IJB meeting is arranged before the scheduled March 2024 meeting.**

9. PLANNING, COMMISSIONING, DIRECTIONS AND NEEDS ASSESSMENT

9.1 ADP COMMISSIONING CONSORTIUM

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

The Alcohol and Drug Partnership (ADP) Commissioning Consortium paper laid out the proposal for the Tier three of the five Tier model of care agreed at the Commissioning Consortium, the vehicle for preparing the commissioning of services across Forth Valley. There was discussion around the work of the Commissioning Consortium including feedback from current providers and the process over the past year to ensure colleagues and partners were engaged. This related to the re-provisioning of the Tier 3 care and support service. Ms Forrest confirmed the ADP, as the strategic partnership, was working across the whole system with people with lived experience, bringing together a model of care. Strategic planning and early prevention were at the core of this model of care and treatment. The plan was to deliver a person-focused human rights-based approach to support people in our communities as agreed by partners in the ADP.

Mr Fairbairn asked for a summary of the options considered and why the one proposed was the best. Ms Forrest explained that this was a specialist service and there were a limited number of people who could provide the service at this level.

Mr Bido asked for clarity linked to the Commissioning Consortium and the decision-making processes around commissioning and procurement. It was agreed Ms Forrest would meet with Mr Bido out-with the meeting to clarify the process.

The Integration Joint Board:

- 1) Agreed the proposed commissioning arrangements for Tier 3 service delivery;**
- 2) Sought for the procurement of third sector services through Clackmannanshire Council and Stirling Council.**

9.2 IJB AND COMMITTEE DATES 2024/25

The IJB considered the paper presented by Ms Lesley Fulford, Senior Planning Manager

Ms Fulford presented the proposed dates for the 2024/25 IJB, Audit and Risk Committee and the Finance and Performance Committee.

The proposed dates would allow the IJB and Committee members to robustly discuss business, take decisions and agree on directions, where required.

The Integration Joint Board:

- 1) Approved the proposed Integration Joint Board programme of meeting dates for 2024 / 2025 set out in paragraph 3.1.**
- 2) Approved March 2025 meeting was focussed on budget, associated Directions and delivery plan only set out in paragraph 3.**
- 3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2024 / 2025 set out in paragraph 4.1.**
- 4) Noted June 2024 Audit and Risk Committee meeting is in the morning.**
- 5) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2024 / 2025 set out in paragraph 5.1.**
- 6) Noted December 2024 Finance and Performance Committee meeting is in the morning.**

10. PERFORMANCE

10.1 QUARTER 2 PERFORMANCE REPORT (JULY – SEPTEMBER 2023)

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

The performance report continued to be a work in progress with operational services, ensuring the report included accurate management and performance information. Ms Forrest confirmed that comparative data wasn't published quarterly, but it would be reported to the Finance and Performance Committee and the IJB when available.

Delayed discharge numbers had increased slightly but the numbers were lower than reported at the same time last year. Operational colleagues were continuing to work to ensure that delays were kept as low as possible. Ms Ward explained there was still a lot of work to be done to ensure people's stays were as short as possible, alternative measures were being looked at daily.

In response to a question from Mr Clevett regarding Community Link Workers, Mr Murray explained they were a key part of the early intervention and prevention programme in line with the priorities set out within the Strategic Commissioning Plan. The assumption at this time was to continue with the existing level of Community Link Workers, however, due to the current financial challenges he was not able to provide absolute assurance at this time.

The Integration Joint Board:

- 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 2 July to September 2023 report (Appendix 1).**

11. FOR NOTING

11.1 Decision Log
Noted

11.2 Minutes
Noted

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

12. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

13. DATE OF NEXT MEETING

27 March 2024



Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
29 November 2023 5.1	Action Log	Implementation of Directions Policy	Mr Murray	March 2024	Still in discussion with the Chief Officer and Chief Executives of constituent authorities	In progress
29 November 2023 5.1	Action Log	Primary Care Updates	Judith Proctor	March 2024	The newly appointed Head of Primary Care is planning a joint IJB development session on PC.	In progress
29 November 2023 8.1	Budget and Finance	Budget working group to be set up	Mr Murray	March 2024	Mr Murray arranging this with Chairs/Vice Chairs from the IJB and Committees	Completed
29 November 2023 8.1	Budget and Finance	Special IJB to be arranged before the March meeting	Ms Fulford	March 2024	The date has been arranged for 14 February 2024	Completed



29 November 2023 9.1	ADP Commissioning Consortium	Mr Bido asked for clarity linked to the Commissioning Consortium and the decision-making processes around commissioning and procurement.	Ms Forrest	March 2024	Ms Forrest to arrange a meeting with Mr Bido	In progress
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Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 7

Financial Report

For Assurance

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer Gregor Dewar, Management Accountant
Exempt Report	No

Directions	
No Direction Required	
Clackmannanshire Council	☒
Stirling Council	☒
NHS Forth Valley	☒

Purpose of Report:	To provide the IJB with an overview of financial performance and projected outturn for the 23/24 financial year.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the projected overspend based on financial performance to Month 10 of £2.076m on the Integrated Budget and £3.645m on the Set Aside Budget for Large Hospital Services giving a total projected overspend of £5.721m 2) Note the integrated financial report including commentary on areas of material variance from budget. 3) Note that 46% of the approved savings and efficiencies programme is anticipated to be delivered in the current financial year. 4) Approve the actions identified in 3.4 to be progressed by Councils' and Health Boards officers within the HSCP and issue Directions as set out in the template in appendix 2 5) Approve the need for allocation from general reserves to balance the budget at the year end, and authorise the CFO, CO, Chair and Vice Chair to agree the final amount required.
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Key issues and risks:	<p>As a public body it is best practice for the IJB to set a balanced budget and there is a statutory requirement to deliver services within resources available.</p> <p>Based on best available information the IJB is at substantial risk of overspend for the current financial year unless further significant corrective action is taken and/or additional funding support is forthcoming. The IJB also remains at risk of not being able to set a balanced budget for 2024/25.</p>
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1. Background

- 1.1. The IJB set an initial balanced revenue budget for 23/24 at its meeting of 29 March 2023. This incorporated £2m of non-recurrent support from IJB reserves and an ambitious savings and efficiency programme of £4.392m in relation to the Integrated Budget. The budget incorporated a set of planning assumptions and a risk assessment of both assumptions and the savings and efficiency programme.
- 1.2. As a result of the level of risk associated with the revenue budget the financial resilience risk scoring within the IJBs strategic risk register was increased to 25, the highest possible level.
- 1.3. From discussions with Chief Officers and Chief Finance Officers' groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees.

At the time of writing, publication of the Q3 Integration Authorities' Financial Overview Report was awaited. This will be shared with IJB members when available.

- 1.4. Given early indications of significant developing financial pressures 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 meetings of 27 September 2023 and 29 November 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. This requirement requires the IJB Chief Finance Officer to work with the NHS Board Director of Finance and the Council Chief Finance Officers.

2. Financial and Economic Outlook

- 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 was published on 19 December 2023 setting out the Scottish Governments taxation and expenditure plans for 2024/25. The Scottish Budget set out an extremely challenging position for public expenditure for 2024/25 and, in common with recent years, was a one-year budget.

- 2.3. The UK spring budget will be presented to parliament on March 6, 2024, and there may be further implications for the Scottish Government budget as a result of this. It is not currently anticipated that the UK Spring Budget will have a material positive impact on the Scottish Government budget for 2024/25.

3. Overview of Projected Budget Outturn

- 3.1. The projections summarised below based the mid-year point to Month 10 (the period to 31 January 2024) continues to set out a deeply concerning position despite ongoing efforts across the system to reduce expenditure levels.

	£m
Projected Overspend on Integrated Budget after consideration of budget recovery actions approved by IJB	(2.076)
Projected Overspend on Set Aside Budget for Large Hospital Services	(3.645)
Projected Overspend on Strategic Plan Budget	(5.721)

A negative figure in brackets illustrates an overspend.

- 3.2. There are several 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
 - Demand driven increases in volume and complexity of care requirements.
 - Costs of Care Packages transitioning from Childrens Services
- 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 formal 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. This requires to continue to develop further in future reports to supporting the IJB's accountabilities.
- 3.4. 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 (for example by identifying and avoiding or

deferring some discretionary expenditure) and ensuring financial assessments are complete and income recovered. It is envisaged that we will begin to see some further downward pressure over the final quarter however there is also risk of unforeseen financial pressures emerging or increasing. The most significant area of potential further volatility is in relation to Family Health Services prescribing as average cost per item (CPI) has varied significantly over the last 3 months' data received.

- 3.5. Any residual overspend on the Integrated Budget would require to be met from IJB reserves in 2023/24. If the current projected overspend was met from general reserves, general reserves would be reduced to £2.323m which is below the minimum required by the reserves policy.

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 IJB's accountability for achieving maximum benefit from public resources at its disposal.
- 4.3. Members are asked to specifically note that the underlying recurrent financial position is significantly worse than the current year projections due to deployment of £5.140m of residual covid funding as agreed with Scottish Government and the IJB in November. £2.770m of this funding was applied to the set aside budget and £2.370m to the Integrated Budget.
- 4.4. A summary of budget changes from the initial IJB 23/24 budget is appended to this report. Inclusion of this now addresses recommendations made the IJBs external auditors within the 2022/23 Annual Audit Report.

Clackmannanshire & Stirling Health & Social Care Partnership
 Projections Overview
 Financial Year 2023-24
 M10

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000
Community Nursing	5,321	5,162	160
Complex Care Adults	1,359	1,975	(617)
Community Hospitals & Bellfield	11,827	11,951	(124)
Palliative Care in the Community	69	81	(11)
Older People/Physical Disabilities - Residential	22,321	26,052	(3,731)
Older People/Physical Disabilities - Non Residential	22,409	24,632	(2,223)
Learning Disabilities - Residential	5,644	5,739	(96)
Learning Disabilities - Non Residential	23,551	24,866	(1,315)
Mental Health - Residential	1,900	2,255	(355)
Mental Health - Non Residential	8,568	7,649	919
Assessment & Care Management	9,488	8,885	603
Reablement	13,106	12,612	494
Housing Aids & Adaptations	835	835	-
Health Promotion, Health Improvement & Corporate Services	1,720	1,483	237
Addictions	4,026	3,956	70
Public Dental Service	1,218	1,276	(58)
Management & Other	2,144	1,657	487
Community Admin	1,579	1,449	130
Transformation Funds	2,634	1,934	700
Leadership Funds	22	22	0
COVID	21	21	-
Family Health Services	49,767	49,797	(30)
GP Out of Hours Services	2,308	1,873	435
Primary Care Improvement Plan	3,208	3,208	0
Prescribing	31,995	36,815	(4,820)
Community Pharmaceutical Services	1,958	1,958	-
Vaccinations (Woman & Children Team)	432	432	-
Non-recurrent Support from Reserves			
Non-recurrent support from Service Pressure Reserve	3,000	-	3,000
Estimated Impact of Allocations Still to be Received (MDT and Band2-4)	1,103	-	1,103
Budget Recovery Actions approved by IJB (29 Nov)			
Offset of projected underspend in Transformation funding 23/24	675	-	675
Review of earmarked reserves	1,300	-	1,300
ADP Savings	289	-	289
Integrated Budget Total	235,044	237,120	(2,076)
Set Aside Budget for Large Hospital Services	35,549	39,194	(3,645)
Set Aside Total	35,549	39,194	(3,645)
Partnership Total	270,593	276,314	(5,721)

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 have experienced increases in temporary workforce costs during the past year and there are additional beds open in Bellfield as part of whole system's responses to Covid and system pressures 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. The Health Board's Executive Leadership Team has subsequently considered and agreed a sustainable and affordable bed complement for the ward on a recurrent basis which the HSCP will work towards delivering in the coming weeks.
 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. A resource allocation group (RAG) with regulated levels of admissions in place has been implemented to ensure control and monitor the appropriateness of placements.
 4. Older People / Physical Disabilities – Non-Residential. This is predominantly Care at Home which, whilst projecting an overspend is interdependent from 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. Learning Disabilities – this includes impact of lack of traction on savings delivery and significant additional cost of care packages transitioning from Children's Services.
 7. Reablement – The projection includes underspend on the AHP element of the Rapid Respond Team for posts not yet recruited to.
 8. 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.
 9. 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. Most recent data for August, September and October illustrated significant variation in average cost per item (£11.07, £11.35 and £10.90 respectively) making accurate projections difficult and bring risk of material change in cost forecasts.

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. Integration Authorities' financial overview reports highlight this as a theme across the country also.
- 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. Assessment of ordinary residence potential will be considered as part of 24/25 LD plans.
Continence Products	0.046	Yellow	0.000	?	New contract now in place but costs increasing due to inflation and national procurement pricing. Consideration of continence formulary and control measures to be considered for 24/25
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 discussions held and further communication with GGC required.
Strategic Approaches					
Prescribing - PC Elements of Medicines Optimisation Programme	1.700	Yellow	0.658	✓	Some evidence of achievement (PII) but some delayed due to recruitment (non med prescribing and care home prescribing). Delay in prescribing information impacting reporting. Savings include 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	0.413	✓	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 being provided instead
Policy Options					
Review of 22/23 investments	0.192	Green	0.192		
Total	4.392		2.008		

46% forecast achievement in year

NOTES:

Est Saving where provided is based on available intelligence at M9 and subject to ongoing review.
 Delivery of savings potential in non-medical prescribing and care home prescribing is dependent on recruitment of specialist capacity.

6. Reserves Position

- 6.1. A review of earmarked reserves balanced has been undertaken in recent weeks to form part of the considerations for the 2024/25 IJB Revenue Budget in March.
- 6.2. At the previous review a balance of earmarked reserves of £4.964m was projected at 31 March 2024.

- 6.3. There is significant risk that the IJBs general reserves position will fall below minimum levels should financial recovery actions not further reduce expenditure. This would increase the financial risk profile of both the IJB and constituent authorities and breach the IJB’s extant reserves policy.

7. Conclusion

- 7.1. 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 continue to focus on sustainable options and solutions.
- 7.2. Managing these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership over the coming period.

8. Appendices

Appendix 1 – Budget Control Summary

Appendix 2 – Directions Clackmannanshire Council, Stirling Council and NHS Forth Valley

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Per body of report.
Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable service planning.

<p>Risk & mitigation:</p>	<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>Financial resilience is scored 25, the highest possible score, in the IJBs Strategic Risk Register.</p>
<p>Equality and Human Rights:</p>	<p>The content of this report <u>does not</u> require an EQIA</p>
<p>Data Protection:</p>	<p>The content of this report <u>does not</u> require a DPIA</p>
<p>Fairer Duty Scotland</p>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

APPENDIX 1
Clackmannanshire & Stirling Health & Social Care Partnership
Budget Control
Financial Year 2023/24
M10

	NHS Forth Valley	Local Authority	Combined IJB Budget	NHS Set Aside	NHS Non Set Aside	Clackmannanshire Council	Stirling Council
	£m	£m	£m	£m	£m	£m	£m
Original Agreed Budget as per March IJB	166.233	77.437	243.670	29.217	137.016	26.209	51.228
Variance to SAV file	-1.753	0.001	-1.751	0.413	-2.166	0.000	0.001
Opening Balance per SAV file	164.480	77.438	241.919	29.630	134.850	26.209	51.229
In year funding (Integrated Budget):							
Baseline Uplift (2%)	2.336	0.000	2.336	0.660	1.677	0.000	0.000
A4C Additional Funding	2.796	0.000	2.796	1.133	1.663	0.000	0.000
LA Pay Award	0.000	0.303	0.303	0.000	0.000	0.000	0.303
Transformation Funds	3.404	0.000	3.404	0.100	3.304	0.000	0.000
Primary Care Improvement Plan	2.130	0.000	2.130	0.000	2.130	0.000	0.000
MH Action 15	0.797	0.000	0.797	0.000	0.797	0.000	0.000
MH Outcomes Framework	0.221	0.000	0.221	0.000	0.221	0.000	0.000
MH Ward Investment	0.217	0.000	0.217	0.217	0.000	0.000	0.000
AHP Rapid Team (MDT Funding)	0.644	0.000	0.644	0.000	0.644	0.000	0.000
Alcohol & Drugs Partnership	0.820	0.000	0.820	0.000	0.820	0.000	0.000
Unscheduled Care Winter Monies	0.222	0.000	0.222	0.222	0.000	0.000	0.000
Prescribing Tariff Increase	0.583	0.000	0.583	0.000	0.583	0.000	0.000
GMS Enhanced Services	0.877	0.000	0.877	0.000	0.877	0.000	0.000
Urgent Care Centre SDEC	0.655	0.000	0.655	0.655	0.000	0.000	0.000
Medical Inflation	0.360	0.000	0.360	0.305	0.055	0.000	0.000
Healthcare Students	0.056	0.000	0.056	0.036	0.020	0.000	0.000
District Nurse Posts	0.246	0.000	0.246	0.000	0.246	0.000	0.000
Band 2>3 Regrading	0.336	0.000	0.336	0.197	0.139	0.000	0.000
Delayed Discharge Funding	0.389	0.000	0.389	0.023	0.366	0.000	0.000
Nursing Model (Set Aside)	0.612	0.000	0.612	0.612	0.000	0.000	0.000
Other Funding Allocations	0.349	0.006	0.355	-0.119	0.468	0.000	0.006
In Year Funding (Integrated Budget) Total	18.051	0.309	18.360	4.040	14.011	0.000	0.309
Budget Virement:							
Admin Transfer & other adjustments	0.989	0.000	0.989	0.406	0.583	0.000	0.000
ED Nursing & APT from FLOW Navigation	-0.886	0.000	-0.886	-0.886	0.000	0.000	0.000
Budget Virement Total	0.102	0.000	0.102	-0.481	0.583	0.000	0.000
Reserve Transfers:							
AHP Band 6 x 2 (6 months)	0.062	0.000	0.062	0.000	0.062	0.000	0.000
Primary Care Improvement Plan	0.156	0.000	0.156	0.000	0.156	0.000	0.000
McMillan one to one service	0.115	0.000	0.115	0.000	0.115	0.000	0.000
Strathcarron Hospice Additional Funding	0.045	0.000	0.045	0.000	0.045	0.000	0.000
Mental Health R&R	0.101	0.000	0.101	0.028	0.073	0.000	0.000
Mental Health Innovation Fund	0.048	0.000	0.048	0.015	0.033	0.000	0.000
Mental Health Facilities	0.210	0.000	0.210	0.000	0.210	0.000	0.000
Mental Health Action 15	0.011	0.000	0.011	0.000	0.011	0.000	0.000
Night Nursing	0.024	0.000	0.024	0.000	0.024	0.000	0.000
COVID Reserve	2.797	0.191	2.988	2.317	0.480	0.000	0.191
Long COVID Support Fund	0.034	0.000	0.034	0.000	0.034	0.000	0.000
Leadership Fund	0.022	0.000	0.022	0.000	0.022	0.000	0.000
Other Earmarked Reserve Use	0.032	0.000	0.032	0.000	0.032	0.000	0.000
Reserve Transfers Total	3.654	0.191	3.846	2.360	1.294	0.000	0.191
Budget Totals as at 31 Jan 2023 (M10)	186.287	77.939	264.226	35.549	150.739	26.209	51.730



DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2023_24/004
Does this direction supersede, vary or revoke an existing direction?	Yes
If yes please provide reference number of existing direction	CSIJB-2023_24/001
Approval Date	27 March 2024
Services / functions covered	All integration functions and services as defined in Annex 2 of the Integration Scheme
Full text of Direction	<p>Deliver integration functions in line with the Strategic Commissioning Plan priorities as approved by the IJB on 29 March 2023.</p> <p>These priorities being:</p> <ul style="list-style-type: none"> - Prevention, early intervention and harm reduction - Independent Living through choice and control - Achieving Care Closer to Home - Supporting empowered people and communities - Reducing loneliness and isolation
List of key stakeholders impacted and any specific engagement and consultation requirements	As detailed in Strategic Commissioning Plan
Timescale(s) for Delivery	2023/2024 Financial Year
Direction to	Clackmannanshire Council
Link to relevant IJB report(s)	To be added
Budget / finances allocated	£26.209m
Performance Measures	National Health and Wellbeing Outcomes
Date direction will be reviewed	12 June 2024



DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD	
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Reference Number	CSIJB- 2023_24/005
Does this direction supersede, vary or revoke an existing direction?	Yes
If yes please provide reference number of existing direction	CSIJB- 2023_24/002
Approval Date	27 March 2024
Services / functions covered	All integration functions and services as defined in Annex 2 of the Integration Scheme
Full text of Direction	<p>Deliver integration functions in line with the Strategic Commissioning Plan priorities as approved by the IJB on 29 March 2023.</p> <p>These priorities being:</p> <ul style="list-style-type: none"> - Prevention, early intervention and harm reduction - Independent Living through choice and control - Achieving Care Closer to Home - Supporting empowered people and communities - Reducing loneliness and isolation
List of key stakeholders impacted and any specific engagement and consultation requirements	As detailed in Strategic Commissioning Plan
Timescale(s) for Delivery	2023/2024 Financial Year
Direction to	Stirling Council
Link to relevant IJB report(s)	to be added
Budget / finances allocated	£51.738m
Performance Measures	National Health and Wellbeing Outcomes
Date direction will be reviewed	12 June 2024



DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2023_24/006
Does this direction supersede, vary or revoke an existing direction?	Yes
If yes please provide reference number of existing direction	CSIJB- 2023_24/003
Approval Date	27 March 2024
Services / functions covered	All integration functions and services as defined in Annex 1 of the Integration Scheme
Full text of Direction	<p>Deliver integration functions in line with the Strategic Commissioning Plan priorities as approved by the IJB on 29 March 2023.</p> <p>These priorities being:</p> <ul style="list-style-type: none"> - Prevention, early intervention and harm reduction - Independent Living through choice and control - Achieving Care Closer to Home - Supporting empowered people and communities - Reducing loneliness and isolation
List of key stakeholders impacted and any specific engagement and consultation requirements	As detailed in Strategic Commissioning Plan
Timescale(s) for Delivery	2023/2024 Financial Year
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	to be added
Budget / finances allocated	Set Aside Budget £35.549m Payment £150.739m
Performance Measures	National Health and Wellbeing Outcomes
Date direction will be reviewed	12 June 2024

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 8

IJB REVENUE BUDGET 2024/25 *'NEEDS LED – RESOURCE BOUND'*

For Approval

Paper Approved for Submission by	David Williams, Interim Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

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

Purpose of Report:	To present the Integration Joint Board with the 2024/25 Revenue Budget for consideration and approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the contents of the report including the background and Economic Outlook 2) Note the proposed funding allocations to the IJB from NHS Forth Valley, Clackmannanshire Council and Stirling Council (Section 4) and resultant Revenue Budget to support delivery of the Strategic Commissioning Plan for 2024/25 of £257.384m. 3) Approve an initial revenue budget for 2024/25 including the proposed savings programme detailed at section 4.5 and Appendix 3. 4) Agree the proposed approach to sustaining investment in Community Link Workers as detailed at section 4.17. 5) Note the recommendation from the Audit and Risk Committee and approve the Reserves Policy and Strategy (Section 9 and Appendix I) 6) Note the proposed budget will fully deplete general reserves and the significant risks this places on the IJB and the constituent authorities. 7) Note the medium-term financial outlook for the IJB (Section 10). 8) Issue directions to Clackmannanshire and Stirling Councils and NHS Forth Valley as set out in Appendix 4.
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1. Background & Executive Summary

- 1.1. The IJB aims to set its revenue budget for the forthcoming financial year prior to 31 March each year in line with generally accepted best practice, good governance principles and the Ministerial Strategic Group (MSG) proposals on progress with integration.
- 1.2. The revenue budget should be viewed in the context of:
 - The IJB Updated Draft Business Case approved by the Finance and Performance Committee on 28 February 2024 including intelligence on demand and cost pressures.
 - The partnerships projected 2023/24 financial position including the level of reliance (£2.370m in integrated budget and £2.770m in Set Aside Budget) on residual Covid funding.
 - Ongoing significant demand and service pressures across the Health and Social Care System locally and nationally
 - The future projections of increasing demand and complexity as set out in the Strategic Needs Assessment which informs the Strategic Commissioning Plan.
 - The priorities within the 2023/33 Strategic Commissioning Plan
 - Partnership performance as demonstrated in the Annual Performance Report and periodic performance reports to the IJB.
 - The need to continue to further partnership arrangements including the need to undertake an updated self-assessment in relation to the Ministerial Strategic Group (MSG) proposals on Progress on Integration and the review of the Integration Scheme
 - The complex legislative and organisational environment the IJB operates within, including the uniqueness of a single NHS Board, 2 Local Authority partnership.
 - The requirement for investment of available resources to be, using the agreed strategic priorities as a guide, focused on improving outcomes for service users, strategic priorities and achieving best value and improved outcomes from scarce public resources.
 - The statutory duty to work collaboratively with the Falkirk Health and Social Care Partnership and wider partners as part of the wider Forth Valley and Regional Health and Social Care Systems.
- 1.3. The budget process has followed the national guidance on financial planning for Integration Authorities as in previous years. In line with the partnership's consolidated response to the MSG proposals, this process has developed to more closely align to the national guidance and process set out in the Integration Scheme with the production of an updated IJB Business Case which was considered by the Finance and Performance Committee on 28 February 2024.
- 1.4. This budget paper sets out a proposed initial 2024/2025 Revenue Budget taking due account of:
 - material updates on issues affecting the financial position of the IJB,
 - an assessment of risk in delivery of savings and efficiency plans.

1.5. The revenue budget should be considered alongside the 2023/33 Strategic Commissioning Plan including:

- The vision of 'Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities.
- The agreed Strategic Priorities of
 - Prevention, Early intervention and harm reduction
 - Independent Living through choice and control
 - Care Closer to Home
 - Supporting empowered people and communities; and
 - Reducing loneliness and isolation
- The principle of being 'Needs Led and Resource Bound'.

2. Economic Outlook

2.1. As previously advised to both IJB and Finance and Performance Committee via financial and budget updates the economic outlook appears significantly tighter over the medium term compounded by significant economic turbulence over recent years including impacts of the Covid-19 pandemic, Brexit, low economic growth and high inflation.

2.2. The Scottish Government published a spending review in May 2022 which forecast the following outlooks for Local Government and Health & Social Care which form the funding environment for the IJB.

- Flat cash funding for local government to 2025/26 with an increase of £100m in 2026/27
- An average 2.66% per annum increase for the Health and Social Care Portfolio from 2022/23 to 2026/27 including reference to policy approaches including establishment of a National Care Service, increase in social care investment and investing in quality community care including Primary Care and the National Drugs Mission.

Given longer term trend in demand increases for Health and Social Care is in the region of 4% per annum (source Scottish Government: Medium Term Health and Social Care Financial Framework October 2018) this set a context where demand is likely to outstrip resources and significant transformation and reform is required in order for service and financial sustainability.

It is understood Scottish Government will publish an updated Medium Term Financial Strategy during 2024.

2.3. Audit Scotland recently published its annual NHS in Scotland 2023 overview report which incorporated recommendations to Scottish Government to publish a revised Medium Term Financial Framework (MTFF) for health and social care, following publication of its wider Medium-Term Financial Strategy (MTFS) in 2024.

Whilst this paper includes a revised Medium Term Financial Outlook for the IJB it is logical that this is further reviewed post publication of the MTFF for health and social care.

- 2.4. The Chancellor of the Exchequer presented a UK Spring Budget to parliament on 6 March 2024.
- 2.5. At the time of writing, the full implications of the Spring Budget on the Scottish Budget and the Scottish Governments intended approach with respect to any implications for the Scottish Block Grant were not yet clear. However, no material impacts on the resource envelope available for the IJBs budget are envisaged at this point. Additionally, at the time of writing, we still await an announcement from Scottish Government in respect of public sector pay policy.
- 2.6. High inflation has had a material effect on public sector budgets over, particularly, the last 2 financial years and as a result public resources stretch less far as prices increases. Whilst CPI inflation is falling and is projected to fall to the 2% Bank of England target in Quarter 2 of 2024. It is important to remember this does not reduce the price of goods and services it merely reduces the rate at which they are increasing.
- 2.7. Over the medium to longer term the ability to fund public services is intrinsically linked to economic growth and in terms of the Scottish Budget dependent on growth at both UK and Scottish levels given the current devolution settlement. UK and Scottish perspectives on this were incorporated updated UK Office for Budget Responsibility (OBR) projections for the UK Spring Budget and Fraser of Allander FAI Economic Commentary.

For UK Growth the OBR forecast accompanying the Spring Budget for 2024 and 2025 was 0.8% and 1.9% respectively.

Fraser of Allander Institutes 2023 Quarter 4 Economic Commentary forecasts growth in the Scottish Economy for 2024 and 2025 of 0.6% and 1.1% respectively.

- 2.8. Finance reports and budget updates to the IJB during the year will continue to include updates in respect of the economic outlook.

3. Allocations from NHS Forth Valley, Clackmannanshire Council and Stirling Council

3.1. The IJB Business Case presented to the February Finance and Performance Committee set out anticipated payments to the IJB from the constituent authorities.

3.2. The Integration Scheme requires the constituent authorities to confirm proposed payments and set aside budget for large hospital services by 28 February for the forthcoming financial year.

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

3.3. For NHS Forth Valley the NHS Boards Performance and Resources Committee approved the proposed payment and set aside budget on 27 February 2024 as follows:

Set Aside Budget for Large Hospital Services	£32.121m
Payment for Operational and Universal Health Services	£141.802m
Total	<u>£173.923m</u>

The figures above include £52.025m of universal funding out with the NHS Boards recurrent baseline and the NHS Board Director of Finance formally wrote to confirm this position on 7 March 2024.

The Scottish Budget was not specific or directive, as has been the case in previous years, with regard to minimum payments and set aside budgets to be allocated to Integration Authorities from NHS Boards.

As the proposed payments and set aside budget is in line with assumptions made within the revised IJB Business Case and reflects a 0% core uplift in line with the NHS Boards settlement this is viewed as an appropriate proposal.

NHS Boards have been told by Scottish Government to assume 2024/25 pay awards when agreed will be funded and as such an appropriate share of any pay funding would also be passed to the IJB. The increase in NHS employers' superannuation contributions is also assumed to be funded via UK Treasury.

In relation to the NHS working week the Cabinet Secretary for Health and Social Care announced on 1 March a series of measures designed to modernise the NHS Agenda for Change system including a reduction of 30 minutes in the working week from 1 April 2024. At the time of writing further guidance and clarification on financial implications was awaited from government but the working assumption is that this will be cost neutral to the IJB budget.

3.4. Conversely, the Scottish Budget did specify minimum payments to Integration Authorities from Councils. The Local Government budget settlement included £241.5m transferred from the health portfolio to Local Government to support

integration, specifically in relation to the recurring pay commitments associated with increase in the Scottish Living Wage from £10.90 to £12 per hour (£230m) and increases to free personal nursing care rates (£11.5m).

The Scottish Government has advised that this funding should be additional and not substitutional to each Council's 2023-24 recurring budgets for delegated adult social care services. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure the funding from the Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.

Stirling and Clackmannanshire Councils set their budgets on 28 February. NHS Forth Valley will formally set their budget on 26 March 2024.

Proposed Payment from Clackmannanshire Council

- 3.5. Clackmannanshire Council set its budget on 28 February 2024.

The proposed payment to the IJB is £26.660m based on the

23/24 recurrent budget	£26.209m
Contribution to the recurring cost of the 2023/24 pay award	£ 0.410m
Uplift Personal and Nursing Care rates	£ 0.041m
Total	£26.660m

The council's budget also confirmed that the share of the £230m funding for the increase in the Scottish Living Wage will be transferred to the IJB in full. The total share of the £230m for the Clackmannanshire and Stirling IJB has been confirmed as £5.885m meaning £2.102m relates to Clackmannanshire bringing the total payment from Clackmannanshire Council for 2024/25 to **£28.762m**.

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

Proposed Payment from Stirling Council

- 3.6. Stirling Council also set its budget on 28 February 2024

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

2023/24 Recurrent Revenue Budget	£50.896m
Share of £230m Funding for increase in Scottish Living Wage	£3.783m
Uplift in Personal and Nursing Care Rates	£0.267m
Less: Share of Core General Revenue Grant Reduction	(£0.247m)
Total Proposed Payment (Revenue)	£54.699m

The councils budget paper details a proposed total payment to the IJB of £55.534m with £0.835m relating to capital funding as part of the HRA budget.

As part of budget considerations councillors were provided with officer advice in relation to the IJB budget and compliance with the terms of the Scottish Budget.

Given the proposed payment from Stirling Council incorporates proportionate share of the core general revenue grant reduction to the council it is not strictly compliant with the terms of the Scottish Budget.

However, it is also important to view this in the context facing the council where, despite £62.7m of funding having been provided to Local Government as a whole so that there is no cash reduction to Local Government core revenue grants at a national level, the distributive effects have still resulted in a £1.295m reduction to the councils' core revenue grant. The council has therefore applied a reduction to the IJB budget based on a relative share of the reduction in the core revenue grant. The IJB may wish to consider and note this.

2024/25 Baseline Partnership Strategic Plan Budget

- 3.7. The corollary of the above is summarised in the table below resulting in a total initial partnership budget to support delivery of the Strategic Plan of £257.384m. The comparable figure for 23/24 was £243.670m

**Clackmannanshire & Stirling Integration Joint Board
Initial Strategic Plan Budget 2024/25**

	£m
Set Aside Budget for Large Hospital Services	<u>32.121</u>
<u>Integrated Budget</u>	
Payment from Clackmannanshire Council	28.762
Payment from Stirling Council	54.699
Payment from NHS Forth Valley	<u>141.802</u>
Sub Total Integrated Budget	<u>225.263</u>
Total Initial Strategic Plan Budget	<u><u>257.384</u></u>

4. Budget Considerations, Programme Management and Proposed Approach to meeting the Budget Gap

- 4.1. The budget gap estimated within the revised IJB Business Case presented to the Finance and Performance Committee on 28 February 2024 was £14.080m on the Integrated Budget and £6.469m on the Set Aside Budget for Large Hospital Services. Considering the proposed payments set out in this paper the budget gap and other implications of budget decisions including council charging policies this is now estimated at £14.041m on the Integrated Budget and £6.469m on the Set Aside Budget for Large Hospital Services bringing a total financial gap in relation to the Strategic Plan budget of £20.510m or 7.97% of total budgeted expenditure. However, given total budgeted expenditure includes for example funding for national primary care contracts there are significant elements where the IJB has no locus to influence expenditure therefore the true impact on controllable expenditure is significantly greater than the percentage stated above.

The table below details the movement in the financial gap from the revised IJB Business Case to this paper.

	£m
Financial Gap per updated draft IJB Business Case	14.080
Stirling Council share of reduction in core revenue grant applied to IJB Budget	0.247
Difference in SLW funding compared to assumption at revised IJB Business Case	0.016
Additional Impact on Income of Council Budget Decisions	(0.118)
Correction to Contractual Inflation Calculations	0.035
Remove Non Pay Element of Adult Social Care Contractual Inflation outwith NCHC	(0.219)
Revised Financial Gap - Integrated Budget	<u>14.041</u>

This level of financial gap is driven by significant underlying recurrent overspends brought forward from 2023/24 and the impact of the most challenging Scottish Government budget settlement for 2024/25 since inception of the IJB.

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

The core assumptions used in the preparation of the budget are as follows:

Local Government Pay 3%

NHS Agenda for Change Pay 0% with any national agreement assumed to be funded.

Provider Inflation based on national intelligence and passthrough of funding for increase in Scottish Living Wage to £12 per hour.

Demand increase is per longer term trends c4%

Prescribing Cost and Volumes increase @ 5.5%

Resource Transfer 0%

- 4.2. Meeting the financial gap to deliver a balanced budget requires an ambitious transformation and efficiency programme aligned to the 2023/33 Strategic

Priorities and significant considerations with regards to reserves in line with the provisions of the Integration Scheme.

- 4.3. These approaches require to be accompanied by robust programme planning and management incorporating close monitoring to ensure progress, identify and mitigate risk where possible. To this end monthly review meetings will be in place from April chaired by the Chief Officer. There is also a need to closely monitor the balance between financial and non-financial performance.
- 4.4. Appendix 2 to this report details, with a risk assessment, the savings and efficiency programmes proposed to support delivery of the initial revenue budget. As can be observed, there is significant risk to delivery of the required savings whilst maintaining service safety, meeting statutory requirements and delivering adequate partnership performance including, but not exclusively, delayed discharge performance. Ultimately, the IJB is responsible for allocation of resources and can only allocate the resources at its disposal.
- 4.5. The key elements of the proposed savings programme are summarised in the table below:

Summary of Proposed Savings Programme	£m
Removal of all Unfunded Costs including Contingency Bed Capacity by 1 April 2024	2.720
Right Care Right Time Programme inc. Review Team & Allocation Model for Long Term Care Admissions	2.015
Review and Reform of Learning Disability Services	1.411
Full and Systematic Implementation of revised Self Directed Support Provision	0.589
Primary Care Medicines Optimisation Programme	1.709
Maximising Charging Income (within existing policy)	0.300
Strategic Commissioning Aligned to Strategic Priorities	0.068
Officer Actions / Grip and Control to Manage Costs within Budget	1.282
Total Proposed Savings Programme	<u>10.094</u>

- 4.6. Further detail on the proposed savings programme and risk assessment is provided in Appendix 3a to this report. Appendix 3b illustrates the proposed savings proposals across the constituent authority budgets which in turn inform the directions appended to this report. The savings proposal in relation to skill mix within the Rapid Team requires £0.045m less to be directed to NHS Forth Valley and £0.045m more to be delegated to Stirling Council. This is accounted for within the values detailed within the directions appended to this report at Appendix 4.
- 4.7. This proposed savings programme, whilst ambitious in the context of levels of savings delivered in the current or prior financial year sets in context the financial challenges facing the Health and Social Care system.
- 4.8. Further work on recurrent cost reducing options requires to continue at pace in addition to focus on delivery of the proposed savings programme detailed in this paper. The IJB will be updated on these in future meetings and should anticipate being presented with decisions requiring direction on an ongoing basis.
- 4.9. The HSCP Senior Management and Leadership Team (SMLT) will also keep a 'watching brief' on emergent cost budget proposals across other IJBs to

seek to identify further opportunities which are congruent with our approved Strategic Priorities.

- 4.10. The approach taken to developing the proposed savings programme is broadly congruent with the approaches being taken across the constituent authorities and the interim Chief Officer and Chief Finance Officer have engaged with elected members and officers throughout the budget development process.
- 4.11. The removal of all unfunded costs including contingency bed capacity mainly relates to costs supported by residual covid funding in the current financial year.
- 4.12. The Right Care Right Time programme has 2 key elements. Firstly, a Care at Home Review Team ensuring targeted outcomes focused reviews of service users care packages which is anticipated to have financial benefits and also assist in ensuring compliance with statutory obligations. The second element is operating a locality-based allocation model supported by scrutiny through a Resource Allocation Group (RAG) for admissions into Long Term Care. This was agreed by the IJB as part of budget recovery considerations in November 2023. The financial estimates for these relate to Older People and Physical Disability however similar approaches will also apply in relation to Mental Health and Learning Disabilities.
- 4.13. The quantum of savings in relation to review and reform of Learning Disabilities is effectively a target to bring service delivery in line with budget. Approaches will include those detailed in paragraph 4.12 and include completion of reviews of Out of Area (OOA) placements in line with the recommendations of Scottish Governments Coming Home: Complex Care Needs and Out of Area Placements 2018 report. A change fund to support this work has been retained within earmarked reserves, requires to be expended no later than 31 March 2025 and recruitment of required fixed term staffing is in progress. There may also be consideration of future models of care in relation to inpatients and Day Care as part of this work alongside the constituent authorities. Whilst robust benchmarking information has become more challenging over recent years mainly due to pandemic impacts Clackmannanshire and Stirling HSCP has usually been a high outlier in terms of spend in relation to Learning Disabilities and as such this provides further rationale for the approach taken.
- 4.14. A programme of full and systematic implementation of revised Self-Directed Support provision to all adults assessed as having needs and requiring outcome-based support provision will be implemented from 1 April. This will include a resource model aligning to available budget and is modelled to generate increasing financial benefit on a month-to-month basis.
- 4.15. Whilst no specific financial benefit has been quantified now there will also be a process of review and reform of the operation of the contractual framework for Care at Home providers across Clackmannanshire and Stirling. This may have both financial and non-financial benefits (e.g. improved resilience and responsiveness) however it has not been possible to quantify a specific

financial benefit at this point in time, but significantly better value is anticipated.

- 4.16. The Primary Care Medicines Optimisation programme is delivered on a pan Forth Valley basis supported by the work of the Primary Care Medicines Resources Group chaired by the Associate Medical Director for Primary Care. Further work is ongoing to refine the 24/25 plan however the financial savings target reflects a figure required to achieve 3% savings across both 2023/24 and 2024/25 and is therefore 'catching up' on a degree of under delivery during 2023/24.

This only mitigates the pressure on the prescribing budget from increasing and work is required to continue to identify further cost improvements aligned to the principles of Realistic Medicine and the Scottish Governments Chief Medical Officers Value Based Health and Care Action Plan. Polypharmacy Reviews require to be a significant and ongoing element of medicines optimisation. Recent benchmarking information shows the number of patients prescribed >8 medicines between Jan and March 23 as 71.09 per 1000 population which is similar to the Scottish Average of 71.6 per 1000 population. There is significant variation between NHS Board areas though with a range between 49.89 per 1000 population and 93.91 per 1000 population. It is anticipated that polypharmacy reviews will be an area of focus across all areas in Scotland in 2024/25 and beyond.

Prescribing should therefore be regarded as the greatest single area of financial risk.

- 4.17. Budget engagement with the Strategic Planning Group over a number of months has provided feedback that has been incorporated into the development of budget proposals contained within this report. It is perhaps worthy of explicitly referencing the intended approach to Community Link Workers (CLW) whose role, importance and impact was heavily endorsed by the Strategic Planning Group.

It is therefore proposed that the partnership maintains its current level of CLW capacity, and this be contained within the financial envelope for the Primary Care Improvement Plan (PCIP). As Primary Care is co-ordinated by the Falkirk Partnership this has been discussed with the Head of Primary Care and will be incorporated within options appraisal work to maximise impact of the PCIP within resources available. A progress report on this is anticipated to be brought to the IJB in June.

- 4.18. The proposed savings programme detailed within this paper falls £3.947m short of meeting the financial gap on the Integrated Budget. In context it is however in the region of 5 times the level of financial savings projected to be delivered during 2023/24 which is again reflective of the scale of challenge being faced and level of reliance placed on reserves and non-recurring funding during 2023/24.

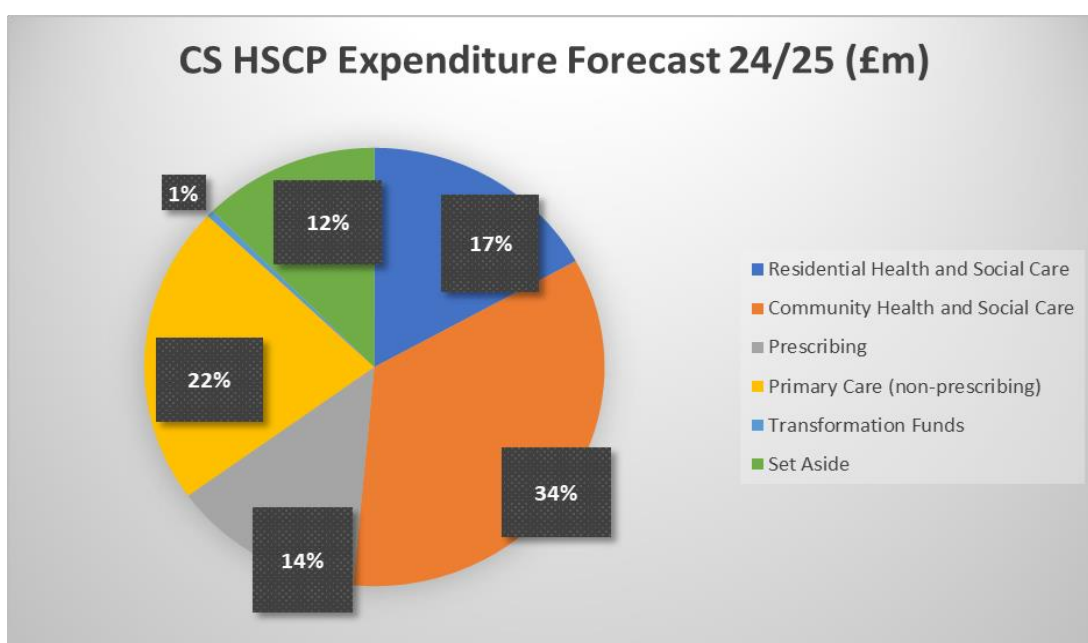
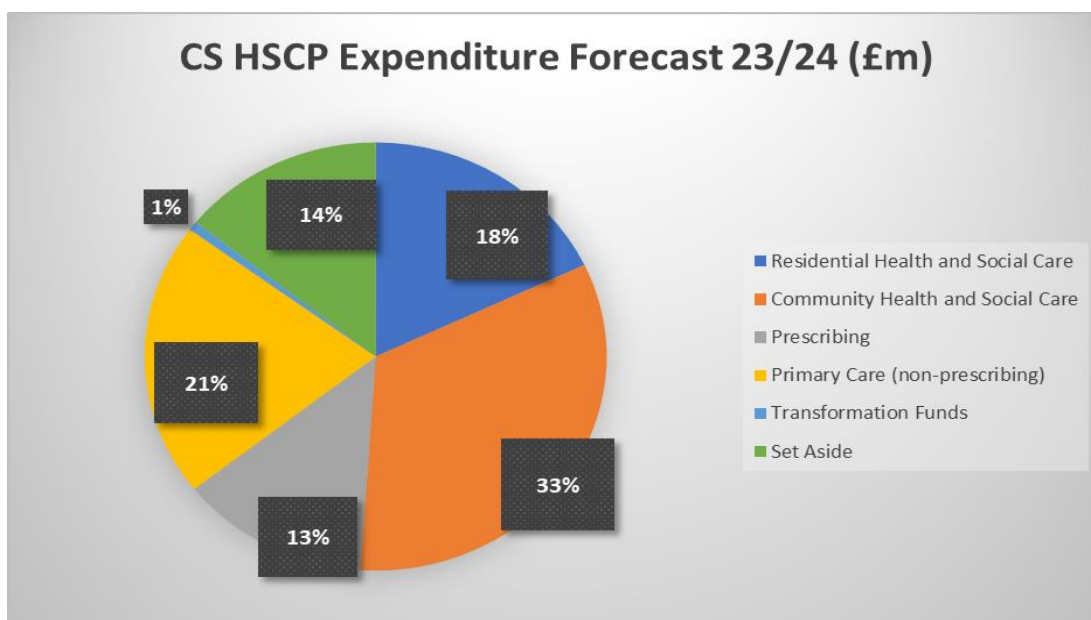
- 4.19. To meet this gap, and notwithstanding the need to bring forward further cost reduction options for decision and direction during the year, it is proposed to hold the equivalent amount of general and earmarked reserves for utilisation.

	£m
General Reserves to Zero	2.600
Reduce Transformation Earmarked Reserve by 50%	0.785
Service Pressure Reserve - Reduce to £262k	0.205
Leadership Fund - Reduce to £250k	0.140
Repurpose Aids for Daily Living Earmarked Reserve	0.117
Reduce Strategic Change Fund - Reduce by £100k	0.100
Total Potential Reserves Support	3.947

- 4.18 This approach would result in a nil general reserves balance being held by the IJB at 31 March 2025 and is a significant risk to both the IJB and the constituent authorities.
- 4.19 The proposed approach does retain some limited financial capacity to sponsor transformation activity however where this is considered it will be critical that it produces significant financial benefit both in year and recurrently.
- 4.20. Robust programme management and monitoring is required to closely monitor delivery and risks and to this end a monthly programme review meeting has been scheduled by the interim Chief Officer. Each area of the programme will have a project initiation document (PiD) and project plan and the senior responsible officer (SRO) will be required to report monthly on progress. Each SRO has identified planning and finance supports available to support this requirement. Primary Care Medicines Optimisation will continue to be supported by NHS FV's Corporate Programme Management Office (CPMO) and be planned and delivered on a pan Forth Valley basis.

5. Alignment of Deployment of Strategic Plan Budget with Priorities.

- 5.1. Subject to approval and successful delivery of the proposals contained within this paper more of the resources at the Boards disposal would be deployed in line with Strategic Priorities.
- 5.2. To demonstrate this the two pie charts below illustrate projected expenditure for the current financial year and 2024/25. Whilst the change in the size of the 'slices' may be subtle clear relative growth in priority areas such as Community Health and Social Care and Primary Care can be observed.



5.3. Over time we will continue to develop approaches to clearly demonstrate alignment of investment and evidence of outcomes to the approved Strategic Commissioning Plan priorities.

6. Set Aside Budget for Large Hospital Services

6.1. IJBs and Health Boards are required to implement set aside arrangements in line with the Guidance on Financial Planning for Large Hospital Services and Hosted Services, published by the Scottish Government and the consolidated partnership response to the Ministerial Steering Group (MSG) proposals. The pandemic and ongoing significant and enduring service pressures have significantly impacted the work to do this.

- 6.2. An update to the financial model to incorporate Senior Medical Funding in the set aside quantum of funding was completed for the 22/23 budget.
- 6.3. Further work is still required in developing an activity and cost model to fully comply with the legislation and guidance referred to above in respect of set aside. This work requires to be aligned to the NHS Forth Valley Assurance and Improvement Plan and an updated self-assessment on progress in relation to the Ministerial Strategic Group proposals on progress with integration. As part of this a revised date for completion will require to be agreed. This is dependent on capacity in information services, performance and finance.
- 6.4. Meantime, it is imperative collegiate whole system working continues to identify opportunities to safely mitigate the financial pressures associated with the set aside budget.
- 6.5. It is critical that energies continue to be focussed on developing whole system solutions to the service and financial challenges around the unscheduled care pathway and set aside budget. The current position is clearly unsustainable. These challenges are complex and multi-factorial, and require considerable collaborative efforts anchored to our Strategic Priorities and National Health and Well Being Outcomes. It is also envisaged that pan Forth Valley Cost Improvement approaches aligned to the NHS Boards Cost Improvement Programme will aide reduction in the projected costs for set aside services. However, the constraints on overall resources including the requirement for the Health and Social Care partnership to deliver services within resources allocated by the IJB, pose a risk to whole system safety, performance and sustainability and only effective and collaborative whole system working approaches can mitigate this.
- 6.6. The savings requirement to balance the Set Aside budget for 2024/25 is estimated to be £6.469m which is predominantly driven by ongoing reliance on unfunded contingency bed capacity and associated supplementary staffing costs. NHS Forth Valleys financial plan, being considered by the NHS Board on 26 March, will incorporate plans to address this.
- 6.7. As the set aside work is reviewed and develops and reports recommendations to inform decision making, it will become more apparent where cost avoidance, through improved patient flow and bed management, can be achieved. However, at this stage, it is currently viewed that financial balance within the Set Aside budget is assessed as high risk.
- 6.8. Future arrangements for the Set Aside budget will also require further discussion as part of the review of the Integration Scheme.

7. [National Care Home Contract \(NCHC\) Update and Contract Uplifts for Care at Home and Day-care Providers](#)

[National Care Home Contract \(NCHC\)](#)

- 7.1. At the time of writing, negotiations in respect of the NCHC for 2024/25 are ongoing. An unnegotiated 'best and only' offer has been made to the sector with a mandate agreed through COSLA leaders and, at the time of writing, an agreed settlement was not yet confirmed.
- 7.2. The estimates within this paper are based on the offer made to the sector with some provision for the potential impact of the NHS Agenda for Change pay award on the Nursing rate as this is built into the extant cost of care calculator.
- 7.3. Until a contract settlement for 2024/25 has been reached with the sector there is a risk that the estimates used within this budget become materially different to the outcome or the NCHC arrangements fail and local contract negotiations are required.
- 7.4. If possible, a verbal update on the NCHC, will be provided at the IJB meeting.

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

- 7.5. The estimates used for this budget paper reflect the estimated costs of required increases to rates to ensure providers can pay a minimum of £12 per hour for commissioned Adult Social Care services from April 2024 per the Scottish Governments policy commitment with respect to the Scottish Living Wage (SLW).
- 7.6. The contract inflation assumption used is based on only passing on the funding required to meet the policy commitment set out at 8.4. Given the 2024/25 budget settlements to councils and NHS Boards do not provide any provision for non-pay inflation on the basis of fairness and equity no non pay inflation has been budgeted for Care at Home and Day-Care. This requires providers to examine issues of cost effectiveness and efficiency on the same basis as the public sector generally. This equates to an uplift on contractual rates of 8.77%.
- 7.7. It is currently anticipated this can be achieved across our Scotland Excel (SXL) Care and Support contracts and contracts out with the SXL framework and peers partnerships and councils elsewhere in Scotland are understood to be mirroring this approach.
- 7.8. In relation to SDS Option 1 rates it is proposed to increase these by 9.08% in line with the letter from Scottish Governments Director of Social Care and NCS Service Development dated 26 February 2024. For Option 2 rates it is proposed these will also increase from April 2024 to match uplifts to Care at Home and maintain an equitable approach.
- 7.9. Whilst the Scottish Government policy in relation to the Scottish Living Wage is funded at a national level the financial distribution basis has resulted in a shortfall of £0.177m locally to support implementation. This has been factored into the financial gap requiring to be addressed through this budget and further supports the requirement for the position set out at section 7.6 of this report.

- 7.10. Furthermore, there is a need for review and reform of our care at home providers' framework and the Chief Officer, Chief Finance Officer and commissioning team will continue to work with the constituent authorities to identify an implement an optimal way forward.
- 7.11. Payment of uplifted contract rates will be subject to providers confirming they will pay staff providing direct care at least £12 per hour from April 2024.

8. Directions

- 8.1. As previously reported to the IJB, updated guidance on directions were published by Scottish Government on 27 January 2020.
- 8.2. The IJB approved a revised Directions policy in September 2021 aligned to the Scottish Government guidance with the caveat that the implementation of the policy be proportionate and not unnecessarily bureaucratic or overly consuming of management capacity.
- 8.3. Implementation of the revised directions policy was not achieved for 2023/24 however a refreshed policy is presented for approval to the IJB on today's agenda and this reflects a commitment to move forward with the approach to issuing and monitoring of directions.
- 8.4. Therefore, proposed directions are appended to this report with an understanding that the approach to directions will continue to evolve further over time. For the avoidance of doubt the IJB should expect to be presented with papers for decision with direction at each and every meeting from this point on.

9. Reserves Policy & Projected Reserves Position at 31 March 2024

- 9.1. The opening reserves position of the IJB @ 1 April 2023 per the IJBs audited accounts was £22.545m consisting of £4.398m of contingency reserves, £5.140m of Earmarked Covid Reserves and £12.987m of other reserves earmarked for specific purposes.
- 9.2. Based on best information currently available projected reserves at 31 March 2024 are forecast to be £10.005m. The table below illustrates starting and projected closing reserves and further detail is provided at Appendix 2 to this report.

IJB Reserves	1 April 2023	31 March 2024	Movement
	£m	Projected £m	£m
General/Contingency	4.398	2.600	(1.798)
Covid Earmarked	5.140	0.000	(5.140)
Other Earmarked	12.987	7.405	(5.582)
Total Reserves	22.525	10.005	(12.520)

- 9.3. Most earmarked reserves are anticipated to be fully utilised for intended purposes during 2024/25 and, taking due consideration of the proposals set out within this report, it is likely that the IJBs reserves position at 31 March 2025 will be relatively minimal unless the funding environment were to change materially.

Review of Reserves Policy

- 9.4. The IJB approved a reserves policy and strategy at its September 2021 meeting based on CIPFA Guidance contained in LAAP Bulletin 55 'Guidance on Local Authority Reserves and Balances' and the IJB Chief Finance Officer has also taken account of CIPFA Bulletin 13 'Local Authority Reserves and Balances' published in March 2023. For clarity, IJBs are required to account for public resources based on Local Authority Accounting Regulations. Further consideration of reserves was considered within the 2023/24 Revenue Budget in line with the requirements of the Integration Scheme.
- 9.5. The reserves policy was reviewed by the IJB Audit and Risk Committee on 21 February 2024.
- 9.6. Subject to a fundamental review of the IJBs requirements to hold reserves linked to the review of the Integration Scheme the Audit and Risk Committee agreed to recommend the reserves policy to the IJB.
- 9.7. The key elements of reserves policy are:
- A prudential reserves target of 2.5% of budgeted expenditure: and
 - A minimum general or contingency reserves level of 1%
 - Maximum reserves level of 4%

The committee continued to note that the level of reserves held in the prior 2 financial years was in excess of maximum due to exceptional circumstances, predominantly the holding of covid specific earmarked reserves.

- 9.8. Given the financial pressures facing health and social care the IJBs attention is drawn to section 16 of the policy specifically '*Where it is assumed that the financial environment at the time of setting the budget does not support a prudent level of reserves to be held, this should be reported to the IJB together with an aspirational reserves position.*'.
- 9.9. As it has not been possible to present a balanced budget without depleting IJB general reserves this element of the reserves policy therefore becomes aspirational and the medium-term financial framework factors additional savings requirements of the next 3 years to restore general reserves to the minimum level stated within the policy.
- 9.10. This approach places significant risk on both the current and future years for both the IJB and the constituent authorities. Therefore, work must continue to identify and implement additional cost reduction measures to secure whole system sustainability.

9.11. This dilemma is not unique to Clackmannanshire and Stirling IJB. Over 30% of Integration Authorities (IJBs) are projecting holding nil general reserves at 31 March 2024 and it is highly likely, given financial pressures, the number of Integration Authorities holding nil general reserves at 31 March 2025 will be significantly higher.

9.12. The reserves policy is appended at Appendix 1 to this report.

10. Medium Term Financial Outlook for Clackmannanshire and Stirling IJB

10.1. Given ongoing level of uncertainty with single year settlements from UK and Scottish Governments only a high level 5-year outlook for the financial challenge facing the IJB can be considered a reasonably informative approach.

10.2. Modelled on additional savings requirements for 2024/25 the total savings requirement of £37.005m over the 5 years including the savings required to close the gap on the 24/25 Revenue Budget as detailed within this paper.

10.3. Taking due account of the issues set out at section 2.2 of this report is it proposed to prepare and present a more comprehensive medium term financial outlook post publication of the Scottish Governments next Medium Term Financial Strategy and Medium-Term Financial Framework for Health and Social Care.

10.4. In the meantime, a high-level medium term financial outlook similar to the one incorporated within the 23/24 IJB Revenue Budget is illustrated below. The outlook below incorporates an aspiration to re-establish general reserves over a 3 year period.

Clackmannanshire & Stirling Health and Social Care Partnership					
Future Savings Requirements Scenario Based on Financial Planning Horizons - 5 year outlook					
	Savings Requirement				
	24/25	25/26	26/27	27/28	28/29
Inflation Assumption		2%	2%	2%	2%
Set Aside	£m	£m	£m	£m	£m
- In Year		0.092	0.094	0.096	0.097
- Cumulative	6.469	6.561	6.654	6.750	6.847
Integrated Budget (Net)	£m	£m	£m	£m	£m
- In Year		3.114	3.176	3.240	3.305
- Re-establishment of General Reserve		0.875	0.893	0.910	
- LG Employers Pensions Conts				0.639	
- Cumulative	14.006	17.995	22.064	26.853	30.158
Totals (Strategic Plan Budget)	£m	£m	£m	£m	£m
- In Year		3.206	3.270	3.335	3.402
- Cumulative	20.475	24.556	28.719	33.603	37.005

11. Key Risks

11.1. Financial Resilience is a risk recorded on the IJBs Strategic Risk Register (SRR) and is currently scored at 25 – the highest possible level. The issues set out within this report clearly support this assessment of risk.

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

- The level of financial resources available to support delivery of the Strategic Commissioning Plan and provide Health and Social Care Services to those in need within the partnership population.
- Inflation and the impact on cost-of-service provision including the risk that providers and suppliers will seek to rebase contract costs taking account of inflation experienced over the past 2 years.
- Reliance on unfunded contingency bed capacity across both the Set Aside and Integrated Budget
- Availability of workforce, reliance on and costs of use of temporary workforce solutions
- Levels of uncertainty in relation to both service demand, costs and resources.
- The growing demand and complexity of service user needs and the burdens of disease coupled with ongoing constraints in public expenditure.
- The ability to safely exit from services and costs previously met from Covid consequential funding.
- Implementation of safe staffing legislation (Health and Care (Staffing)(Scotland) Act 2019) has unforeseen and unbudgeted financial implications.
- Planning assumptions made are materially different from outcomes.
- Demand for and cost of services is materially different from assumptions.
- Risks associated with recruitment, retention and resilience of the workforce. This includes the workforce of commissioned service providers as well as workforce directly employed by the constituent authorities.
- The National Care Home Contract arrangement fails to reach agreement and wider sustainability risks in the social care provider market.
- The risk that sufficient acceptable financial recovery options cannot be developed and agreed.
- Adequate savings programmes cannot be delivered to balance the partnership budget.
- Adequate management capacity cannot be focussed on delivering strategic change, transformation and efficiency programmes.
- Risks associated with future policy decisions and direction from Scottish Government including risk of increasing public expectation and demand for services.
- Unforeseen circumstances with significant cost implications without contingency reserves to meet associated costs.
- Sustainability of the Primary Care Improvement Plan (PCIP) and GP Practice Sustainability including potential cost implications
- The risk there is insufficient resources to provide assurance that the constituent authorities statutory responsibilities in relation to integration

functions (as defined in the Integration Scheme) cannot all continue to be fulfilled.

12. Conclusions

- 12.1. The 2024/25 Revenue Budget presented to the IJB for approval today is anchored within the most challenging set of circumstances the IJB and public sector generally has seen since its establishment.
- 12.2. There is significant complexity and uncertainty within the budget considerations and programme management, monitoring and reporting will be vital across the coming financial year. This will form the basis of the Transformation and Sustainability Programme taking a robust programme management approach.
- 12.3. Continuing to maintain and gain further momentum on the Transformation and Sustainability Programme and untapping the opportunities of collegiate whole system working is more critical than ever at this point in order to increase the likelihood of identifying and implementing sustainable service solutions across the Health and Social Care system. Synergy with this programme and the strategies and transformation programmes across the constituent authorities is key to organisational and whole system sustainability. The medium-term financial outlook incorporated within this report illustrates that the challenges will remain across the medium term.
- 12.4. It is key that the way these challenges are addressed include ongoing participation, engagement, co-design and co-production with stakeholders and communities along with progress on locality planning and continued engagement with the Strategic Planning Group and Locality Networks are integral to this.

13. Appendices

Appendix 1 – Reserves Policy

Appendix 2 – Projected Reserves at 31 March 2024

Appendix 3a and 3b – Summary and Risk Assessment of Efficiency and Savings Programmes(3a) Summary of Savings Proposals Across Constituent Authorities (3b)

Appendix 4 – Directions to Clackmannanshire Council, Stirling Council and NHS Forth Valley

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

Implications	
Finance:	Financial Implications are detailed in the body of report.
Other Resources:	Adequate resources are required to effectively manage the Partnership Budget and deliver the Transforming Care Programme. This includes adequacy and effectiveness of support services for integration functions.
Legal:	The IJB has a statutory duty to seek to achieve best value from the resources it deploys.
Risk & mitigation:	Key risks are set out in the body of the report. The financial resilience element of the Boards Strategic Risk Register will be reviewed based on these updated risks.
Equality and Human Rights:	EQIAs have been prepared for significant transformation and savings proposals which reflect a policy change. These will be published on the partnership website.
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>



**APPENDIX I
CLACKMANNANSHIRE AND STIRLING INTEGRATION JOINT BOARD
RESERVES STRATEGY & POLICY**

BACKGROUND

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

The purpose of a Reserves Strategy is to:

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

STATUTORY / REGULATORY FRAMEWORK FOR RESERVES

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

Usable Reserves:

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

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

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

5. For each reserve there should be a protocol setting out:
 - The reason for / purpose of the reserve.
 - How and when the reserve can be used.
 - Procedures for the reserves management and control; and
 - The review timescale to ensure continuing relevance and adequacy.
6. Updated Financial Regulations for Clackmannanshire and Stirling IJB were formally approved by the IJB on 27 September 2023. A review and update of the Financial Regulations will be undertaken periodically.

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

OPERATION OF RESERVES

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

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

ROLE OF THE IJB CHIEF FINANCE OFFICER

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

LEVEL OF BALANCES HELD

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

On this basis a minimum contingency or general reserves level of 1% of budgeted expenditure was agreed as part of the IJBs 2023/24 Revenue Budget. This will continue to require to be reviewed annually as an integral element of budget setting.

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

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

16. In recognition of the scale of the IJB's responsibilities, it is proposed to retain a prudent level of general reserves. The value of general reserves will be reviewed annually as part of the annual revenue budget approval process and development, review and approval of the Strategic Commissioning Plan, taking account of the financial environment at that time. Where it is assumed that the financial environment at the time of setting the budget does not support a prudent level of reserves to be held, this should be reported to the IJB together with an aspirational reserves position. The value of other earmarked funds will be established as part of the annual financial accounting process.
17. While there is no defined level of reserves to be held, a number of organisations, including several IJBs have set a target level of 2%-4% of annual budgeted expenditure. The IJB should therefore continue to aspire to hold 2.5% of annual budgeted expenditure general fund balances (total contingency and earmarked reserves).

In terms of maximum reserves, it is not envisaged the IJB would hold total general fund balances in excess of 4% of budgeted expenditure at any point other than in exceptional circumstances such as an unforeseen windfall or significant unanticipated allocation from Scottish Government late in a financial year.

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

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

REVIEW OF BALANCES

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

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

FINANCIAL MANAGEMENT AND FINANCIAL REPORTING ARRANGEMENTS

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

REVIEW OF RESERVES STRATEGY

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

Date of Review: 21 February 2024

Date of Next Review: By March 2025

APPENDIX 2
Projected Reserves @ 31 March
2024

Reserve Category	Forecast Reserve Balance £000
General Reserve	2,600
Transformation Fund	1,571
Leadership Fund	392
Invest to Save Fund	500
Community Living Fund	512
Service Pressure Reserve	467
Other Earmarked Reserves	3,964
Total Reserves	10,005

Note: General Reserves figure assumes 23/24 outturn which protects minimum general reserve level.

APPENDIX 3a Proposed Savings Programme 24/25 and 25/26	Estimated Saving		Risk Rating (Red/Amber/Green)	Description of Savings Proposal
	£m 2024/25	£m 2025/26		
Remove Unfunded Beds and Other Provisions by April 2024				
Remove Non Recurrent Costs Supported by Covid Funding and Contingency Beds by 1 April 2024	2.370		Amber	Non recurrent funding support from residual covid funding was agreed covering contingency beds at CCHC and within Intermediate Care at Bellfield Centre plus supplementary staffing costs mainly in CCHC wards, Bellfield and Menstrie House.
CCHC 2 reduce to sustainable bed complement within available resources	0.350			Based on Professional Nursing Assessment of Safe Staffing Level required to run ward within resources available.
Right Care Right Time Programme				
Care at Home Review Team	0.710		Amber	Gross Savings based on modelling within Business Case shared with constituent authority Chief Executives and CFOs
Implementation of RAG for Long Term Care Admissions based on allocation model	1.305	2.238		Financial quantum modelled on impact on locality allocation model based on relative needs of population.
Review and Reform of Learning Disability Services	1.411		Red	Target aimed at bringing LD Services delivery within budget across partnership. Will include full and systematic implementation of SDS, Review of Out of Area placements, review and reform of day care services and revised models of care including use of technology enabled care.
Full and Systematic Implementation of revised Self Directed Support Provision Including Resource Model	0.589	0.696	Amber	All new care to be subject to outcomes based assessment from 1 April including use of resource model taking account of budget available. Estimate excludes Learning Disability.
Primary Care Medicines Optimisation / Value Based Health and Care / Polypharmacy Reviews				
Technical Switches/Formulary Review/ Care Home Prescribing	1.007		Amber	Technical switches, formulary review and compliance to reduce unexplainable variation and focus work on care home prescribing based on evidence of improved value and safety from elsewhere in
Polypharmacy Reviews / Reducing Medicines Waste	0.702			Delivery of a programme of quality polypharmacy reviews based on available evidence (eg isympathy) and aligned to principles of realistic medicine and value based health and care.
Maximising Charging Income	0.300		Amber	Applying existing charging policy consistently including where initial admission to residential care is through short term care and/or respite.
Strategic Commissioning Aligned to SCP Priorities				
Food Train	0.068		Green	Financial effect in 24/25 of previous decision.
Officer Actions / Grip and Control				
Rationalisation of Clinical Nurse Managers Across Bellfield and CCHC (2 to 1)	0.078		Green	Saving achieved through natural turnover.
Deletion of Service Improvement Manager	0.065			Saving achieved through natural turnover.
Restructure of Planning and Performance Team	0.026		Green	Saving achieved through staffing restructure incl. natural turnover
Deploy Uncommitted Transformation Funding to Assist in Balance Position	0.600			No immediate impact but loss of opportunity to make alternative investments.
Westmarc contract.	0.148		Red	Seek to address overspend by reducing element of Glasgow SLA to funded level across both IJBs.
Public Dental Service	0.051			Emergent financial pressures during 24/25. Budget recovery plan in development for service.
Address Complex Care Overspend	0.309	0.309	Red	Seeking to reduce overspend by applying consistent approaches with RAG from Long Term Care Admissions and systematic implementation of SDS.
Rapid Team Skill Mix - OT to SCO post	0.005			Green
Total Value of Proposed Cost Reductions Before Consideration of Reserves	10.094	3.243		

APPENDIX 3b: Proposed Savings Programme 24/25 Breakdown Per Constituent Authority	Breakdown Per Constituent Authority			
	Estimated Saving £m	Clackmannanshire Council £m	Stirling Council £m	NHS Forth Valley £m
Remove Unfunded Beds and Other Provisions by April 2024 Remove Non Recurrent Costs Supported by Covid Funding and Contingency Beds by 1 April 2024 CCHC 2 Options per ELT discussion	2.370 0.350	0.646	1.138	0.586 0.350
Right Care Right Time Programme Care at Home Review Team Implementation of RAG for Long Term Care Admissions based on allocation model	0.710 1.305	0.237 0.435	0.473 0.870	
Review and Reform of Learning Disability Services	1.411	1.411		
Full and Systematic Implementation of revised Self Directed Support Provision including Resource Model	0.589	0.196	0.392	
Primary Care Medicines Optimisation / Value Based Health and Care / Polypharmacy Reviews Technical Switches/Formulary Review/ Care Home Prescribing Polypharmacy Reviews / Reducing Medicines Waste	1.007 0.702			1.007 0.702
Maximising Charging Income	0.300	0.100	0.200	
Strategic Commissioning Aligned to SCP Priorities Food Train	0.068		0.068	
Officer Actions / Grip and Control Rationalisation of Clinical Nurse Managers Across Bellfield and CCHC (2 to 1) Deletion of Service Improvement Manager Restructure of Planning and Performance Team Deploy Uncommitted Transformation Funding to Assist in Balance Position Westmarc contract. Public Dental Service Address Complex Care Overspend Rapid Team Skill Mix - OT to SCO post	0.078 0.065 0.026 0.600 0.148 0.051 0.309 0.005			0.078 0.065 0.065 0.600 0.148 0.051 0.309 0.005
Total Value of Proposed Cost Reductions Before Consideration of Reserves	10.094	3.025	3.142	3.966



APPENDIX 4

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2024_25/001
Does this direction supersede, vary or revoke an existing direction?	No
If yes please provide reference number of existing direction	n/a
Approval Date	27 March 2024
Services / functions covered	Revenue Budget 2024-25 and Medium-Term Financial Outlook
Full text of Direction	<p>Clackmannanshire Council is directed to spend the delegated net budget of £28.762m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined at section 4.5 and Appendix 3b of the report, the following allocations relate to:</p> <ul style="list-style-type: none"> Removal of Non-Recurrent Costs Supported by Covid Funding £0.646m Right Care, Right Time Programme £0.672m Review and Reform of LD Services £1.411m Full and Systematic Implementation of Revised Self-Directed Support Provision £0.196m Maximising Charging Income £0.100m <p>Stirling Council is directed to spend the delegated net budget of £54.744m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined at section 4.5 and Appendix 3b of the report, the following allocations relate to:</p> <ul style="list-style-type: none"> Removal of Non-Recurrent Costs Supported by Covid Funding £1.138m Right Care, Right Time Programme £1.343m Full and Systematic Implementation of Revised Self-Directed Support Provision £0.392m Maximising Charging Income £0.200m <p>NHS Forth Valley is directed to spend the delegated net budget of £173.878m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined at section 4.5 and Appendix 3b of the report, the following allocations relate to:</p> <ul style="list-style-type: none"> Removal of Non-Recurrent Costs Supported by Covid Funding £0.586m Removal of Unfunded Beds at CCHC £0.350m

	<p>Primary Care Medicines Optimisation Programme - £1.709m (subject to further review post agreement of plan for 24/25) Review of Contract Value for Westmarc Service £0.148m Review and Reform of Complex Care Service £0.309m</p> <p>Clackmannanshire and Stirling Councils are directed to implement, effective from 8 April 2024, the 10.09% uplift to 86.9% of contract values for non-residential care (8.77%), a 9.08% increase to SDS Option 1 rates and an increase to SDS Option 2 rates in line with non-residential contractual uplifts of 8.77%. This should be subject to Providers confirming they will pay staff providing direct care at least £12 per hour from 8 April 2024.</p> <p>The extant integration scheme requires Clackmannanshire Council, Stirling Council and NHS Forth Valley to consider draft budget proposals based on the Strategic Commissioning Plan as part of their annual budget setting processes. All partners are requested to consider the Medium-Term Financial Outlook set out within this report as part of their budget processes for 2025/26 to 2028/29.</p>
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement has taken place with the IJB Strategic Planning Group, Members of the Corporate Management Teams of Clackmannanshire Council, Stirling Council and NHS Forth Valley and Political Group Leaders through the budget development process.
Timescale(s) for Delivery	2024/2025 Financial Year
Direction to	Clackmannanshire Council, Stirling Council and NHS Forth Valley Jointly
Link to relevant IJB report(s)	To be added when paper published on website
Budget / finances allocated	The budget delegated to Clackmannanshire Council is £28.762m, the budget delegated to Stirling Council is £54.744m and the budget delegated to NHS Forth Valley is £173.878m consisting of £32.121m in relation to the Set Aside budget for large hospital services and £141.757m in relation to the Integrated Budget as per the report.
Performance Measures	The budget will be monitored through established budget monitoring arrangements.
Date direction will be reviewed	31 March 2025

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 9

Palliative and End of Life Care

For Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	David Wiliams, Interim Chief Officer
Author	David Wiliams, Interim Chief Officer
Exempt Report	No

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

Purpose of Report:	The IJB is asked to approve the development of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care for consideration at both IJBs in September 2024.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the development of a Forth Valley Strategic Commissioning Plan for Palliative and End of Life Care for consideration at both IJBs in September 2024. 2) Issue Directions as set out in Appendix 1
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Key issues and risks:	Development of this strategy will ensure a sustainable and consistent approach across Forth Valley area for palliative and end of life care needs.
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1. Background

- 1.1. There have been previous attempts over several years to develop a strategic plan for palliative and end of life care most recently concluding in 2022 but which for a variety of reasons have not been approved nor implemented.
- 1.2. The fact that there has hitherto been a generally agreed view that there is a need for such a strategic approach necessarily suggests that in the absence of addressing this need, the need is still there. This has been highlighted in recent times for the two HSCPs and the Health Board by the somewhat ad hoc requests and expectation for increased and above inflation levels of funding for 2024/25 from a range of providers across Forth Valley all of whom occupy the space of palliative and end of life care provision.

2. Purpose

- 2.1. To outline to the Clackmannanshire and Stirling IJB and the Falkirk IJB a proposed approach to the development of and production of a strategic commissioning plan for the provision of palliative and end of life care across Forth Valley.

3. Proposal

- 3.1. The Clackmannanshire and Stirling IJB previously approved the implementation of a Consortium Commissioning approach which involves a whole system partnership approach to identifying need in particular areas of health and care provision, and thereafter agreeing the route to providing services with which to meet that need. This approach has been successfully implemented and is well under way in the areas of alcohol and drugs provision and dementia care and is in line with the IJB's strategic plan which commits to substantially shifting the balance of care in a preventative way towards provision in people's own homes and communities over a ten year period and to achieve this in a 'need led, resource bound' manner.
- 3.2. The initial paper outlining the Consortium Commissioning paper approved by the Clackmannanshire and Stirling IJB can be found here ([IJB-2021.09.22-Agenda-and-Paper-Pack-FINAL-v0.1.pdf \(clacksandstirlinghscp.org\)](#) – paper 9.3).
- 3.3. This approach is well suited to the provision of palliative and end of life care given the multitude of providers and experience in this area of work across Forth Valley.
- 3.4. Necessarily the development of any strategic commissioning plan will involve engagement with all stakeholders including families and communities with lived experience of existing services, scoping of existing provision, identifying gaps, understanding the totality of financial resources deployed to this area of work, achieving a generally agreed direction of travel for future provision and so on.
- 3.5. There is a substantial body of work that has already been undertaken with the strategic review of 2022 which was never progressed. Although led by and significantly influenced by NHS Forth Valley it is recent in its completion and must therefore have a high degree of continuing relevance and currency. This work will provide a significant and helpful starting point in the development of a strategic commissioning plan by the IJBs.
- 3.6. However, the planning, commissioning, monitoring and oversight of the delivery of services commissioned is required to be by IJBs who need to be leading this area of work.
- 3.7. To this end and given that there is already significant work that has been undertaken in this field, it is proposed that work gets underway utilising the Consortium Commissioning approach as outlined. This will primarily involve:
 - Scoping of current and updated provision, to be completed by end of April 2024
 - Multi-stakeholder engagement across Forth Valley to establish a general consensus about direction of travel, April/May 2024

- Drafting of high-level strategic commissioning plan for public consultation to be conducted, June/July 2024
- Presentation of strategic commissioning plan setting out commissioning and decommissioning intentions for approval to both IJBs, September 2024.

3.8. This work will be substantially led and driven forward by both HSCPs with lead sponsorship coming from the Interim Chief Officer of Clackmannanshire and Stirling.

4. Directions

4.1. Directions will be issued to the Health Board and Councils to direct their HSCP employees to be engaged and support the development of this strategic commissioning plan as required and appropriate.

5. Appendices

Appendix 1 Directions to Health Board and both Councils

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input 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 type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	Development of this strategy will ensure a sustainable and consistent approach across Forth Valley area for palliative and end of life care needs.

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

Agenda Item 9 – Appendix 1

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date	
Services / functions covered	All staff and services that are engaged in the planning, commissioning and provision of palliative and end of life care
Full text of Direction	NHS FV, Clackmannanshire Council and Stirling Council are directed to support their HSCP employees to coordinate and be engaged in the development of this strategic commissioning plan as required and appropriate.
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement and consultation will take place as per the timetable set out in the substantive report to the IJB
Timescale(s) for Delivery	December 2024
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	Financial resources tied up in substantive posts, either fully or in part, already engaged in the provision of palliative and end of life care. Quantification will be clarified in the development of the strategic commissioning plan
Performance Measures	Production of a Strategic Commissioning Plan within timescales set
Date direction will be reviewed	November 2024 IJB

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 10

Revised Clinical and Professional Care Governance Framework

For Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	David Williams, Interim Chief Officer
Author	David Williams, Interim Chief Officer
Exempt Report	No

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

Purpose of Report:	To report the revised and updated Clinical and Professional governance arrangements within Clackmannanshire and Stirling IJB.
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Recommendations:	The Integration Joint Board is asked to: 1) To approve the revisions to the existing Clinical and Professional Care Governance Framework
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1. Background

- 1.1 The current clinical and professional governance arrangements within the HSCP are discharged within a framework that was developed following the establishment of the IJB in 2016 and approved by the IJB in June 2018. A copy of this framework can be found here ([link](#)).

2. Assessment

- 2.1 Whilst much of what was contained in the framework is entirely valid and accurate, and continues to be so, it is the Interim Chief Officer's view that there is a fundamental inaccuracy contained within the framework in relation to where accountabilities for clinical and professional delivery sit. In short, the framework sets out in Figure 1 that the CCG Group is accountable to the IJB which in turn is accountable to the Health Board and Council respectively. This is incorrect, the Public Bodies (Joint Working) (Scotland) Act made no change to the extant responsibilities of Health Board and Council in relation to these areas of governance. It is not for the IJB to be accountable to the Health Board and Councils for clinical and professional standards being delivered as this would clearly establish a position of the IJB being operationally responsible for service delivery, which is not the case. Indeed, the framework states as much in the following extract:

The Chief Social Work Officers, the NHS Medical Director and the NHS Nursing Director will take the lead role in relation to Clinical and Care Governance. The NHS Medical and Nursing Directors will have arrangements in place for co-ordinating these functions across clinical groups. The Chief Social Work Officers will have arrangements in place for coordinating these functions across social care groups.

Rather, the IJB requires to receive an assurance that the services which it has commissioned by Direction to be delivered by Health Board and Council to deliver the IJB Strategic Plan are demonstrably achieving the level of clinical and professional standards that are expected.

The current arrangements for the IJB involve little more than a copy of the minute of the most recent CCG Group minutes being contained with the IJB papers for note. There is no covering paper presented providing a summary for the IJB to be assured or otherwise and IJB minutes reflect no discussion within the IJB meeting about the quality of clinical and professional standards being discharged within the services commissioned by the IJB.

3. Proposal

- 3.1 The 'arrangements' that the Medical Director, Nurse Director and CSWOs have in place for coordinating the functions referenced in the above extract from which the IJB can then be provided with assurance are what require to be in place. Linked to this, there is a need for a 'light touch' mechanism within the operational arrangements of the HSCP to be able to have sight of the product and output from these arrangements from which the Chief Officer is then able to provide assurance or otherwise to the IJB. Necessarily, this 'light touch' is required to avoid creating duplicate systems or conflicting systems with those that are required to provide assurance to Health Board and councils.
- The attached 2018 Framework in appendix 1, with proposed amendments sets out clearly that responsibility for clinical and professional care governance is for Health Board and Councils to deliver. It sets out in a revised Figure 1, a clarity about operational responsibility sitting with the Chief Officer who then requires to provide assurance to the IJB on the clinical and professional quality of provision, and details how this is to be obtained.
- This assurance will be provided to the IJB in a discreet report every quarter from the Chief Officer. In this respect, it is proposed that the minutes of Clinical and Professional Care Governance Group meetings held by officers and clinicians are no longer presented to the IJB.

4. Conclusions

- 4.1 The original 2018 document was a Framework which presents as a joint Health Board and two Councils framework by which they respectively receive assurance from the IJB about the quality of services that they are delivering. The revised document as presented for consideration is a Framework by which the IJB gains assurance.

5. Appendices

Appendix 1 – Revised and Updated Clinical Professional governance arrangements within Clackmannanshire and Stirling IJB

Appendix 2 – Draft ToR Integrational Clinical and Professional Governance Group (ICPGG)

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting Empowered People and Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

CLACKMANNANSHIRE & STIRLING ~~NHS FORTH VALLEY~~ INTEGRATION JOINT BOARD INTEGRATED CLINICAL AND PROFESSIONAL CARE GOVERNANCE FRAMEWORK

The Scottish Government, National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services:

“Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people’s experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.”

Public Bodies (Joint Working) (Scotland) Act 2014

20 April 2018

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1. Introduction

The main purpose of the integration of health, social work and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

~~The~~ Integration Schemes, ~~drawn up~~ for the Clackmannanshire and Stirling ~~and NHS Forth Valley~~ Integration Joint Board (IJB) sets out the arrangements by which are intended to arrange services that can deliver better outcomes for people requiring support services are joined up and integrated. Services will be commissioned set up to deliver the national health and wellbeing outcomes that are prescribed by Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014¹.

The national health and wellbeing outcomes apply across all integrated health and social care services, and ensure that Health Boards, Local Authorities and Integration Joint Boards are clear about responsibility and accountability for the delivery of shared priorities. Scottish Ministers will also bring together performance management arrangements for health and social care. National health and wellbeing outcomes, together with the integration planning and delivery principles, are grounded in a human rights based and social justice approach.

2. Purpose of the framework

The context in which the clinical and professional care governance framework for the Integration Joint Board (IJB) ~~will be implemented~~ is one of a developing legislative framework with a wide range of policy drivers. Partner organisations across Clackmannanshire & Stirling and NHS Forth Valley will work to deliver services through the HSCP that are responsive, integrated and coordinated to meet the needs of individuals and communities in line with the strategic intentions expressed in law and policy.

Improved outcomes and effective services for service users and their unpaid carers require alignment of culture, values and language. This framework is intended to empower clinical and professional care staff to contribute to the improvement of quality of care, to make care safer, more effective and person centred – by making sure that there is a strong voice of the people and communities who use services.

The clinical and care governance arrangements described in this framework are designed to assure the Integration Joint Board, ~~NHS Forth Valley and Clackmannanshire Council and Stirling Council~~, that the quality and safety of services delivered by staff employed by the Health Board and the two councils, and the outcomes achieved from delivery of those services, are the best possible and make a positive difference. The diagram at Figure 1 illustrates lines of accountability.

¹ Power to prescribe national outcomes [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

~~It is acknowledged that this framework will be updated to reflect experience of joint working and as local requirements for services are better understood and evolve.~~

~~In addition, the framework will evolve as service delivery models change and the workforce become more integrated and changes to regulation occur.~~

3. Definition of Clinical and **Professional** Care Governance

The Scottish Government's National Framework, to guide Health and Social Care Partnerships on the setting up of their clinical and care governance arrangements has served as a useful foundation document for the Clackmannanshire & Stirling IJB Framework.

3.1. Annex C of the National Clinical and Care Governance Framework sets out in some detail the working definition to be applied to Integrated Health and Social Care Services in Scotland. This working definition is as follows:

- a) Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, building on existing governance systems. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers.
- b) It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services, their unpaid carers and their families.
- c) Clinical and **Professional** Care Governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and **professional** care governance will provide assurance to patients, service users, unpaid carers, clinical and care staff, managers, and members of the Integration Joint Board on the following:
 - Quality of care, safety of service users, effectiveness and efficiency drive decision making about the planning, provision, organisation and management of services.
 - The planning and delivery of services take full account of the perspective of patients, service users, unpaid carers, and their families.
 - Unacceptable clinical and care practice will be detected and addressed.
 - Detailed assurance mechanisms of reporting and key accountable officer being held to account for all aspect of clinical and professional care governance

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- d) Effective Clinical and **professional** Care Governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and Local Authorities.
- e) An important element of clinical and **professional** care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed.
- f) Clinical and **professional** care governance issues may relate to the organisation and management of services rather than to individual decisions. All aspects of the work of Integration Authorities, Health Boards and Local Authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance is principally concerned with those activities which directly affect the care, treatment, protection and support people receive whether delivered by individuals or teams.

4. Role of a Clinical and **Professional** Care Governance Group in monitoring and assuring the quality of care and services

The priorities of the IJB ~~is will be~~ outlined in the Strategic Plan. This ~~will~~ links closely with Clackmannanshire Alliance and Stirling's Community Planning Partnership arrangements and delivery plans. Successful strategic planning will result in partnership working to deliver and plan services that focus on people and their outcomes. The IJB will have a plan that sets out its arrangements for integrated health and social care and how those arrangements will lead to the improvement of the outcomes for the communities it serves.

The quality of care provided within the Health and Social Care Partnership is a matter for the Health Board and the two councils respectively in relation to the workforces whom they employ. How the Health Board and councils discharge their respective responsibilities in clinical and professional care governance will be overseen by an **Integrated** Clinical and **Professional** Care Governance Group (CPCGG) chaired by the Chief Officer. The Chief Officer will then be able to provide assurance reporting to the Integration Joint Board that the services which the IJB commissions from the Health Board and councils are meeting the standards required of respective disciplines and professions. The Health Board and Councils will ensure responsible officers for Clinical and professional care governance provide assurance within their individual organisational mechanisms, this does not replace the responsibilities of the IJB, however satisfies the accountability within each of the partner organisations. ~~This will provide assurance to the IJB, NHS Forth Valley and respective Councils that clinical and care governance as part of the planning and delivery of services is being delivered effectively.~~

To maintain their independence, the statutory responsibility for Mental Health Officers with regard to practice standards (including Adults with Incapacity and

Guardianship responsibilities) will remain the responsibility of the respective Councils exercised through the role of the Chief Social Work Officer.

The members of the Integrated Clinical and Professional Care Governance Group will include:

- Chief Officer (Chair)
- Chief Social Work Officer ~~x 2~~(Co-chair)
- Professional Lead – GP ~~x 2~~²
- Professional Lead – Nursing, e/AHP, /MH and LD, /and Pharmacy*
~~* the Medical Director and Director of Nursing will provide support and advice as Clinical Leads to the professional leads and initially co-chair~~
- Independent Sector Representative
- ~~Rele~~levant senior adult social care or locality managers
- Head of Clinical Governance

This membership will be reviewed every 2 years after 12 months and reconfigured as guided by learning ~~throughout the year~~. The role of the CPCGG will be to ensure that there is effective clinical and professional care governance within the Partnership that provides assurance to patients, service users, unpaid carers and their families, clinical and care staff, managers, and members of the IJB.

The CPCGG will be responsible for ~~demonstrating~~ ensuring that the five key principles outlined in the National Framework of clinical and professional care governance ~~are~~is delivered by the the Health Board and councils respectively ~~and that assurance is able to be provided to the IJB~~IJB:

1. The Partnership has clearly defined governance functions and roles are performed effectively.
2. Values of openness and accountability are promoted and demonstrated through actions.
3. Informed and transparent decisions are taken to ensure continuous quality improvement.
4. Staff are supported and developed.
5. All actions are focused on the provision of high quality, safe, effective and person-centred services underpinned by a human ~~rights~~ based~~rights-based~~ ethos.

The basis for the work of each CPCGG is set out as five process steps in the National Framework:

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed principles.

This will include review and scrutiny as appropriate of key information including that relating to:

- The National Health and Wellbeing outcomes
- The National Health and Care Standards
- The quality and safety of integrated health and social care services, including health and safety issues
- Service user and unpaid carer engagement
- a. Thematic analysis of adverse event data including complaints, Significant Adverse Events, and Duty of Candour as it relates to the Partnership services
- Significant adverse events including significant case reviews
- Impact assessment and learning from external publications (including policies, guidelines, inquiries, monitoring and standards)
- Professional regulation and fitness to practice
- Responses to external scrutiny and internal investigation
- The quality of decision making by Mental Health Officers
- The quality of practice in relation to Adults with Incapacity, Adult Support & Protection and the Mental Health Care and Treatment statutory framework
- Clear delineation of responsibility/accountability around the roles and interdependencies of the Chief Officer and the Chief Social Work Officers.

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~~The CCGG will establish an information sharing and strategic relationship with the Chief Officers Public Protection Group.~~

Commented [DW1]: Removed because the PPCOG has Police Scotland as a statutory partner and the agenda of PPCOG focusses exclusively on public protection, whilst the business of CPCGG is about standards of provision and care in the round.

5. Roles and Responsibilities

The National Framework identifies clear roles for members of the IJB and how they fulfil these.

Chairs, Council Leaders, NHS Non-Executive Directors & Elected Members will:

Commented [DW2]: Removed on the basis that council Leaders are not members of the IJB

- Create an organisational culture that promotes human rights and social justice, values partnership working through example; affirms the contribution of staff through the application of best practice including

learning and development; is transparent and open to innovation, continues learning and improvement.

- Establish that integrated clinical and [professional](#) care governance policies are developed and regularly monitor their effective implementation.
- Seek reassurance that practice and standards related to public protection are robust.
- Require that rights, experience, expertise, interests and concerns of service users, unpaid carers and communities inform and are central to the planning, governance and decision-making that informs quality of care.
- Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- Seek assurance that effective arrangements are in place to enable relevant Health and Social Care professionals to be accountable for standards of care including services provided by the third and independent sector.
- Require that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the third and independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- Seek assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- Seek assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.

Chief Executives, Chief Officers, Directors or Equivalent will:

- Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported, [improvement and future focussed](#) and innovation promoted.

- Provide a clear link between the organisational and operational priorities of NHS Forth Valley, Clackmannanshire Council and Stirling Council; objectives and personal learning and development plans, ensuring staff have access to necessary support and education.
- Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a coordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- Ensure compliance with professional standards, codes of practice and performance requirements and alignment of activities with organisational objectives and service user outcomes.
- Promote learning from good practice, adverse incidents, complaints and risks.
- Create an environment that supports the contribution of staff, their safety and professional development as well as supporting and enabling innovation.

- Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers/Leads accountable for clinical and [professional](#) care governance:
- This will include a relationship of accountability between the Adult Support and Protection Committee; the Child Protection Committee; the MAPPA Strategic Oversight Group; the Alcohol and Drugs Partnership; and, the Gender Based Violence. It is expected that the Public Protection Chief Officers Group would undertake this function.
- It is expected that this will include articulation of the mechanisms for taking account of the training environment for all health and social care professionals training (in order to be compliant with all professionals' regulatory requirements).

6. Professional Leadership

The Chief Social Work Officers, the NHS Medical Director and the NHS Nursing Director (together, “the CCG Leads”) will take the lead role in relation to Clinical and [Professional](#) Care Governance [for their respective organisations given that the Public Bodies legislation makes no change to these duties](#). The NHS Medical and Nursing Directors will have arrangements in place for co-ordinating these functions across clinical groups. The Chief Social Work Officers will have arrangements in place for co-ordinating these functions across social care groups.

NHS Medical Director

The NHS Medical Director is the individual appointed by NHS Forth Valley to provide the professional leadership for medical services and appointed by the Scottish Ministers as an Executive Board Member of NHS Forth Valley.

NHS ~~Nursing~~Nursing Director

The NHS ~~Nursing~~Nursing Director is the individual appointed by NHS Forth Valley to provide the professional leadership for nursing, ~~and~~ midwifery, ~~AHP~~ [and Psychology](#) services and appointed by the Scottish Ministers as an Executive Board Member of NHS Forth Valley.

Chief Social Work Officers

The role of the Chief Social Work Officers (CSWO) is to provide professional advice on the provision of social work services which assists authorities in understanding many of the complexities which are inherent across social work services. The principal functions relate to governance, management of risk, protection and the deprivation of liberty. The CSWOs are ‘proper officers’ in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged

by a specified post holder. The CSWOs have responsibility to advise on the specification, quality and standards of services delivered by or on behalf of the council. commissioned.

The Medical Director, Nursing Director and the Chief Social Work Officers will be responsible for providing professional advice to the IJB and the Chief Officer including any risks inherent in relation to any proposed actions.

All those providing care & services

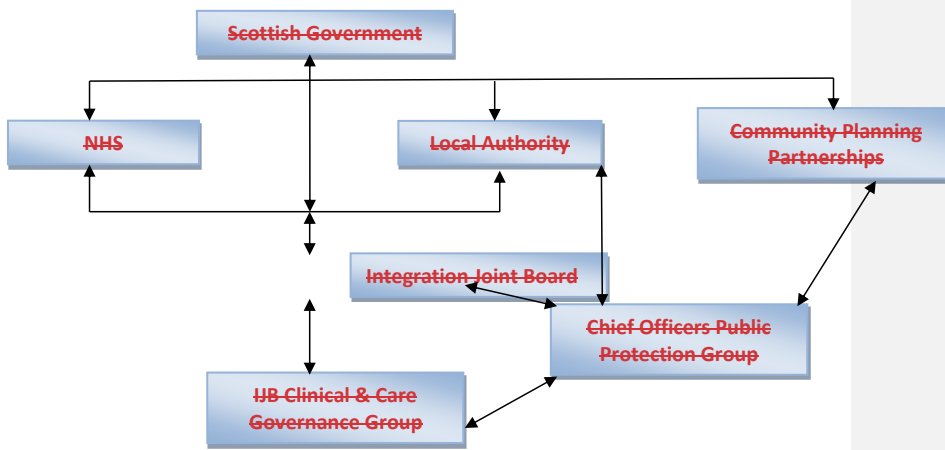
Each individual professional is expected to ensure that their professional practice and continuing educational development is evidence based with a focus on regulatory and continuous professional development requirements and standards therefore they will:

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Understand their responsibilities relating to Public Protection.
- Have the necessary policies and procedures in place to report and manage incidents of suspected, witnessed or actual harm.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users, unpaid carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that compromises the safety of patients or service users in line with local whistleblowing policy and regulatory requirements.
- Engage with colleagues, patients, service users, unpaid carers, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

Reporting Arrangements

The diagram below illustrates ~~probable~~ lines of accountability, assurance and reporting. ~~Reports will be sent directly to the NHS Forth Valley Clinical and Care Governance Group and to the respective Council's Scrutiny Committees responsible for overseeing the quality of social work and social care services.~~

Figure 1

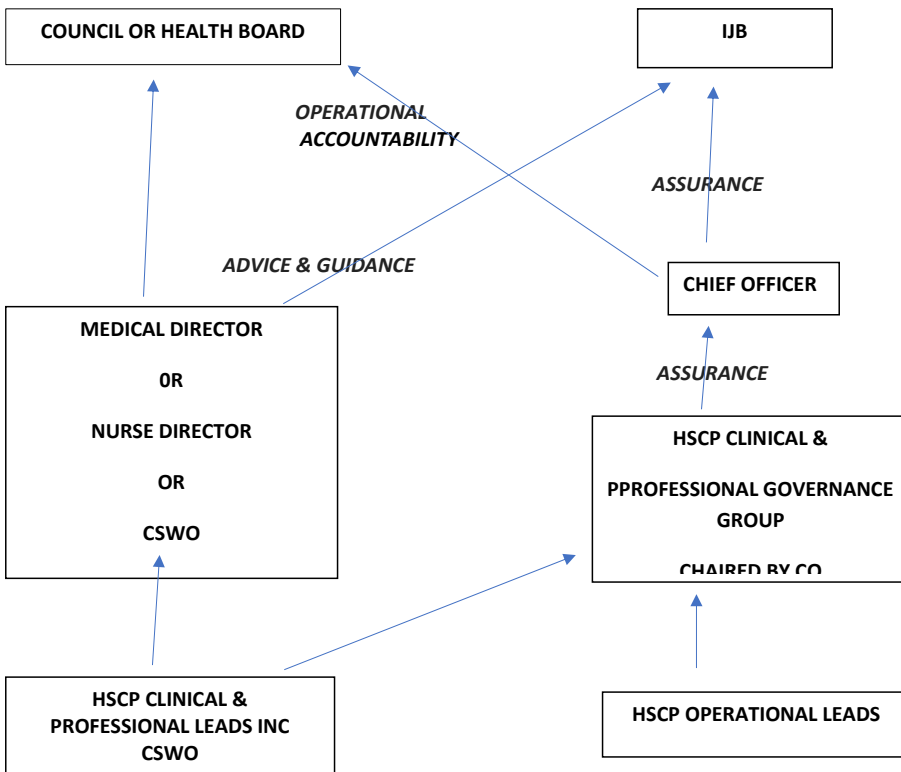


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FIGURE 1

**CLINICAL LINE OF ACCOUNTABILITY
AND ASSURANCE**

MONITORING & OVERSIGHT LINE



8. Information, Governance and Sharing

Existing information management and data sharing protocols will continue to be applied, and the standing principles that pertain to information governance will remain.

~~June 2018~~
February 2024

**Clackmannanshire and Stirling Health & Social Care Partnership
INTEGRATED CLINICAL AND PROFESSIONAL GOVERNANCE GROUP (ICPGG)**

Purpose

The Group is established to ensure on behalf of the Integration Joint Board, the effective co-ordination and direction of clinical and social care governance, within CSHSCP. The Group will operate within the overall quality, care and professional governance framework established within the Health Board and two Councils. The Group will be instrumental in developing and advocating best practice across the Partnership consistent with the policies of the Councils and Health Board.

Remit

1. To provide assurance to the Integration Joint Board through the Chief Officer on the delivery of all clinical practice and professional social work practice within the HSCP.
2. To agree the HSCP's governance priorities, give direction where required for governance activity, monitor progress and provide escalation.
3. Oversee the work of governance groups, receiving minutes/reports from them for consideration and assurance.
4. Oversee the processes within the HSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, incidents, complaints and litigation and that lessons learned and examples of good practice are disseminated appropriately across the HSCP.
5. Review the operation and effectiveness of the group annually.

Membership

- Chief Officer Chair)
- Clinical Leads of the HSCP
- Associate Medical Director (Mental Health)
- Chief Nurse of the HSCP
- AHPManager/Professional Lead within the HSCP
- CSWOs X 2
- Clinical lead for alcohol and drugs services
- Nominee of the NHS Pharmacy Practice Support Unit (PPSU) (*is there such a team/person?*)
- Nominated Service Manager (MH and LD)
- Nominated Locality Manager
- Head of Community Health and Care
- Head of Clinical Services (Mental Health & Learning Disability)
- Head of Strategic Planning and Health Improvement Staff Side Representatives, Health and Social Work

(Deputies for any member unable to attend should be identified and intimated in advance of the meeting.)

Reporting Framework

Clinical and professional governance remains the statutory responsibility of the Health Board and the respective Councils (in regards social work and social care) and as such, the arrangements that are currently in place that enable the Medical Director, the Nurse Director and the respective CSWOs to provide assurance to the Board and Councils respectively should be in place and maintained.

The minutes of the most recent meeting that the clinical and professional leads have within their respective fields that demonstrate to Board and Councils that effective clinical and professional practice is being delivered will be requested to be presented to each ICPGG meeting along with a verbal presentation by the clinical and professional lead. The Chief Officer (Chair) will then produce a summary quarterly assurance report to the IJB.

Draft Agenda

Welcome and apologies
Minute from previous meeting
Report from Primary Care lead
Report from AMD
Report from HSCP lead nurse
Report from AHP lead
Report from CSWOs
Report from Operational leads
AOCB

Frequency of Meetings

The Group will meet quarterly.

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 11

Strategic Risk Register

For Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

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

Purpose of Report:	To provide the Integration Joint Board to the Strategic Risk Register for review and approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>1) Review and approve the Strategic Risk Register</p>
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1. Background

- 1.2 Given the increasing risk profile across Health and Social Care both locally and nationally from March 2024 the Strategic Risk Register will be a standalone agenda item on the IJBs agenda rather than being an element of performance reporting.
- 1.3 The Audit and Risk Committee undertakes a scrutiny function for the Integration Joint Board to scrutinise and review the Strategic Risk Register. The Committee reviewed the Strategic Risk Register at its meeting on 21 February 2024.
- 1.4 The Strategic Risk Register is regularly reviewed by the HSCP Senior Leadership Team (SLT) and updated thereafter by the Chief Finance Officer. The most recent review was 14 February 2024.
- 1.5 As a result of this review and wider discussions regarding risks the following have been decreased/increased:
- HSC004 Integrated Performance Framework (increased) –**
- 1.6 A summary of the current 14 Strategic Risks is shown in Table 1 below, with movements in risk ratings from the last meeting.

Table 1

Strategic Risk	Risk Direction	Previous Score Sept 2023	Current Score Feb 2024	Target Score
1. Financial Resilience	↔	25	25	9
2. Leadership, Decision Making and Scrutiny	↔	12	12	8
4. Performance Framework	↑	12	16	4
5. Culture/HR/Workforce planning	↔	12	12	3
6. Experience of service users/patients/unpaid carers	↔	16	16	6
7. Information Management and Governance	↔	25	25	9
8. Information Sharing Process and practice	↔	16	16	12
10. Harm to Vulnerable People, Public Protection and Clinical & Care Governance	↔	20	20	4
11. Sustainability and safety of adult placement in external care home and care at home sectors	↔	20	20	4
12. Health and Social Care workforce demographic / resilience of service	↔	16	16	6
14. Ability to Deliver Primary Care Improvement Plan	↔	20	20	9
15. Primary Care Sustainability	↔	25	25	9
17. Potential Industrial Action	↔	12	12	6
18. Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety	↔	16	16	6

2. Review of Strategic Risk Register and Risk Management Framework

- 2.1 The former Risk Manager from NHS Forth Valley was supporting this work and limited further progression of this work. Now that a replacement has been appointed and this work will be progressed and an update reported to be June Audit and Risk and IJB meetings. Thereafter a risk appetite and tolerance statement will be taken to the IJB for approval.

- 2.2 A further development will be to look at systemising the Strategic Risk Register to enhance ownership and efficiency of reporting including ensuring that the Audit & Risk Committee and IJB are content with the new format.

3. Appendices

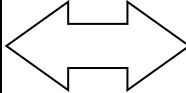
Appendix 1 - Strategic Risk Register

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	As reflected within Strategic Risk Register
Other Resources:	As detailed.
Legal:	Management of Strategic Risks will aide safe and legislatively compliant delivery of delegated integration functions.
Risk & mitigation:	The Strategic Risk Register reflects the risks of the IJB not achieving the aims of the Strategic Commissioning Plan. It illustrates risk mitigation actions.
Equality and Human Rights:	The content of this report does not require an EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot www.gov.scot</p>

	<p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
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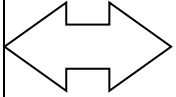
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action (Timescale)	Risk Owner(s)	Notes / Progress	Risk Direction
HSCP 001	Financial Resilience The risk that delegated service functions cannot be delivered within resources available.	1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'	Current (5) Target (3)	Current (5) Target (3)	Current (25) High Target (9) Medium	1. Grip and Control Meetings (Ongoing) 2. 23/24 Revenue Budget Approved (March 23) 3. Financial Monitoring Reports (Monthly) 4. Draft 24/25 IJB Business Case and Development of Options for Financially Sustainable Service Delivery (Dec 23) 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. (Outstanding requires refresh) 7. Review Transformation and Sustainability Programme including monitoring arrangements (under review implementation from June 24 for 24/25 Budget) 8. Design and Implement Pan FV Budget Monitoring & Oversight Arrangements (outstanding)	Chief Officer / Chief Finance Officer		


Agenda Item 11 – Appendix 1

CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 002</p>	<p>Leadership, Decision Making and Scrutiny The risk that leadership, decision making and scrutiny arrangements are inadequate to ensure good governance and assurance arrangements.</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (3) Target (2)</p>	<p>Current (4) Target (4)</p>	<p>Current (12) Medium Target (8) Low</p>	<p>1. Ongoing consideration of proportionate scrutiny arrangements for each constituent authority.(Ongoing) 2. Continue to develop and implement approach to engagement with public and communities. (ongoing) 3. Board Development Programme and review of Integration Scheme. (23/24 Development programme completed Feb 24 / review of Integration Scheme in motion - Oct 24) 4. Partnership Senior Management & Leadership Team Development Programme. (Several session held during 2023) 5. Delivery plans aligning Strategic & Operational planning (June 2023) 6. Ensure preparedness for additional inspections highlighting improvement requirements. (Ongoing – ASP inspections complete and improvement plan completed) 7. Implement assurance arrangements using Assurance Mapping Principles (Feb 24) 8. Linked to above continue to review the IJBs Governance Frameworks (ongoing) 9. Review directions policy and implement alongside 24/25 budget (Feb- March 24)</p>	<p>Chief Officer</p>	<p>Annual Internal and External Audit Reports considered including agreed management responses to recommendations.</p>	
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Agenda Item 11 – Appendix 1

CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 004</p>	<p>Integrated Performance Framework The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities.</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'.</p>	<p>Current (4) Target (1)</p>	<p>Current (4) Target (4)</p>	<p>Current (16) High Target (4) Low</p>	<p>1. Develop linkage of performance reporting to Strategic Plan Priorities and Outcomes Framework (ongoing) 2. Minimise duplication and bureaucracy to ensure performance management and reporting meaningful and realistic.(ongoing) 3. In relation to Measuring Performance Under Integration create integrated reporting framework and agree and monitor targets / trajectories. (linked to AAR Recommendation June 2023 - ongoing) 4. Further develop approach to Annual Performance Report including future development of planning and reporting at locality level and benchmarking with 'peer' Health and Social Care Partnerships. (annually) 5. Develop workplan for Finance and Performance Committee to undertake performance review and assurance role for IJB. (Feb 24 for 24/25 plan) 6. Development of performance measures and reporting at locality level. (ongoing) 7. Agree Improvement Plan with NHS FV to address data</p>	<p>Head Of Service (SP&HI) / Chief Officer / Chief Finance Officer</p>	<p>Risk previously increased given ongoing challenges re data and information locally and nationally.</p>	
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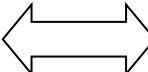
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

						issues including SMR data and ensure appropriate planning around unscheduled care (ongoing linked to set aside work)			
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 005</p>	<p>Culture/HR/ Workforce Planning The risk that workforce challenges are not adequately managed and adversely impact delivery of delegated integration functions</p>	<p>1. National Core Outcome 'Engaged Workforce', and 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (3) Target (1)</p>	<p>Current (4) Target (3)</p>	<p>Current (12) Medium Target (3) Low</p>	<p>1. Ensure inclusive approach to staff engagement at all levels. (Ongoing) 2. Develop multi-disciplinary care pathways and teams. (ongoing) 3. Refreshed staff engagement including linkage to Frontline Social Care Review (in place) 4. Move to consistent use of iMatter staff survey platform across the constituent authorities, and the development of reporting infrastructure against HSCP within that system. (in place) 5. Staff Development and Training Programmes including Mandatory Training. (ongoing but requires commitment and support from constituent authorities) 6. Positively manage relationships with Staff Side/Trade Union representatives. (ongoing) 7. Continue to press constituent authorities on requirement to develop and implement integrated reporting (commenced – requires significant further development) 8. Continue to prioritise and support workforce wellbeing. (Ongoing)</p>	<p>Chief Officer</p>	<p>Integrated Workforce Plan approved (Nov 22)</p>	
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Agenda Item 11 – Appendix 1

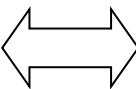
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

						9. Monitor implementation of the approved workforce plan (Ongoing)			
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<p>HSC 006</p>	<p>Experience of service users/patients/unpaid carers The risk that the experience of service users, patients and unpaid carers is not adequately taken into account in service design and delivery.</p>	<p>1. National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience' 2. Local Outcome 'Community Focused Supports'</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>Current (16) High Target (6) Low</p>	<p>1. Implement Participation and Engagement Strategy. (ongoing) 2. Refresh Carers Investment Plan (September 23) 3. Strategic Commissioning Plan including Consultation process including Strategic Planning Group (March 23) 4. Processes of participation and engagement. (ongoing) 5. Inclusion of data within Annual Performance Report (APR) (annually) 6. Establishment of Carers Strategy Group (in place) 7. Equality Duty Report considered by IJB June 2023 (complete) 8. Ensure EQIAs in place for required decisions (March 24 and ongoing) 9. Full and systematic implementation of revised Self-directed Support provision (from April 24)</p>	<p>Chief Officer/ Head of Service (SP&HI)</p>	<p>An Equality Outcomes and Mainstreaming Report has been considered by the Integration Joint Board in June 2023 and published. Equality and Human Rights Impact Assessment will be completed where required.</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

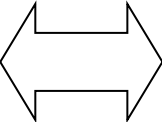
<p>HSC 007</p>	<p>Information Management and Governance The risk that the volume, timing, and wide ranging sources of information, guidance, and communication may lead to failure to access, share, or make decisions based on best practice. Failure to apply due diligence and prioritisation to data and information requests and receipts, leading to lack of focus on key performance information</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (5) Target (3)</p>	<p>Current (5) Target (3)</p>	<p>Current (25) High Target (9) Medium</p>	<p>1. Ensure and participate in refresh of data sharing and information governance arrangements including annual assurance report to IJB (Annually) 2. Further Development of Cross ICT system working capabilities across constituent authorities (ongoing) 3. GDPR arrangements. (in place) 4. Participate as key customer in procurement of replacement Adult Social Care information systems. (ongoing) 6. Take cognisance of systems issues from Frontline Social Care Review (ongoing) 7. Raise awareness of higher cyber-security threat level in relation to current global tensions and conflicts.(ongoing) 8. Consider risks around Mental Health information sharing post delegation of Specialist Mental Health & Learning Disability Services (ongoing) 9. Acknowledgement of challenges with recording of data on both CCIS and Swift discussed by Public Protection Chief Officers Groups (PCCOG). Same assessment of risk score accepted by PCCOG adopted here.</p>	<p>Chair of Data Sharing Partnership / Heads of Service</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

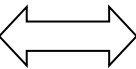
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 008</p>	<p>Information sharing process and practice The risk that information sharing processes, practice and associated governance is inadequate to support efficient and effective delivery of delegated integration functions.</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (4)</p>	<p>Current (16) High Target (12) Medium</p>	<p>1. Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term (complete) 2. Some Information Sharing Agreements are in place and reviewed timeously. 3. Develop use of information systems to inform planning and benchmarking. (ongoing) 4. Ensure data sharing agreements are reviewed and refreshed periodically. (annually) 5. Refresh of Data Sharing Partnership required (tba)</p>	<p>Chair of Data Sharing Partnership / Head of Service (SP&HI)</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.</p>	
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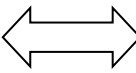
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 010</p>	<p>Harm to Vulnerable People, Public Protection and Clinical & Care Governance The risk that arrangements in relation to Harm to Vulnerable People, Public Protection and Clinical & Care Governance are not adequately effective.</p>	<p>1. National Outcome 'Resources are Used Effectively and Efficiently', 'People are safe', 'Positive Experience', 2. 'Quality of life' Local Outcome 'Self-Management' 'Community Focused Supports', 'safety', Experience'</p>	<p>Current (5) Target (1)</p>	<p>Current (4) Target (4)</p>	<p>Current (20) High Target (4) Low</p>	<p>1. Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way (Annually) 2. Regular review of Clinical and Care Governance Framework (Ongoing) 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 (June 24) 10. Evidence of unmet need being monitored and reported (weekly)</p>	<p>Chief Social Work Officers / NHS Forth Valley Medical Director / Chair of Clinical and Care Governance Group</p>		
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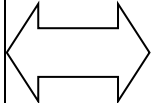
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 011</p>	<p>Sustainability and safety of adult placement in external care home and care at home sectors The risk that the sectors are unsustainable and/or oversight arrangements are inadequate.</p>	<p>1. National Outcomes 'People are Safe' 'Positive Experience' 2. Quality of Life</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (2)</p>	<p>Current (16) High Target (4) Low</p>	<p>1. Provider forums are in place as is a commissioning and monitoring framework. (in place) 2. There is clear regulation and inspection. (ongoing) 3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) 4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group (ongoing). 5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence (in place) 6. Business continuity planning arrangements. (In place – subject to ongoing review) 7. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues (as required) 8. Caseload review. (ongoing) 9. Care Home Assurance Tool. (ongoing) 10. Consideration of approach and capacity to appropriately manage Large Scale Investigations (LSI's) (Ongoing)</p>	<p>Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord,</p>		
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

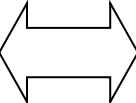
<p>HSC 012</p>	<p>Health and Social Care workforce demographic / resilience of service. The risk that the workforce profile and demographics result in inadequate workforce is secured and retained to deliver delegated integration functions.</p>	<p>Health and Social Care Outcomes</p> <ul style="list-style-type: none"> • People can live well at home for as long as possible • People are safe and live well for longer • People are satisfied with the care they get 	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (3)</p>	<p>Current (16) High</p> <p>Target (6) Low</p>	<ol style="list-style-type: none"> 1. Proactively implement transformation and sustainability programme working in partnership with staff side. (ongoing) 2. Review models of working and optimise opportunities of integration.(ongoing) 3. Proactive recruitment including opportunities for new roles and international recruitment (ongoing) 4. Explore opportunities with staff to optimise retention. Flexible working, training, education. (ongoing) 5. Consider organisational change opportunities to build workforce capacity. (ongoing) 6. Ensure staff welfare and development are clear priorities with action plans.(ongoing) 7. Work with partners to promote Clackmannanshire and Stirling as a positive area to work and live. (ongoing) 8. Strategic Workforce plan including action plan (Nov 22) 9. Collaborative partnership work with Universities and Colleges to assist in 'growing our own' (Ongoing) 	<p>Head of Service, CH&C and Professional Leads</p>		
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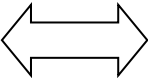
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 014 (added 26 May 2019)</p>	<p>Ability to Deliver Primary Care Improvement Plan including tripartite agreement within additional resources provided by Scottish Government / Non-Delivery of Scottish GMS (General Medical Services) Contract The risk that the Tripartite Memorandum of Understanding cannot be delivered within available resources.</p>	<p>1. National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (5) Target (3)</p>	<p>Current (4) Target (3)</p>	<p>Current (20) High Target (9) Medium</p>	<p>1. Primary Care Improvement Plan (iteration 3) agreed and endorsed by partners which is delivering on significant proportion of requirement. (2) 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). 5. Strong working relationships between partners, (ongoing) 6. Development and negotiation of sustainable delivery options with tripartite (June 24)</p>	<p>Chief Officer / Chief Finance Officer / Programme Manager (PCIP)</p>		
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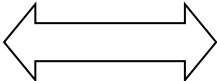
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 015 (added 21 Feb 2020)</p>	<p>Primary Care Sustainability: The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services and across other parts of the Health and Social Care system.</p>	<p>9 National Outcome 'Resources are Used Effectively and Efficiently, and 'People are safe'</p>	<p>Current (5) Target (3)</p>	<p>Current (5) Target (3)</p>	<p>Current (25) High Target (9) Medium</p>	<ol style="list-style-type: none"> 1. Premises investment priorities identified (in place but subject to review) 2. Sustainability Improvement loans process in place 3. Support for practices to become training practices (delivered in conjunction with NES) 4. Primary Care Improvement Plan being delivered (in place) 5. Expansion of community pharmacy services 6. GP IT Programme Board established 7. 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 support PCIP and patient safety implementation 8. Local Sustainability Group in place to advise on sustainability matters (ongoing) 9. Joint IJB Development Session on Primary Care undertaken (Feb 24) 	<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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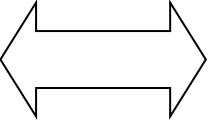
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 017 (added Nov 22)</p>	<p>Potential Industrial Action: The risk that industrial action by one of more sectors of the NHS and Councils workforces materially affects delivery of delegated integration functions, business continuity arrangements, progression of the transformation programme and/or has additional unforeseen cost implications.</p>	<p>National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (3) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>12 Medium 6 Low</p>	<ol style="list-style-type: none"> 1. Review and ensure business continuity arrangements are up to date and robust (Ongoing) 2. Work closely with constituent authorities to fully understand likely impacts. (Ongoing) 3. Ensure ongoing constructive working relationships with staff side / unions are maintained. (Ongoing) 4. Participate in regional pan FV and local resilience arrangements. (ongoing) 	<p>Chief Officer</p>		
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

<p>HSC 018 (Added March 23)</p>	<p>Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or sustainability and adequacy of resources.</p>	<p>National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>16 Hig h 6 Low</p>	<ol style="list-style-type: none"> 1. Ensure Strategic Planning is Based on robust Strategic Needs Assessment 2. Develop Locality Plans (March 23) 3. Manage positive arrangements with providers through providers forum (Ongoing) 4. Ensure robust annual IJB Business Case is produced. (Nov 23/annually) Use of national networks and Health and Social Care Scotland to articulate and inform future resource requirements (Ongoing) 6. Ensure sound management arrangements in place to maximise local capacity available. (Ongoing) 7. Prioritise transformation programme to maximise use of existing resources (Ongoing) 	<p>Chief Officer</p>	<p>Risk added post previous discussion at Audit and Risk Committee and IJB</p>	
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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 14 February 2024

						<p>8. Work with constituent authorities to promote partnership 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>			
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Explanation of Scoring:

Likelihood and Impact are scored on a 1-5 Rating. The scores are then multiplied to give an overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 12

IJB Membership & Roles

For Noting and Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

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

Purpose of Report:	This paper provides the Integration Joint Board with an update on the changes to membership, the voting membership and Audit and Risk Committee.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note Councillor Gerry McGarvie of Stirling Council as Chair of the IJB. 2) Note NHS Forth Valley nominating Allan Rennie as Vice Chair of the IJB. 3) Approve Clackmannanshire Trade Union representative as a member of the IJB.
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Key issues and risks:	This will ensure compliance with the Public Bodies Act (Joint Working)(Scotland) Act 2014.
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1. Background

- 1.1. The Integration Joint Board has statutory roles and responsibilities that it must comply with. Members of the IJB will be aware of those roles and responsibilities. Constituent authorities will provide assistance to the IJB in carrying out those roles and responsibilities but the IJB itself must ensure compliance with all applicable statutory obligations.
- 1.2. On 4 September 2015 the Scottish Government published a guidance note titled [Roles, Responsibilities and Membership of the Integration Joint Board](#). That guidance provides a high-level overview of the IJB's duties and is intended for reference by all members of IJBs.
- 1.3. The primary source of the roles and responsibilities of the IJB is the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act"): http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

2. IJB Chair and Vice Chair

- 2.1. The board is asked to note Councillor Gerry McGarvie of Stirling Council is Chair of the IJB.
- 2.2. The board is asked to note NHS Forth Valley nominating Allan Rennie as Vice Chair of the IJB.

3. IJB Membership

- 3.1. Clackmannanshire have nominated a replacement Trade Union representative, Kevin McIntyre to replace Kevin O’Kane. The Board are asked to approve this member joining the IJB.

4. Committee Chairs and Vice Chairs

- 4.1. The Chairs and Vice Chairs of the Committees will be confirmed at the June IJB.

5. Audit and Risk Committee

- 5.1. The IJB will require to nominate a replacement member from the NHS Forth Valley non-executive director voting members. This will be brought forward to the June IJB.

6. Conclusions

- 6.1. This paper has updated the Board on membership changes to the IJB and Committees.

7. Appendices

None to note

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People & Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	None to note

Other Resources:	None to note
Legal:	Compliance with Public Bodies Act (Joint Working)(Scotland) Act 2014.
Risk & mitigation:	None to note
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require an DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 13

Review of Directions Policy

For Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	No

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

Purpose of Report:	To consider and approve the updated Directions policy
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Recommendations:	<p>The IJB is asked to:</p> <ol style="list-style-type: none"> 1) Note the background to the Directions Policy. 2) Note the recommendation of the Audit and Risk Committee 3) Note further work is required to determine the arrangements for Directions where the IJB is the lead for a range of Forth Valley wide healthcare services on behalf of Falkirk Integration Joint Board (i.e. hosted/coordinated services) and to finalise set aside arrangements. 4) Approve the updated Directions Policy.
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1. Background

- 1.1. Directions are a key aspect of the IJB's governance and decision making frameworks. They form part of the legal basis, per the Public Bodies (Joint Working) Scotland Act 2014, of how delegated services are to be delivered and funded.
- 1.2. The IJB approved the extant directions policy in September 2021, however the policy has not to date been fully implemented. The policy requires review every 2 years and this paper forms both the required periodic review and also signals a clear intent to implement the policy from April 2024.
- 1.3. As the key issue is the implementation of policy rather than the policy itself the updates are relatively minor and take due account of the Internal Audit report also presented to the committee today. The directions policy is based on national guidance and emergent practice across Scotland. It is fair to say many Integration Authorities continue to find directions an area of challenge in practice.

2. Considerations

- 2.1. In line with the provisions of sections 26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the mechanism by which the IJBs strategic plans are enacted.

- 2.2. Directions are issued by the IJB to constituent authorities, setting out how all delegated functions are to be delivered and funded via the Strategic Plan Budget. Directions are legally binding and provide a formal record and audit trail of IJB decisions and responsibilities between Partners.
- 2.3. The monitoring of directions and directions log requires to be undertaken by the IJB or a committee of the IJB. The IJB previously tasked the Finance and Performance Committee with this function.
- 2.4. The format and structure of the directions policy are based on guidance published by the Scottish Government in January 2020. Due account of evolving practice in relation to directions elsewhere in Scotland has also been taken into account.
- 2.5. Previous considerations of the committee and IJB with regard to Directions Policy applied a caveat that application of the directions policy should be proportionate and not unduly draining on management capacity. This would appear a logical principle to continue to consider as the directions policy is implemented in practice.
- 2.6. Further work is required to determine the arrangements for Directions where the IJB is the lead for a range of Forth Valley wide healthcare services on behalf of Falkirk Integration Joint Board (i.e. hosted/coordinated services) and to finalise set aside arrangements.
- 2.7. The IJB Audit and Risk Committee considered the revised Directions policy at its meeting of 21 February 2024 and recommended the revised policy as appended to this paper to the IJB for approval.
- 2.8. The IJB Audit and Risk Committee also considered, as part of the Internal Audit Plan for 2023/24, a report on implementation of the Directions policy which gave 'Limited Assurance' for the reasons stated in section 1 of this report. The management responses provided to the recommendations made within that audit report are reflected both within the revised policy and within the suite of papers presented to the IJB for consideration at today's meeting.

3. [Appendices](#)

- Appendix 1 – Updated Directions Policy
- Appendix 2 – Draft Directions Template
- Appendix 3 – Visual Representation of Directions Process

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒

Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Directions should not be seen as a financial mechanism however they do require to contain financial information.
Other Resources:	As detailed.
Legal:	As detailed within the body of the report.
Risk & mitigation:	As detailed within the body of the report.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix I

Clackmannanshire & Stirling Integration Joint Board (CSIJB) Directions Policy

1.0 Introduction and policy context

1.1 This policy document outlines the process for drafting, approving, issuing and monitoring Directions from Clackmannanshire & Stirling Integration Joint Board (IJB) to the constituent authorities Clackmannanshire and Stirling Councils and Forth Valley NHS Board. The policy has been developed with reference to relevant legislation and statutory guidance and should be reviewed on an annual basis.

1.2 In line with the provisions of sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the key mechanism by which the IJB's strategic commissioning plans are actioned.

1.3 Directions are issued by the IJB to Clackmannanshire & Stirling Councils and Forth Valley NHS Board, setting out how all delegated services which fall under the control of the IJB, as defined in the integration scheme, are to be delivered and funded via the Strategic Plan budget (Integrated Budget and Set Aside Budget for large hospital services).

1.4 Directions are legally binding and provide a formal record and audit trail of IJB decisions and responsibilities between Partners.

1.5 Statutory guidance relating to Directions was published by the Scottish Government in January 2020 to promote best practice and improve the manner in which Directions are issued and implemented. The statutory guidance can be found here: [Directions from integration authorities to health boards and local authorities: statutory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/statutory-guidance/2020/01/01/directions-from-integration-authorities-to-health-boards-and-local-authorities-statutory-guidance-2020-01-01/pages/12.aspx)

1.6 In order to comply with statutory guidance, the IJB is required to have a formal Directions policy in place.

1.7 The Directions policy also supports the governance and accountability proposals contained within the Ministerial Strategic Group for Health and Community Care's report published in February 2019 regarding progress with the integration of Health and Social Care in Scotland.

2.0 Form and content of Directions

2.1 Directions are a necessary and important element of the IJB's governance structure designed to convey IJB decisions and clarify responsibilities between constituent authorities, whilst providing a clear framework for the operational delivery of delegated services.

2.2 As such, Directions must be in writing and drafted in sufficient detail to ensure IJB decision making is accurately and effectively communicated to both Clackmannanshire and Stirling Councils and Forth Valley NHS Board.

2.3 In addition, all Directions must comply with clinical and care governance standards to safeguard patient safety and public protection together with staff welfare and financial governance arrangements.

2.4 As a minimum, a Direction must provide the following information:

- A reference number to maintain version control and support audit.
- Details of the scope and scale of the service involved (distinguishing between set aside and integrated functions as appropriate).
- Details of overall budget and funding source (i.e. payment/integrated budget or set aside).
- Details of the actions or outcomes required in line with the IJB's strategic plan priorities and decision making process.
- An outline of the potential impact on key stakeholders, including consideration of consultation requirements.
- Timescales for delivery and performance/progress monitoring arrangements.

A standard template has been developed to capture the information referred to above in a consistent format (see appendix A).

3.0 Process for approval and issue of Directions

3.1 The IJB is responsible for approving all Directions. Directions will be issued to partners by the Chief Officer as soon as practicable following approval by the IJB. Directions will be prepared and issued in respect the delegated functions referred to in annex 1 (part 2) and annex 2 (part 2) of the Integration Scheme at the start of each financial year.

3.2 The Directions will remain in force until they are varied, revoked or superseded as a consequence of IJB decisions or in response to changes in strategic and financial priorities during the course of the year.

3.3 A clear audit trail will be maintained through the creation of a chronological Directions log.

3.4 In order to determine when a new or amended Direction is required, the standard report format for the IJB and all sub committees includes a section on Directions.

3.5 This will act as a prompt for the report author to consider whether a new or amended Direction requires to be issued to Clackmannanshire Council, Stirling Council and/or Forth Valley NHS Board and to seek approval from the IJB as

appropriate. Where the report author is uncertain whether a direction requires to be issued advice should be taken from the Chief Officer, Chief Finance Officer and Clerk to the IJB as early as possible.

3.6 Where a new or amended Direction is required a draft should be included with the report using the standard template provided at appendix A.

3.7 In this way, a Direction should always be initiated by a decision made by the IJB (a Direction represents the formal end point of the decision making process).

4.0 Implementation of Directions

4.1 Clackmannanshire Council, Stirling Council and Forth Valley NHS Board are responsible for complying with and implementing the Directions. The Chief Executives of the three organisations are expected to formally acknowledge receipt of all Directions issued by the IJB.

4.2 The Directions are legally binding and as such partners may not amend, disregard, appeal or veto any Direction. Similarly, neither partner may use the resources allocated via the IJB for any other purpose than that intended in the Directions.

4.3 The IJB may seek information from both Clackmannanshire Council, Stirling Council and Forth Valley NHS Board for performance monitoring and reporting purposes (see section below). The required performance measures and outcomes will be articulated in the Direction.

4.4 Should either partner experience difficulty in implementing the Directions, this should be discussed with the Chief Officer initially. The Chief Officer will seek to resolve the matter on an informal basis in the first instance, in conjunction with the IJB Chair and Vice Chair and considering professional advice as appropriate.

4.5 In the unlikely event that formal dispute resolution is required, the dispute resolution mechanism outlined in section 14 of the Integration Scheme will apply.

5.0 Monitoring and review of Directions

5.1 The Directions may be subject to Audit.

5.2 As part of the IJB's performance management framework, the Finance and Performance Committee will oversee progress in implementing the Directions (by conducting regular reviews of the Directions log, requesting progress reports from partners and escalating issues to the IJB as appropriate). In addition, the Finance and Performance Committee will provide an annual assurance report to the IJB.

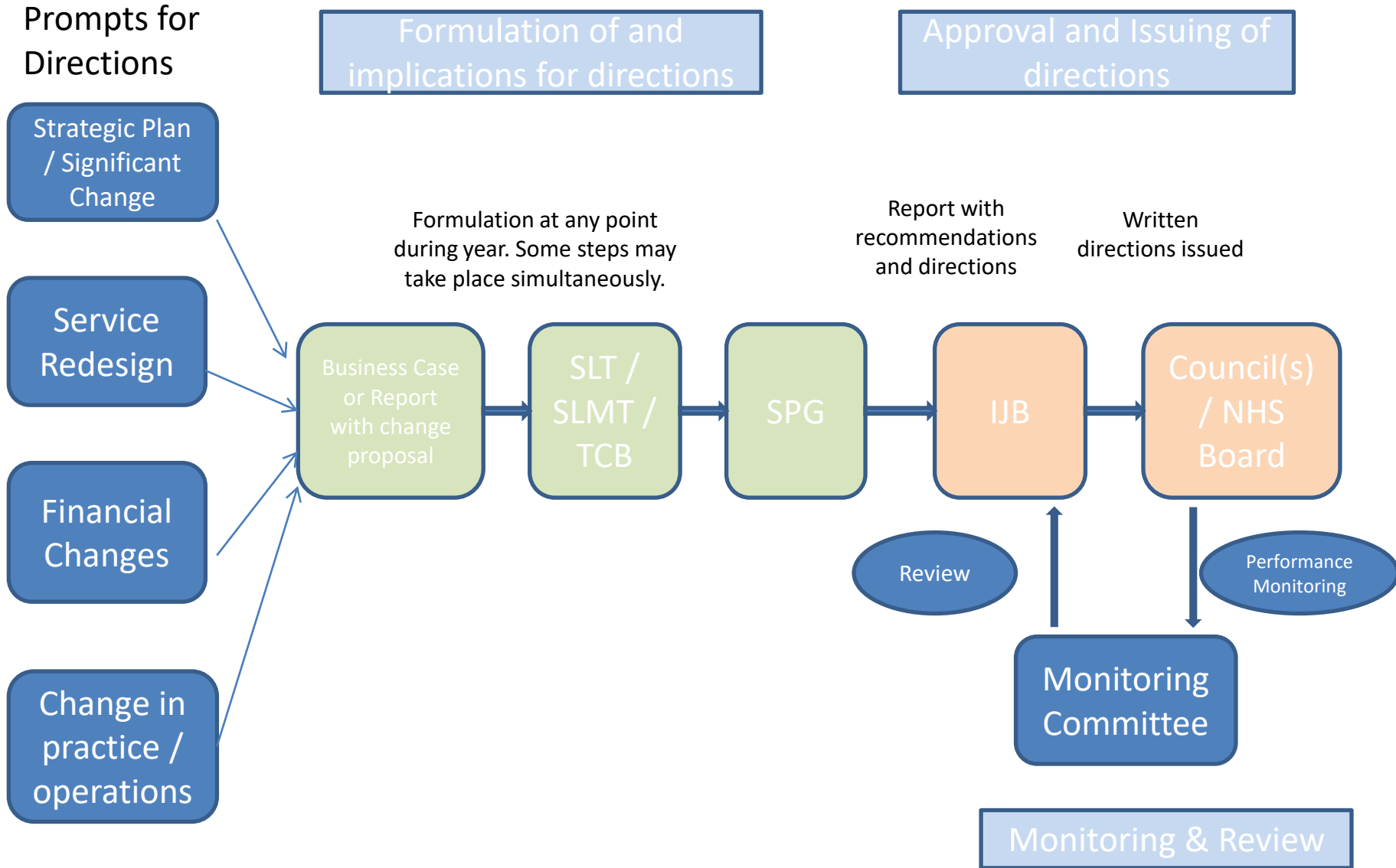
5.3 The Directions policy will be reviewed every two years. It is also possible the policy may require review when a revised Integration Scheme is approved.

APPENDIX 2 - DIRECTIONS TEMPLATE TO ACCOMPANY CSIJB REPORTS

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	Use year date sequential number Eg CSIJB- 2021_22/001
Does this direction supersede, vary or revoke an existing direction?	Yes / No (delete as appropriate)
If yes please provide reference number of existing direction	If yes, provide reference here.
Approval Date	Date of IJB where approved
Services / functions covered	List all services / integration functions subject to the direction
Full text of Direction	Describe the required action including the purpose/ strategic intent and how progress and outcomes will be monitored.
List of key stakeholders impacted and any specific engagement and consultation requirements	Include reference to when Strategic Planning Group consulted
Timescale(s) for Delivery	Include detail of when decision will be implemented if approved
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	State the financial resources to enable implementation of the direction providing sufficient detail
Performance Measures	Please list performance measures specific to the project or programme or refer to the section of the business case which contains this information
Date direction will be reviewed	Provide month/year. No more than 1 year from date of approval

Appendix 3 – Visual process for directions



Key: IJB (Integration Joint Board) SLT/SLMT (Senior Leadership Team/Senior Leadership Management Team) SPG (Strategic Planning Group) TCB Transforming Care Board

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 14

Committee Terms of Reference

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Sonia Kavanagh, Business Manager
Exempt Report	No

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

Purpose of Report:	To provide the IJB assurance that reviews of Terms of Reference for the Committees has taken place and respective workplans reviewed and updated accordingly.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the review and update for both IJB Committees' Terms of Reference. 2) Approve the Terms of Reference and supporting workplan for both IJB Committees
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Key issues and risks:	This report sets out the review of how key issues and risks are monitored and scrutinised to ensure that the highest standards of probity and public accountability continue to be demonstrated.
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1. Background

- 1.1 The IJB's Committees are required to review their Terms of Reference on an annual basis to ensure they continue to be focussed on the IJB's priorities and on the risks delegated to them.
- 1.2 The Audit & Risk Committee met on 21 February 2024 and the Finance & Performance on 28 February 2024. At that time, it was noted by both Committees that reflections of the Interim Chief Officer were due to be presented at the IJB Development Session on 27th March and the IJB may subsequently conclude that changes may be required to the ToRs of both Committees. As such, a light touch update was agreed, appreciating a more fundamental review of governance arrangements including the Committees may be considered in the near future.

2. Review of Terms Reference and Supporting Workplan

The Audit & Risk Committee agreed to the proposal to add an additional function to their Terms of Reference (Point 8) regarding how they work with the Audit Committees from the constituent authorities to minimise duplication and achieve improved clarity of respective accountabilities in a transparent and proportionate manner.

The Finance & Performance Committee agreed to the proposed change in relation to quorum to require 50% of voting members from at least two constituent authorities rather than one from all constituent authorities.

3. Appendices

Appendix 1: Audit & Risk Terms of Reference and Workplan

Appendix 2: Finance & Performance Terms of Reference and Workplan

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	None directly arising.
Other Resources:	None directly arising.
Legal:	Committees form part the Integration Joint Boards governance structure and assists in managing and mitigation of risk.
Risk & mitigation:	As per body of the report.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below: This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix 1

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

Constitution

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

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

Chairperson

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

Membership

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

Substitutions are permitted but must be voting members of the Integration Joint Board and at least one voting member of the Committee must be present.

Quorum

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

Functions Referred

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

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

identified in response before submission to the Integration Joint Board; The Audit Committee may also consider relevant national audit reports particularly those relating to Health and Social Care Integration from Audit Scotland.

5. Consider annual financial accounts and related matters before submission to and approval by the Integration Joint Board.
6. Consider reasonable arrangements for ensuring best value for delegated integration functions.
7. The Committee is authorised by the Integration Joint Board to investigate any activity within its terms of reference, and in so doing, may seek any information it requires.
8. Consider how the IJB Audit and Risk Committee can work with the Audit Committees from the constituent authorities to minimise duplication and achieve improved clarity of respective accountabilities in a transparent and proportionate manner.

Audit & Risk Committee Workplan 2024-25

	26 June 2024	18 September 2024	4 December 2024	26 March 2025
Accounts				
Consideration of Unaudited Accounts, including Annual Governance Statement	Yes			
Consideration and Scrutiny of Audited Accounts		Yes		
Risk				
Risk Management Strategy – as and when required				
Risk Management Improvement Plan				
Strategic Risk Register updates (Quarterly)	Yes	Yes	Yes	Yes
Internal Audit				
Audit Plan		Yes		
Audit Progress Plan	Yes	Yes	Yes	Yes
Audit Annual Report & Assurance Statement	Yes			
External Audit				
Audit Plan				Yes
Annual Report		Yes		
National Reports as Appropriate	Yes	Yes	Yes	Yes
Other items				
Terms of Reference (Annually)				Yes
Assurance Statement (Annually)				Yes
Progress or Specific Governance Related Report	Yes	Yes	Yes	Yes

Appendix 2

CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE PARTNERSHIP

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

Constitution

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

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

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

Chairperson

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

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

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

Membership

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

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

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

Quorum

50% of the voting members being present will constitute a quorum so long as a voting member from more than one constituent authority is present.

Functions Referred

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

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

Finance & Performance Committee Workplan 2024-25

	5 June 2024	August 2024 (tbc)	6 November 2024	18 December 2024	26 February 2025
Scrutiny - presentations	Yes	Yes	Yes	Yes	Yes
Finance Report	Yes	Yes	Yes	Yes	Yes
Directions including log	Yes	Yes	Yes	Yes	Yes
Quarterly Performance Report	Yes	Yes	Yes		Yes
Annual Performance Report	Yes				
Integration Authorities Financial Overview		Yes	Yes		Yes
Draft IJB Business Case / Budget Development Update			Yes	Yes	Yes
Transformation and Sustainability Programme Progress Report	Yes	Yes	Yes		Yes
Relevant national reports	Yes	Yes	Yes	Yes	Yes
Terms of Reference (Annually)					Yes
Assurance Statement (Annually)					Yes

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 15

Strategic Commissioning Plan Strategic Delivery Plan

For Approval

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

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

Purpose of Report:	To present the update of the Strategic Commissioning Plan - Strategic Delivery Plan for approval from the Integration Joint Board.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the updated Strategic Delivery Plan and ask the Chief Officer to continue to have oversight of progress against the activities and to continue engagement with Clackmannanshire Council, Stirling Council and NHS Forth Valley. 2) Seek for officers to continue to provide a six-monthly update to the Finance and Performance Committee against the actions outlined in the Strategic Delivery Plan prior to presentation at Integration Joint Board.
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1. Background

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

2. Delivery of the Strategic Delivery Plan

- 2.1. The Strategic Delivery Plan (Appendix 1) details the work around activity and infrastructure that needs to be in place to support the delivery of the Strategic Commissioning Plan 2023-2033.
- 2.2. The aim of the Strategic Delivery Plan is to establish the core elements of the governance and infrastructure linked to;

- Medium Term Financial Plan
 - Strategic Risk Register
 - Integrated Performance Framework
 - Communication, Engagement and Participation Strategy
 - Operational Service Planning and Delivery.
- 2.3. The Strategic Delivery Plan details the work that HSCP, as the delivery vehicle, will carry out to achieve the actions and priorities identified within the Strategic Delivery Plan. The Plan has been updated to reflect the actions that are completed as well as new activity underway.
- 2.4. The Strategic Delivery Plan describes the key areas of focus; the reporting structures and accountability for each area of activity providing clarity for all partners to see the progress and updates on areas of work.
- 2.5. The ongoing monitoring arrangements for 2024/25 Strategic Delivery Plan will be considered post approval of 2024/25 Revenue budget and will be reported as part of the regular reporting of activity linked to the Plan.
- 2.6. Senior Management team members, wider teams, communities and partners participated in the development work around key objectives for the delivery of the Strategic Commissioning Plan 2023-2033 and therefore the key priorities as laid out in the Strategic Delivery Plan.

3. Conclusions

- 3.1. This updated Strategic Delivery Plan provides clarity on the delivery of the strategic priorities as well as describing the complexity of the whole system and the need for officers to work with partners and across boundaries. This Plan also aligns to the Transforming Care priorities, the Self-Directed Support Implementation Plan, Carers Delivery Plan, Adult Support and Protection Improvement Plan, Commissioning Consortium work streams and the Medium Term Financial Plan.
- 3.2. The Strategic Delivery Plan has not only been about delivery on key activities and transformational change but also galvanises and continues to create the conditions to deliver against the requirements of the Public Bodies (Joint Working) Act and the commitments already agreed by the Integration Joint Board. In addition, this aligns to audit processes across the system.
- 3.3. The vision continues to be to enable the people in Clackmannanshire and Stirling are supported to live full and positive lives within supportive communities. The HSCP, as the delivery vehicle, will continue to progress this vision by working together with a range of partners and stakeholders and promoting wellbeing. By delivering against the actions laid out in the Strategic Delivery Plan, the HSCP will create the conditions to meet the aspirations of the Integration Joint Board who agreed the Strategic Commissioning Plan 2023-2033 in March 2023.

4. Appendices

Appendix 1: Strategic Delivery Plan

Fit with Strategic Priorities:	
Prevention, early intervention & harm reduction	<input checked="" type="checkbox"/>
Independent living through choice and control	<input checked="" type="checkbox"/>
Achieving care closer to home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing loneliness and isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data & Performance	<input checked="" type="checkbox"/>
Communication & Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	Aligned to Finance papers presented within the meeting.
Other Resources:	Will be met within existing resources
Legal:	No implications
Risk & mitigation:	Risk of not delivering on the Plan – organisational and financial risk
Equality and Human Rights:	The content of this report does not require a EQIA - this work will be undertaken within each of the workstreams within the Plan
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty Scotland assessment, this work will be undertaken within each of the workstreams within the Plan.</p>

Strategic Commissioning Plan 2023-2033

Strategic Delivery Plan March 2024



The Strategic Commissioning Plan 2023-2033 recognises that the next 10 years will be one of collaboration and partnership working, between partner organisations and the wider health and social care landscape. It builds on the relationship with independent providers, Third Sector organisations, people with lived and living experience and our communities in achieving our vision.

This Operational Delivery Plan Direction sets out the actions and planning around the implementation of the Strategic Commissioning Plan 2023-2033 for NHS Forth Valley as part of Clackmannanshire and Stirling Health and Social Care Partnership. The purpose of this Direction sets out our requirements from each of the partnership organisation to achieve this. The Direction does not require reporting, progress will be reported through IJB and HSCP governance framework.

Our Strategic Themes

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

Our Principles

- Human Rights
- Equality
- Ecology

Our Enabling Activities

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

VERSION: 1st March 2024

Strategic Commissioning Plan Delivery Plan 2023-2033



Strategic Commissioning Plan on a Page



Objective 1 Governance & Performance

Objective: Deliver and improve the oversight of key areas of governance including reviewing current arrangements; putting in place plans to achieve a single overview of performance to support informed decision- making

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
GP.002.001	Encourage and identify innovation, sustainability and transformation opportunities within our services throughout the next 24 months	<p>Identify a programme of efficiencies and transformational activities that result in a revised savings programme for 2023/24 2024/25</p> <p>Streamline processes in place across system with support in place from Section 95 Officers & DoF from NHS Board and both Councils</p>	<p>CFO sessions with staff 6.7.23 4.8.23</p> <p>Savings tracker in place and regular operational and finance meetings in place to review</p>	Chief Officer/Chief Finance Officer
GP.003.001	Redesigned governance performance system and reporting process over the next 24 months to have an improved governance oversight	<p>Single overview of key areas of governance and risk & assurance process. Improved planning and prioritisation, assurance, reduction in duplication</p> <p>Process in place with Section 95 Officers & DoF from NHS Board and both Councils</p>	<p>Additional capacity identified through Improvement Service from August 2023</p>	Chief Officer/Chief Finance Officer/Legal services from NHS Board and both Councils

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
GP.003.002	Review and develop suite of Performance Indicators in next 12 months	Set of standardised core indicators Performance reporting in place from three constituent organisations into HSCP Performance Team	Work underway with performance and planning teams There continues to be areas of missing data where this cannot be sourced locally or nationally - work is ongoing to address	All Heads of Service with performance and systems support services from NHS Board and both Councils
GP.003.003	Identified action plans, monitoring and reporting from year 1 activities	Year 1 reporting towards Strategic Commissioning Plan Strategic Themes progress Set of standardised core indicators Performance reporting in place from three constituent organisations into HSCP Performance Team	Operational Delivery Plan in place Monitor the action plans that result from Year One Plan 6 key areas of work underway outlined later in this Plan Plan incorporation within 2023/2024 Annual Performance Report (APR)	Head of Strategic Planning & Health Improvement

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
GP.004.004	Review Service performance including finance, quality and safety in next 12 months	Streamline and effective performance information. Informed decision making and service delivery. Complete set of management and performance information in place from three constituent organisations into HSCP Performance Team	Will be addressed as part of the Review of the Integration Scheme	Chief Finance Officer Head of Strategic Planning & Health Improvement Section 95 Officer & DoF from NHS Board and both Councils
GP.004.001	Carry out a gap analysis of available data to inform improvement work required to support operational performance and Annual Performance Reporting in next 12-24 months, in preparation to comply with coming guidance for information sharing from SG	Improved data sharing where appropriate and safe. Improving access to the data Complete set of management and performance information in place from three constituent organisations into HSCP Performance Team	Data review / gap analysis underway Will be addressed as part of the Review of the Integration Scheme	Chief Finance Officer Head of Strategic Planning & Health Improvement
GP.005.001	Develop Governance & Performance Board in next 12 months to support oversight arrangements of governance	Single overview of key areas of governance and risk. More informed and confident decisions. Risk management reporting in place from three constituent organisations into HSCP More informed and confident decisions.	Additional capacity identified through Healthcare Improvement Scotland from August 2023 Mapping of the system of governance underway across reporting framework	Chief Officer

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
			Interim position not to create additional Board must incorporate requirement within robust routine programme management and monitoring arrangements for 2024/25.	
GP.005.002	Improved Audit tracking in the next 12 months	Follow up and progress reports, information sharing Compliance with legislation. Greater transparency, openness and accountability	Creation of system in progress to closely monitor underway Progress report on annual audit report recommendations to Audit and Risk Committee 21.2.24.	Chief Finance Officer
GP.008.001	Commissioning and Contracts Monitoring will be reviewed in the next 12 months	Savings and implementation plans Delivery Plan Overview of Team objectives Annual assurance reporting on contract implementation.	Savings Plan in place and monitored. Contract reports to be reported into Audit & Risk linked to spend and	Head of Strategic Planning & Health Improvement

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
			contract compliance	
GP.009.001	Programme of training on human rights delivered in key areas HSCP in the next 12 months	Human Rights Training developed and delivered to staff across HSCP and wider stakeholders Understand requirements of new legislation/ guidance to follow	Working Group established to operationalise approach for Human Rights has been delivered by REACH Advocacy across HSCP and wider stakeholders Work to respond to new legislation will continue to be required	Head of Strategic Planning & Health Improvement

Objective 2: Communication, Engagement & Participation (CEP)

Objective: Deliver improved oversight of compliance of current legislative and policy requirements through communication, participation and engagement with all stakeholders

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
CE.001.001	Implement Communication, Engagement & Participation Strategy in next 12 months	Published PEC Strategy. Clear guidance and methods for engaging with public and people with lived and living experience in service design and development	Review of Strategy underway to be completed by end May 2024	Head of Strategic Planning & Health Improvement
CE.002.001	Establish a programme of Community Conversations for 2023 in the next 12 months	Increased engagement with people and communities. Planned communication campaigns Neuro development/diversity, Do no attends impact, the cost of medicines' management	Plans in place for community conversations around system waste and access to mental health services	Clinical GP Lead (Locality Working Steering Group) TSI Partnership Officer
CE.002.002	Promotion of principles of 'Realistic Medicine' & shared decision making about care in the next 12 months	People understand their rights around deciding their care Social Media campaign, website, leaflet	Meetings established with Realistic Medicine team and Clinical GP Lead in partnership with Locality Chairpersons	Clinical GP Lead (Locality Working Steering Group)

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
CE.002.003	Consistent public HSCP communication with pharmacies, GPs, Social Work in the next 12 months	Improved understanding of the HSCP within Primary Care & Social Work	Working group established with HofS, Clinical GP Lead And Pharmacy Lead for HSCP Participation from HSCP in Realistic Medicine Steering Group	Clinical GP Lead (Locality Working Steering Group)
CE.002.004	Building community resilience and support around anxiety, low mood & loneliness through the Third Sector in the next 12-24 months	Reduced GP appointments for anxiety, low mood and loneliness. Appointments avoidance	Part of commitments of Locality Working Steering Group and currently scoping with Clusters with HofS and Clinical GP Lead Pilot for Distress brief interventions (DBIs) TBC	Clinical GP Lead (Locality Working Steering Group)
CE.002.005	Develop and deliver a programme of Health Improvement programme for self-management model of care HSCP in the next 12-24 months	Increased knowledge of self-management, tools etc. Website development; public facing materials	Health Improvement Service Plan in place to reflect strategic priorities & respond to burden of disease data and intelligence. Aligned to CPP in each area and Anchor work in NHS FV	Head of Strategic Planning & Health Improvement

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
CE.003.001	Implementing the Integrated Workforce Plan 2022-2025	<p>Clear lines of communication established with the whole workforce</p> <p>Staff will feel listened to and heard</p> <p>Number of Staff engagement sessions attended</p>	<p>Steering Group established with HSCP Managers, HR Leads with each three constituent organisations, TU and staff side</p> <p>Regular reporting partially established with three employing organisations</p> <p>Integrated Workforce Plan submitted to Scottish Government in line with the guidance</p> <p>Workforce Planning Groups established with Lead Officers for each Pillar as outlined in national guidance</p>	<p>All Heads of Service</p> <p>OD leads from Partnership Organisations</p>

Objective 3: Culture & Wellbeing

Objective: Continue to create a culture of compassionate leadership & management and a developing approach to support mental health & well-being across the workforce.

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
CW.001.001	Support and nurture our workforce through 1:1's, Personal Development Plans and continuous professional development over the next 12 months.	1:1 and PDP achievement at 70% completion. NHS FV objective setting and PDP 75% compliance met NHS FV objective for essential training 80% compliance Clackmannanshire Council & Stirling Council 100% compliance for PRD & PDP	Completed Compliance rate for PDP / PRD sought for two Councils - Completed Compliance rate for essential training sought for two Councils Regular reporting partially established with three employing organisations	All Heads of Service HR leads and OD leads from constituent Organisations
CS.001.002	Improve Workforce Wellbeing Plan to reduce Sickness Absence in the next 12 months	Measured by % sickness absence and achieve reduction Target areas where team absence is higher than 8% and identify actions that support the teams	Staff engagement underway to ensure well-being reflects staff choices and requests for well-being support Incomplete set of management and performance information in place	All Heads of Service HR leads and OD leads from constituent Organisations

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
			from three constituent organisations into HSCP SMLT	
CW.001.003	Establish a programme of listening events in the next 12 months	Staff feel valued and have the opportunities for their voice to be heard; i-matter feedback iMatters Action Plans in place and being delivered Absence and % reduction	Absence management target information sought for three organisations Explore use of Slido as tool for engagement & feedback Listening events have been held as part of NHS FV Culture Programme and as part of SLT meeting teams across HSCP area Chief Officer and Head of Service engagement sessions with staff groups and actions identified to support review and redesign	Head of Strategic Planning & Health Improvement
CW.001.004	HSCP as a Healthy Workplace in the next 12 months	Focus Groups held to establish actions to improve staff wellbeing	Target information sought for two Councils for Health and Safety control book compliance	All Heads of Service and HR leads & OD Advisors

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
		Complete set of management and performance information in place from three constituent organisations into HSCP SMLT Health and Safety control book is 80% compliance	Established integrated Health and Safety Group with Service Managers and H&S Leads from each of employing organisations - regular reporting into HSCP SMLT	
CW.002.001	Our staff understand the HSCP and its role through induction sessions.	Induction programme devised, measured by Induction attendance and evaluation OD Leads from three constituent organisations support development of HSCP Induction pack for HSCP	Induction Pack drafted for HSCP and being reviewed by each employing organisation	All Heads of Service and HR leads & OD Advisors
CW.002.003	SMLT engagement session and wider staff engagement in the next 12 months	Workforce understand the HSCP and their role. Measured by the number of staff who attend OD Leads from three constituent organisations agreed development programme of HSCP	Listening events have been held as part of NHS FV Culture Programme and as part of SMLT meeting teams across HSCP area Access to training continues to be	Senior Management Leadership Team

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
		engagement sessions across three employers	inconsistent across three employing organisations	

Objective 4: Transformation Priorities

Objective: Review the transforming care programme and identify high value projects to prioritise the delivery of these proposals

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
TO.004.001	Whole system review and development of new model of care for learning disability services in the next 12-24 months	Assess, plan and action plan to improve Mental Health & Learning Disability services. Whole system approach to identify opportunities and connect pathways	Working Group has been established for review and implementation of a new model of care in line with SDS requirements	Head of Specialist Mental Health Services
TO.005.001	Development of Locality and cluster working in next 12 months	Improved multidisciplinary working within localities. Ensure clarity of roles, relationship development and reduce silo working. Increased network and knowledge development.	<p>Complete Cluster programme of engagement underway to engage with Clusters Leads and clusters across Clackmannanshire & Stirling</p> <p>Complete ADP Lead met with clusters to engage around community support for those affected by substance use</p>	Clinical GP Lead (Locality Working Steering Group)

Reference	Action	Success Year 1	Activity underway 19.2.24	SRO
			Locality Working Group established chaired by Clinical GP Lead - programme of work in development	
TO.007.002	Deep dive into an outcomes focused delivery of care based on the needs of Rural Stirling with partners and stakeholders to commence in the next 12 months - Callander	Assess, plan and action plan to improve delivery of health and social care services within Rural Stirling in partnership with colleagues from across NHS Forth Valley, Stirling and to Senior Management Leadership Team	Work aligned to CPP in Stirling	All Heads of Service
TO.008.001	Deep dive into an outcomes focused delivery of care based on the needs of Alloa Town centre in the next 12 months as part of the councils town centre planning approach in Alloa	Assess, plan and action plan to improve the delivery of health and social care services within Clackmannanshire and approaches to improve screening uptake to reduce long term early mortality	Work aligned to CPP The Alliance in Clackmannanshire	All Heads of Service

Objective 5 Operational Priorities

Objective: Implement approved re-design within the service to improve outcomes for individuals and their carers

Reference	Action	Success Year 1	Activity underway 2.8.23	SRO
TO.001.001	Adult Social Care Pathway redesign (front door redesign)in the next 12 -24 months	Improved access to services, process and pathways for people	Programme of work established for Right Care, Right Time and Bed Based Modelling	Head of Community Health and Care
TO.001.002	Continued implementation of Discharge to Assess in the next 12 months	Assessment in familiar homely setting resulting in accurate assessments and reduced over prescribing care support	Explore use of respitality as part of short breaks offering Regular management of system delays established to prevent delays Continued scrutiny of performance established	Head of Community Health and Care
TO.005.002	Continued roll out of patch based working within localities in next 12 months	Identify opportunities for patch based working, resources, facilities. Team development/operational interfaces and collaboration to	Patch based working rolling out across Clackmannanshire and Stirling with independent sector providers	Clinical GP Lead (Locality Working Steering Group)

Reference	Action	Success Year 1	Activity underway 2.8.23	SRO
		reduce silo working. Good communication and meetings.	Analysis completed on patterns of usage and need to consolidate provision	
TO.06.001	Continued delivery of Unscheduled Care with partner and stakeholders in next 12 months	Assess, plan and action plan to improve Unscheduled Care response and performance	Review of bed based care in the community underway to reflect modernisation of provision	Chief Officer All Heads of Service
TO.07.001	Develop and implement a pan FV approach to Medicines Optimisation in Primary Care aligned to the principles of Realistic Medicine/Value Based Health and Care	Agree and implement a pan FV Primary Care Medicines Optimisation Programme including Prescribing Improvement Scheme	In place for 23/24 and being monitored. Slippage relating to recruitment of specialist capacity. 24/25 Programme in development.	Chief Finance Officer / Clinical Leads

Clackmannanshire & Stirling Integrated Joint Board

27 March 2024

Agenda Item 16

Quarter Three Performance Report (October to December 2023)

For Approval

Paper Approved for Submission by:	David Williams, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Ann Farrell, Principal Analyst & Michelle Duncan Planning and Policy Manager
Exempt Report	No

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

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration functions as set out in the current 2023-2033 Strategic Commissioning Plan.
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Recommendations:	<p>The Integrated Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Review and consider the content of the Report. 2) To continue for appropriate management actions to be identified, and taken, to address the issues identified through regular performance reports. 3) Approve Quarter 3 (October to December 2023) report (Appendix 1) and Executive Summary (Appendix 2). 4) Seek for officers to present a revised format for Quarter 1 Performance Report 2024 - 2025 at Integration Joint Board June 24 to fully reflect all delegated services as well as hosted services and specific areas of policy e.g. Medically Assisted Treatment Standards. 5) Seek for officers in revised format of the Report to continue to take account of 2022/2023 Annual External Audit Report where "Performance reporting could be improved through the addition of clear performance targets to allow assessment of how the IJB is performing relative to expectation".
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Key issues and risks:	<p>Routine collection and collation of data across constituent organisations recording systems continues to be risk. The replacement of information systems which is unlikely to occur in the short term. Means progress will continue to be limited by the constraints of current information systems and capacity. An integrated performance framework is being developed to align to all of the delegated functions of the IJB.</p>
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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 which is presented separately. The Register outlines the key risks to achieving the Integration Joint Board's Strategic Commissioning Plan, and monitors processes in place to mitigate those risks.
- 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. It has 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.
- 1.9. The Quarter three report has been aligned to the 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 has been modernised throughout the coming year.

- 1.10. 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.
- 1.11. 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.
- 1.12. This report is principally to report on data at HSCP level and 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.
- 1.13. 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.
- 1.14. 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 continue 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
Q3 QPR 23/24	28 th February 2024	27 th March 2024

3. Conclusion

- 3.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Board.

- 3.2. Performance reports are used across the service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data.
- 3.3. Work continues to develop and modernise an Integrated Performance Framework based on access to data for all delegated NHS and Council services.

4. Appendices

Appendix 1 – Quarter Three Performance Report (October to December)
 Appendix 2 - Quarter Three Executive Summary (October to December)

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board’s Integration Scheme.
Risk & mitigation:	Strategic Risk Register – appendix 2.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	See 1.13. The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider (‘pay due regard’ to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

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

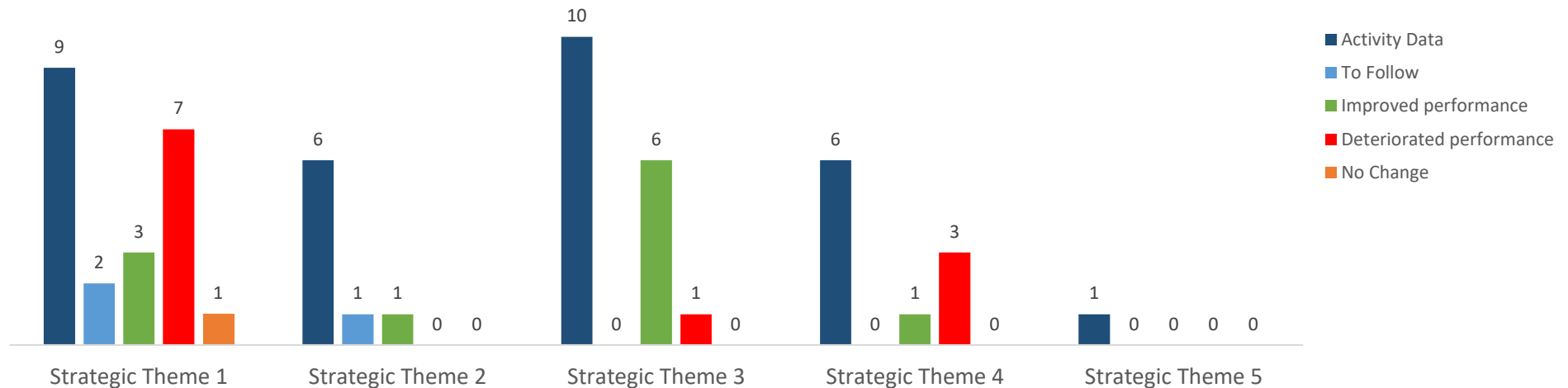
Quarter Three Performance Report (October to December 2023)

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 services 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 - Q3 2023-24
Number of Indicators



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 & 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.

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 and as far as possible independently. Advice is given on long term conditions, complex nursing care, end of life care and support, wound management, bowel and urinary problems, assessing for equipment to promote and maintain independence and referrals to other speciality services. This quarter there was a slight drop in the number of treatment room visits, calls and home visits from 35282 in Quarter 2 to 34357.

The service has also supported packages of care on discharge where a care provider was unable to provide care straight away supporting wider system pressures.

The District Nursing Advanced Nurse Practitioner and trainee District Nursing Advanced Nursing Practitioner roles have almost completed the review of Future Care Plans for those patients with a high frailty score. They are working with the Flow navigation centre at FVRH to review patients with the aim to prevent hospital admission where appropriate and, as a test of change, are working with 2 GP practices to review GP house calls which are currently known to the service to determine if a visit from District Nursing is more appropriate.

In Quarter 3 the district nursing teams along with care/ social care colleagues the team supported 84 people who expressed their wish to die at home, thereby preventing hospital admission.

Falls

The falls rate per 1,000 population aged 65+ (National Indicator 16) has remained at 5.3 this quarter. The Clackmannanshire & Stirling Community Falls Group has been created with working groups to look at Data and Pathways. Membership for the data workstream has been confirmed and will focus on enhancing the monitoring of falls information by centralising partnership data from MECS, SAS, Care Home and Admissions.

Communication work has also commenced with the publication of a Community Falls webpage (<https://nhsforthvalley.com/health-services/az-of-services/falls-management-prevention/>). A Falls prevention leaflet is also being designed to encourage self-management within the community.

Work to relaunch the Care Homes Fall Champion Forum has been undertaken with support from the Care Inspectorate. A new plan has been implemented to utilise Care Home Activity Co-ordinators to increase physical activity levels within care homes which has led to a reduction in falls in Care homes.

Priority 1: Mental Health and Wellbeing

The Performance Team are working with services to build a robust and meaningful suite of performance indicators. These should be in place for the Annual Performance report.

Priority 2: Drug and alcohol care and support capacity across communities

The Performance Team are working with services to build a robust and meaningful suite of performance indicators. These should be in place for the Annual Performance report.

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.

The ADP is currently working with procurement colleagues and partners across the whole system to ensure the IJB decision to procure a new third sector specialist contract from October 2024 is fulfilled and provides measurably high-quality care.

Work will begin shortly on commissioning new arrangements for Recovery Support, Community Harm Reduction and Outreach.

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.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
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	14	-	↓
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	4	-	↓
1.00.003	HSCP emergency admissions (age 18+) rate per 100,000 population. National Indicator 12 Source: National Data PHS Discovery	1,069	1,006	1,061	-	↓
1.00.006	Unplanned bed days (all ages) rate per 1,000 population. Source: Local data FV NHS	842	835	841	-	↓
1.00.007	A&E attendances (age 18+) rate per 100,000 population Source: Local data FV NHS	1,347	1,337	1,364	-	↓
1.00.008	Number of ASP (Adult Support & Protection) referrals Source: Local Data Adult Social Care	614	586	621	-	Activity Data
1.00.009	Number of ASP Case Conferences and Review Case Conferences Source: Local Data Adult Social Care	14	26	26	-	Activity Data
1.00.012	Social prescribing Community Link Worker encounters Source: Primary Care	143	406	311	-	Activity Data
1.00.013	Smoking quit rate at 4 weeks follow up Source: National Data PHS 9 (note always one quarter behind)	65	70	To follow	-	↑
1.00.014	Smoking quit rate at 12 weeks follow up Local Delivery Plan standard Source: National Data PHS (note always one quarter behind)	47	51	To follow	-	↑
1.00.015	Number of hospital admissions due to falls (all ages) Source: National Data PHS Discovery	240	249	218	-	↓
1.00.016	Falls rate per 1,000 population aged 65+ National Indicator 16 Source: National Data PHS Discovery	5.6	5.3	5.3	-	↓
1.00.017	District Nursing Activity - No of visits Source: Local Data NHS FV	24,202	24876	24199	-	Activity Data
1.00.018	District Nursing Activity - No of treatment room visits Source: Local Data NHS FV	7,682	7971	8008	-	Activity Data
1.00.019	District Nursing Activity - No of Calls Source: Local Data NHS FV	1,963	2,286	2150	-	Activity Data
1.00.020	District Nursing Activity - No of supported deaths at home Source: Local Data NHS FV	78	95	84	-	Activity Data

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
Priority 1 Mental Health & Wellbeing						
1.01.001	% of FV patients who commenced psychological therapy within 18 weeks of referral by quarter. Local Delivery Plan standard. Source: Local Data NHS FV	74%	70.7%	64.1%	-	90%
1.01.003	Unplanned bed days mental health at last month in quarter (age 18+) MSG 2c Source: National Data PHS Discovery (p data completeness issues)	1,170p	To follow	To follow	-	↓
1.01.004	Mental health readmissions of HSCP residents within 28 days Source: Local Data NHS FV	35	To follow	To follow	-	↓
Priority 2: Drug and alcohol care and support capacity across communities						
1.02.001	% of FV people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery. Local data Under development Source: National Data PHS	96.5%	97%	86.9%	-	90%
1.02.002	Participants from HSCP who completed the Overdose Awareness and Naloxone Intervention training in the period. Does not include online training. *denotes no courses run in Quarter Source: Local Data NHS FV	32	0*	0*	-	Activity Data
1.02.002a	Participants from HSCP who completed the Overdose Awareness and Naloxone Intervention Training for Trainers in the period. Does not include online training. Source: Local Data NHS FV	0	18	12	-	Activity Data

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

The Coming Home Implementation report, published in February 2022, 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 who are living out of their local authority area. This quarter, 20 reviews have been carried out within existing resources and were found to be in appropriate placements.

The Care Closer to Home policy aspires to improve experiences for the cared for person, their carers and families, however, it is not always right for everyone and can be an ineffective use of resources. Our plan is to review Out of Area (OOA) placements individually to work towards the best outcome and experiences for the supported person, their carers and families. In addition, a dynamic register of individuals at risk of placement breakdown has been developed and recruitment is underway for a dedicated workforce, using the Coming Home monies, to carry out the remaining 50 reviews.

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

We are currently redesigning our assessment tools, support planning approach and reviewing the current documentation to ensure practice is aligned to the Social Care (Self-Directed Support) (Scotland) Act 2013. Once the review of current custom and practice has been finalised briefing sessions and learning opportunities will be delivered to all staff. In addition, the Self-Directed Support Lived Experience Network has been meeting to offer their feedback of their experiences as well as being offered the opportunity to influence policy going forward. Alongside this, work is ongoing around reviewing data we currently record in respect of Self-Directed Support (SDS) and reporting requirements moving forward.

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

The Community Mental Health Team offer a minimum of three sessions of post-diagnostic support for every Clackmannanshire and Stirling resident who receives a diagnosis of dementia. This post-diagnostic support follows the agreed national five pillars model. 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 in May 2023, and the subsequent action plan. This work informs the HSCP's approach to commissioning services and support individuals on their dementia journey as well as their families and carers. Those who receive a diagnosis of dementia are also referred to Alzheimer's Scotland for support.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
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	230	-	Activity Data
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	5	-	Activity Data
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	72	-	Activity Data
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	10	-	↑
2.03.003	Number of Self-Directed Support Option 1 Source: Local Data Adult Social Care	148	141	137	-	Activity Data
2.03.004	Number of Self-Directed Support Option 2 Source: Local Data Adult Social Care	165	167	168	-	Activity Data
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	14	-	Activity Data
2.04.003	Number of new individuals seen by Alzheimer Scotland during the quarter Source: Alzheimer Scotland	39	49	To Follow		↑

Strategic Theme 3: Achieving care closer to home

Achieving care closer to home shifts the 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 supported person's 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.

Right Care Right Time

A significant programme of work around transforming the Adult Social Care Front Door is underway. The Right Care Right Time programme builds upon the recommendations of the David Welsh report from his Review of Adult Assessment & Review Processes in 2021 as well as other good practice identified in the period since. The aim is to implement the process through demand management, understanding the demand through enhanced data collection and reporting to allow effective alignment of resources. A process and flow model has been drafted to help understand where the pressures are across our system, to reduce waiting times and ensure people are directed to the right support at the first point of contact. In addition, there is public information being developed to ensure effective communication is in place for communities to be fully informed of changes to practice.

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

237 new requests were logged in Quarter 3 in Clackmannanshire for care and support (excluding requests made directly to Reablement, Mental Health & Learning Disability Team). This is slightly higher than 232 requests in Quarter 2.

In Stirling, 428 packages of care were requested in Quarter 3 which is lower than 481 requests in Quarter 2. In both areas December had lower than normal levels of requests. Almost all requests are for older adults and people with a physical disability.

Waiting lists for care and support to people in their own homes as at 2nd January 2024

[Waiting List for people without any care \(excluding requests made directly to Reablement, Mental Health & Learning Disability Team\)](#)

In Clackmannanshire 10 people were on the waiting list between 26 December and 2 January 2024. This is a considerable improvement from the same time last year, when there was 30 people waiting. In Stirling, the waiting list for people without any care decreased from 44 people on 26 December 2023 to 39 people on 2 January 2024. This time last year there were over 100 people waiting.

[Total Waiting List including people looking to change provider](#)

At the end of the quarter, in Clackmannanshire the total waiting list increased from 19 to 21 people. This is a significant improvement for the same period last year when the waiting list was 56. In Stirling the total waiting list also decreased from 115 to 104 people. Again, illustrating significant improvement on the same period last year when the waiting list was over 150.

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

210 packages of care, not including learning disability clients, were placed in Clackmannanshire in Quarter 3 which is higher than the 191 in Quarter 2. In Stirling, 305 packages of care were started in Quarter 3 which is a slight reduction from 374 in Quarter 2.

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 empowerment of people and communities in co-producing and co-designing our services, in line with the Strategic Commissioning Plan, the National Standards for Community Engagement and the Scottish Governments Planning for People.

We are also working with 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 but will be included in future performance reports.

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 progress against wider system pressures. Data around staff absence and turnover for the HSCP is under development with HR teams within the employing organisations.

The Strategic Workforce Plan Implementation Group has identified leads for each of the five pillars and is working on the Integrated Workforce Plan Year 2 Review report, in line with the national policy and guidance for each HSCP.

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. This will be undertaken by using a Commissioning Consortium approach with partners and people with lived experience influencing the model of care identified.

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

At the end of December 2023, the number of people with packages of care in Clackmannanshire was 811 which is an increase from 769 people for December 2022. The number of commissioned hours increased from 11,978 to 12,823 over the last 12 months.

In Stirling the number of people receiving care and support in their own homes decreased from 1,191 to 1,110 over the last 12 months. The number of commissioned hours increased from 18,927 to 20,759 over the last 12 months.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
3.00.001	Hospital at home bed days for HSCP residents in quarter (delegated function). In development Source: National Data PHS (Public Health Scotland)	447	359p	499p	-	↑
3.00.002	Number of HSCP residents moved into Intermediate Care (step up) from home Source: Local Data Adult Social Care	27	29	37	-	↑
3.00.003	Number of HSCP residents moved into Intermediate Care (step down) from hospital Source: Local Data Adult Social Care	56	50	85	-	↑
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	28	-	↓
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	52	-	↓
3.00.006	% Reablement clients with reduced or no hours after Reablement service. Source: Local Data Adult Social Care	72%	63%	77%	-	↑
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	0	-	↓
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	68	-	Activity Data
3.00.010	Number of people receiving Telecare/Community Alarm service - All ages Source: Local Data Adult Social Care	3,058	3105	3034	-	Activity Data
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	7	6	-	Activity Data
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	11	33	-	Activity Data

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
3.06.004	Number of HSCP staff attended Making Protection Personal training in quarter Source: Local Data Adult Social Care	25	32	6	-	Activity Data
3.06.005	Number of HSCP staff attended Financial Harm Awareness training in quarter Source: Local Data Adult Social Care	23	28	4	-	Activity Data
3.06.006	Number of HSCP staff attended Person Centred Case Recording training in quarter Source: Local Data Adult Social Care	8	7	3	-	Activity Data
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	25	33	-	Activity Data
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	1	26	-	Activity Data
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	0	12	-	Activity Data

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.

Priority 7: Support for Carers

Carers

As 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 and compliment the support already provided by both Carers Centres. By listening to carers across the area, digital approaches have been explored, as well as specialist supports, which aligns with the model of care for unpaid carers. This was supported at the Carers Commissioning Consortium in November. Contracts are now underway with the aim to have all associated contracts in place by 1st April 2024.

Work to update the social care information systems continues, finalising the Carers Support Framework (Carers Eligibility Framework), the revised local Carers Strategy, and the revised Short Breaks Statement. All are further complimented by the development of the Short Breaks Bureau to add value to front door access points for carers across Clackmannanshire and Stirling.

Both Carers Centres had resourcing issues, which have been addressed, in the last two quarters and this impacted the provision of some of their services.

Priority 8 Early intervention linking people with third sector and community supports

Community Connectors & Social Prescribing.

The Community Link Workers (CLW) have identified needs around support for people with autism, diabetes, trauma counselling and low-cost access to exercise in Clackmannanshire. They have met with Clackmannanshire Council to explore support for adults with autism and discuss referrals and concessionary rates to the Active Clacks physical activity programme.

New Stirling Council welfare rights workers are now in place in the Eastern Villages and are taking referrals from Community Link Workers. The Community Link Workers continue to link with other appropriate support workers from developing projects, including the new Carers Support workers managed by Stirling Citizens Advice Bureau and planning is underway to work with the proposed Family Support Link Worker at Community House in Alloa, working in Alloa South and East and the group will be linking with the part time CAB worker based in Alva practice.

In this quarter, a total of 53 new referrals have been made (16 in Clackmannanshire and 37 in Stirling). This is a decrease from Quarter 2. There has also been a decrease in the number of encounters, with 406 reported in Quarter 2 and 311 reported in Quarter 3 (100 in Clackmannanshire and 211 in Stirling). The October holiday had a particular effect on the referral drop in Clackmannanshire. Action has been taken and referrals have increased since.

The most common reason for contacting Community Link Workers was for advice on financial support, social services, mental health support and access to community groups. The top organisations referred or signposted to were welfare rights workers; Stirling CAB; Council on Disability; Dial-a-Journey; HSTAR; Change, Grow, Live and mental health nurses. 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.

Priority 9 Develop locally based multiagency working across communities

Locality Working

The Locality Working Steering Group is the operationalisation of Locality Planning. With a focus on 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 together the wider primary care team, social care, independent sector and third sector providers to deliver improved outcomes for local people.

A programme of work has been agreed across the localities linking with Locality Planning Networks, Health Improvement services, Community Health and Social Care as well as Third Sector Interface Community Listening Events.

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 - right care, right time.

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.

Locality Planning Networks

Planning the programme for 2024 is underway with each of the Locality Planning Network Chairs and Third Sector Interface colleagues. This year, the Locality Planning Networks will focus on the priorities of the individual communities and the actions within the Locality Action Plans. The first meetings of 2024 are to be held in Raploch, Alloa and Gartmore and will have a focus on Health Improvement. The Locality chairs have asked for the Network meetings to be arranged in each of the communities as an opportunity to attract people from the local areas to attend, and to identify gaps and opportunities. This reflects previous experiences of the Locality Planning Networks meeting on MS Teams throughout Covid pandemic.

In February, HSCP Officers and Locality chairs, Third Sector Interface met with the Scottish Government National Care Service team who were keen to learn about our approach and progress in Locality Planning.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
4.00.001	Number of Chief Social Worker Guardianships Source: Local Data Adult Social Care	118	127	136	-	Activity data
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	33	8	-	Activity data
4.00.003	Number of HSCP staff attending Power of Attorney training in quarter Source: Local Data Adult Social Care	7	6	6	-	Activity data
Priority 7 Support for Carers						
4.07.001	Number of carers accessing individual support from Carers Centre. Source: Local Data Carers Centres	816	662	522	-	↑
4.07.002	Number of Adult Carer Support Plans completed by Carer Centres. Source: Local Data Carers Centres	168	28	91	-	↑
4.07.003	Number of Adult Carers Support Plans received by social care Source: Local Data Adult Social Care	40	38	43	-	Activity data
4.07.004	HSCP clients attending day care services (all care groups all sectors) Source: Local Data Adult Social Care	182	179	194	-	Activity data
4.07.005	Number of HSCP staff attending Adult Support & Protection Carers Stress training in quarter. *denotes no courses run in Quarter Source: Local Data Adult Social Care	13	0*	0*	-	Activity data
Priority 8 Early intervention linking people with third sector and community supports						
4.08.001	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers Source: TSI's	39	81	53	-	↑
4.08.002	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers Source: TSI's	143	406	311	-	↑

Priority 9 Develop locally based multiagency working across communities						
	Indicators are being developed for this Priority					
Priority 10 Ethical Commissioning						
	Through our Commissioning Consortium approach we are continuing to embed an ethical approach to commissioning, ensuring that our focus is not only on efficiency but on equity and quality; is in line with the sustainable procurement duty on public authorities; and focuses on ensuring fair work practices.					

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.

Third sector update

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 Clackmannanshire Third Sector Information 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.

Reference	Performance indicator	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Desired trend or target
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: Local Data Adult Social Care	6	15	0	-	Activity data

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	Sep 23	14,043	14,172 p	+129p	+0.9%p
2a	Number of unscheduled bed days; Acute	Sep 23	100,590	103,949 p	+3,359 p	+1.1% p
2b	Number of unscheduled bed days; Geriatric Long Stay	Sep 23	59	0 p	-59 p	-100% p
2c	Number of unscheduled bed days; Mental Health	Sep 23	22,375	17,856 p	-4,519 p	-18.3% p
3	Number of A&E attendances	Sep 23	28,631	27,365	-1,266	-4.4%
4a	Delayed Discharge Bed Days; All reasons	Sep 23	15,192	14,154	-1,038	-6.8%
4b	Delayed Discharge Bed Days; Code 9	Sep 23	4,290	5,509	+1,219	+28.4%
4c	Delayed Discharge Bed Days; Health and social care reasons	Sep 23	10,872	8,415	-2,457	-22.6%
4d	Delayed Discharge Bed Days; Patient/Carer/Family related reasons	Sep 23	30	230	+200	+666.7%
5	Last six months of life by setting (Community, All Ages)	22/23 p	89.6%	89.4% p	-	-0.23%
6	Percentage of population in institutional or community settings (Home - Unsupported, 65+)	22/23 p	92.9%	92.1% p	-	-0.79%

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 September 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 reported within Annual Performance 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

Agreed Locality Priority	Action	Lead Officer	Timescale
	HSCP to develop a programme of Community Listening Events across the Locality.	Third Sector Interface Partnership Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
	Review lines of communication between primary care and wider service providers.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024

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

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

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 HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
	Review lines of communication between primary care and wider service providers.	GP Clinical Lead HSCP Planning and Policy Development Manager HSCP Health Improvement Team	June 2024
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

Agreed Locality Priority	Action	Lead Officer	Timescale
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

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

- Smoking quit rate at 4 weeks follow up increased from 65 in Q2 to 70 in Q3.
- Smoking quit rate at 12 weeks follow up Local Delivery Plan standard increased from 47 in Q1 to 51 in Q2.
- Number of hospital admissions due to falls (all ages) decreased from 249 in Q2 to 218 in Q3.

Deteriorated indicators:

Although these indicators have deteriorated the changes from quarter to quarter have been minimal.

- HSCP standard delayed discharge waits over 2 weeks snapshot at the last week in the quarter has increased from 12 in Q2 to 14 in Q3.
- HSCP total number of acute delays (standard and code 9) snapshot at the last week in the quarter has increased from 3 in Q2 to 4 in Q3.
- HSCP emergency admissions (age 18+) rate per 100,000 population. National Indicator 12 has increased from 1,006 in Q2 to 1,061 in Q3.
- Unplanned bed days (all ages) rate per 1,000 population has increased from 835 in Q2 to 841 in Q3.
- A&E attendances (age 18+) rate per 100,000 population has increased from 1,337 in Q2 to 1,364 in Q3.

We are developing Clackmannanshire and Stirling HSCP indicators for the following indicators which are currently reported at a Forth Valley wide level.

- % of FV patients who commenced psychological therapy within 18 weeks of referral by quarter. Local Delivery Plan standard decreased from 70.7% in Q2 to 64.1% in Q2. This is below the target of 90%.
- % of FV people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery has decreased from 97% to 86.9% which is now below the target of 90%.

Strategic Theme 2: Independent living through choice and control

Improved Indicators:

- Number of new support plans in the quarter has increased from 7 in Q2 to 10 in Q3.
- 20 of the 70 planned Care Closer to home reviews have been completed.

Strategic Theme 3: Achieving care closer to home

Improved Indicators:

- Hospital at home bed days for HSCP residents in quarter from 359 in Q2 to 499 in Q3 (provisional data).
- The number of HSCP residents moved into Intermediate Care (step up) from home has increased from 29 in Q2 to 37 in Q3.

Clackmannanshire & Stirling
Integrated Joint Board
Quarter Three Performance Report
(October to December 2023)
Executive Summary



- The number of HSCP residents moved into Intermediate Care (step down) from hospital has increased from 50 in Q2 to 85 in Q3.
-
- The number of HSCP residents waiting to move into Reablement snapshot last week in quarter has decreased from 33 in Q2 to 28 in Q3.
- The percentage of Reablement clients with reduced or no hours after Reablement service has increased from 63% in Q2 to 77% in Q3.
- Delayed over 2 weeks awaiting a Package of Care at the end of the quarter decreased from 2 at the end of Q2 to 0 at the end of Q3.

Deteriorated indicators:

- Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter increased from 39 in Q2 to 52 in Q3.

Strategic Theme 4: Supporting empowered people and communities

Improved Indicators:

- Number of Adult Carer Support Plans completed by Carer Centres increased from 28 in Q2 to 91 in Q3. However, this was still a drop 168 Carer support plans were completed in Q1 Resource issues in Q2 and Q3 affected the services. This is expected to improve in Q4.

Deteriorated indicators:

- Number of carers accessing individual support from Carers Centre decreased from 662 in Q2 to 522 in Q3. Resource issues in Q2 and Q3 affected the services. This is expected to improve in Q4.
- In this quarter, a total of 53 Social Prescribing referrals have been made. This is a decrease from 81 in Q2. There has also been a decrease in the number of encounters, with 406 reported in Q2 and 311 reported in Q3. The October holiday had a particular effect on the referral drop in Clackmannanshire. Action has been taken and referrals have increased since.

Strategic Theme 5: Reducing loneliness and isolation

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

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 17

Delivering the Commissioning Consortia

For Consideration and Noting

Paper Approved for Submission by:	David Williams Interim Chief Officer
Paper presented by	Wendy Forrest Head of Strategic Planning and Health Improvement
Author	Wendy Forrest Head of Strategic Planning and Health Improvement
Exempt Report	No

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

Purpose of Report:	As requested, by members of the Integration Joint Board, officers are providing an update on the delivery of the Commissioning Consortium approach.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the activity across care groups linked to the commissioning of care and support services. 2) Agree on the current activity and proposed activity for 2024 - 2025 based on a consortia model of commissioning care and support.
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Key issues and risks:	Key risks are the ongoing financial challenges against increasing levels of needs, as laid out in the Strategic Needs Analysis previously presented to the Board as such, the Commissioning Consortia approach reflects the IJB need to commission care and support differently.
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1. Background

- 1.1. Strategic Commissioning is the process by which health and care services are planned, purchased, and monitored, including needs analysis, service planning & design, procurement, and performance/quality monitoring.
- 1.2. In Scotland, the term strategic commissioning relates to medium to long term planning that determines the choice of services and supports to meet individuals' needs, rights, and preferences to live independently or as independently as possible. In line with the Strategic Commissioning Plan, this must be underpinned by a robust strategic needs assessment of the whole population that is then segmented to understand the range of local needs, such as those of people from a particular geography or care group.
- 1.3. Locally, the delivery of commissioning has been characterised by the Commissioning Cycle (Appendix 1), which shows all the individuals' elements which work together to ensure that appropriate services are available to meet the needs of supported people.
- 1.4. Traditionally commissioning has guided commissioners to “How much care is needed?” vs “How much can we afford?”. As such, responsibility has

previously sat with officers to interpret figures, which tend to focus on last cycle's experiences. Therefore results often do not reflect the input of people being cared for, those connected to them, or providers. "The future lasts a long time," never so true as with commissioning of care and support if done in-effectively.

- 1.5. It should be noted that commissioning is distinct from procurement – although procurement (or purchasing) can be a result of the commissioning process. The local authority and health boards continue to have the legal responsibility for procurement of services.

2. Commissioning Consortium

- 2.1. The Integration Joint Board previously agreed to commission care and support using a consortia approach, where possible this has been focused on each care group or community of interest.
- 2.2. The purpose of the Commissioning Consortium model is to: -
 - 2.2.1. Create, develop, maintain and grow high quality service delivery in and around Clackmannanshire & Stirling in order to service the needs of local people and communities; especially those who are most disadvantaged.
 - 2.2.2. To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand.
 - 2.2.3. To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.
- 2.3. Underpinning a successful commissioning delivery model is significant cultural change, with a parallel focus on establishing a more strategic, financial and performance orientated culture, characterised by a move from Supply Management to Demand Management approach characterised by: -
 - 2.3.1. Developing a culture where failure, demand, avoidable demand and co-dependent demand are minimal, so focus can be on preventable demand.
 - 2.3.2. Developing 'community insight' through local intelligence – local published performance information; academic and published research around what works well for specific care groups; voice of lived experience and creating spaces for learning within the commissioning consortium meetings.
 - 2.3.3. Creating diversity and locality-based support within the marketplace based on population needs – right service, right place, right time.
 - 2.3.4. Stakeholders and partners who are creating community resilience and capacity are part of the solution to meet local demands in both urban and rural areas.
 - 2.3.5. People with lived experience, providers, supported people and internal HSCP services see the value of consortium led decision making around model of care.
 - 2.3.6. Agreed and affordable model of care based on joint debate and discussion.

- 2.4. This aligns to needs led, resource bound as well as Best Value and Community Wealth Building principles. In addition, this approach aligns to the principles of the Strategic Commissioning Plan 2023 - 2033 i.e. The commitment to ethical commissioning and Human Rights based approach in line with national policy direction and legislative requirements.
- 2.5. Each commissioning consortium has followed a similar programme, built on and developed with each work stream.
 - 2.5.1. Identification of key stakeholders including providers and those with a lived or living experience.
 - 2.5.2. Gathering of local intelligence including local and national data as well as anecdotal community information.
 - 2.5.3. Developing a model of care in partnership with stakeholders to reflect local needs, national and local policy as well as legislative requirements.
 - 2.5.4. Map current budgetary spend against each tier or focused area of delivery.
 - 2.5.5. Map tiered model against policy and legislative requirements for example Carers Act, Self-Directed Support Act and National Drug Mission. The tiered model of care has proven most useful within the context.
 - 2.5.6. Seek agreement for mode of care to go forward for agreement of financial spend at Integration Joint Board.
 - 2.5.7. Prepare procurement papers in partnership with Local Authorities and Health Board for procuring the care and support.
- 2.6. The current areas undertaking the above process are; Third Sector Interface partnership arrangements; Carers; Alcohol and Drug Partnership; and Dementia. The developing areas of work are Learning Disability and Palliative & End of Life care. There are detailed plans for each Commissioning Consortia which reflect the complexity of the work required to facilitate effective commissioning.

3. Delivering a Commissioning Consortium - lesson learned.

- 3.1. **Carers** - the Carers Commissioning Consortium: driven by the Carers (Scotland) Act 2016, the key elements of identifying, supporting and involving carers aligns with the National Carers Strategic Outcomes and is subsequently endorsed further in the development of the local Model of Care for Unpaid Carers.
- 3.2. The Model of Care encompasses the Equal Partners in Care (EPiC) Principles and identifies the need to widen the scope of support for carers to include community and digital approaches. By establishing the current gaps in carer support involving carers with lived and living experience, the Model of Care was coproduced and presented to the Carers Commissioning Consortium on 1 November 2023 where it was fully supported. Since then, work has progressed in partnership to secure contracts to enable the delivery of carer support within the funding assigned to each tier and to achieve outcomes from carers.

- 3.3. **Alcohol and Drug Partnership** - The policy direction of the Alcohol and Drug Commissioning Consortium reflects the transformational changes linked to the National Drugs Mission, including Medically Assisted Treatment (MAT) Standards implementation, the Rights, Respect and Recovery Strategy and the Strategic Commissioning Plan 2023 - 2033. Since January 2023, this Consortium has facilitated collaboration with the Falkirk HSCP through its ADP, to jointly support and map the model of care and align investments to strategic priorities on priorities as outlined above.
- 3.4. The Tiered model was presented to ADP Commissioning Consortium for discussion in January 2023 and subsequently discussed at Alcohol and Drug Partnership meetings. Partners have fed back that their work can be conceptualised within the tiered model and that it offers a way of relating the level of investment in early intervention and prevention activity. Partnership work included intense activity across the system related to the MAT Standards, Whole Family Approach, Locality Planning processes and other policy areas. We have a much clearer idea of how our system works and how professionals and people who use services perceive them.
- 3.5. Experiential data gathered through these workstreams has shown the difference our system of care makes for people and how the delivery of care improves their lives, while driving future commissioning thinking. Professionals have also given their perspective on what things work well and what could be improved. It's clear we have a lot of people who are happy to contribute their experience and work collaboratively to improve services.
- 3.6. The Tier 3 work has been agreed by Integration Joint Board and is currently being procured through Local Authority in line with procurement legislation. Further work is underway for the specific work required for example in primary care and lived and living experience participation across all MAT Standards.
- 3.7. **Dementia** - Strategic drivers: to achieve a whole systems approach for support for those individuals who have dementia in Clackmannanshire & Stirling which incorporates the principles of: -
- 3.7.1. HSCP Strategic Plan 2023-2033.
 - 3.7.2. National Dementia Strategy 2023 (Dementia in Scotland: Everyone's Story).
 - 3.7.3. National Dementia Action Plan 1 2023-4.
 - 3.7.4. Participatory Budgeting.
 - 3.7.5. Ethical Commissioning.
- 3.8. The scope of commissioning consortium has ensured all partners and stakeholders can help to identify needs and models of best practice to create, develop and maintain high quality services within the available budget; help ensure we meet our statutory obligations and priorities in the best way to ensure high quality care is available. Out-with the scope "we cannot use the consortium to spend money we do not have, but rather we can provide clear information so the third sector and social enterprise can lever in additional funds and potentially deliver additional services".

- 3.9. Tiered model of care presented to the Consortium members and was agreed in principle on 15 February 2024 alongside people with lived experience; carers; providers, Third Sector Interface and workers from across HSCP services. A slightly revised version based on feedback will be presented at the next meeting on 14 March 2024 for final approval and to begin to plan implementation of the model based on the care needs. Reporting of impact is also a key consideration to the data gathering process, work will begin in this area shortly as a means of defining the key performance indicators we wish to achieve.
- 3.10. Learning across system of care within a Consortium approach
- 3.10.1. The role of the Strategic Planning Group has been pivotal to offer a discussion space on the totality of the approach and reflect from all partners' their perspectives and ideas as well as considering the financial spend linked to specific areas of work.
- 3.10.2. Understanding the resource and need for time intensive partnership work to deliver – officer time to offer safe spaces for discussions with all external stakeholders and internal providers however means a more robust model of care is created.
- 3.10.3. At times, there needed to be a slower process of commissioning process to allow everyone to be at same place when agreeing the recommendations which would be presented to the Integration Joint Board.
- 3.10.3.1. Positive and more mature relationships developing & clarity of the role of the Third Sector Interfaces as key delivery partners of consortium.
- 3.11 Feedback from providers has been positive around the openness of the commissioning conversations and the opportunities to be flexible in their offering to meet need and demand.
- 3.12 Feedback from supported people and their carers has also been positive, reflecting their understanding that they can influence the model of care, create flexibility in system, support choice & control and the delivery of a Human Rights-Based Approach across all service delivery.

4. Conclusions

- 4.1. As partners and stakeholders there has been shared learning, but initial feedback has very positive around including people with a lived experience in the planning and commissioning of services. In addition, Health Improvement Scotland, colleagues from the National Care Service Team and IRISS are interested in the approach as it reflects their national direction of travel to ethical commissioning.
- 4.2. The next areas of focus are learning disability and palliative & end of life care, both areas of work where there are complex arrangements for the delivery of care across multiple agencies both universal and specialist therefore it is important that all voices are heard in this Consortium approach. The Palliative

& End of Life Care approach is being presented separately at this Board within a separate paper.

5. Appendices

Appendix 1 - Commissioning Cycle

Fit with Strategic Priorities:	
Prevention and Early Intervention	X
Independent Living through Choice and Control	X
Achieve Care Closer to Home	X
Supporting People and Empowering Communities	X
Reducing Loneliness and Isolation	X
Enabling Activities	
Medium Term Financial Plan	X
Workforce Plan	X
Commissioning Consortium	X
Transforming Care	X
Data and Performance	X
Communication and Engagement	X
Implications	
Finance:	Implications against the budgets aligned to commissioning of care and support, will be reflected within the Financial papers
Other Resources:	
Legal:	
Risk & mitigation:	Mitigation linked to balanced budget based on needs led and resource bound.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

Appendix 1

Joint Strategic Commissioning Learning Development Framework November 2012

Joint commissioning is a complex strategic activity combining traditional disciplines of strategic planning, service design, procurement, internal service planning and performance management, and applying these disciplines in a new multi-agency environment. Joint commissioning is not simply about contracting between purchasers and providers, but concerns the whole range of ways in which services are developed and secured, including grants, service agreements, voluntary and community contributions and co-production.

As policy places greater emphasis on individual choice and control through self directed support and person-centred care, the role of public agencies as facilitators of service development, rather than only as direct purchasers or suppliers, will also become more important. When commissioning is undertaken jointly, these activities have to be re-designed, to ensure that they are fit for their purpose in a new, multi-agency environment. People involved in commissioning may already have experience in some aspects of the overall cycle, and with particular service areas, but they now need to draw on new models, new relationships and new skills.

Institute of Public Care (IPC) Commissioning Cycle.



Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 18

Clackmannanshire and Stirling Chief Social Work Officers' Reports 2022-23

For Noting

Paper Approved for Submission by:	Marie Valente and Sharon Robertson
Paper presented by	Marie Valente and Sharon Robertson
Author	Peter Ward-Stoddart and Marie Valente
Exempt Report	No

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

Purpose of Report:	The Chief Social Work Officer Annual Reports provide an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across the Clackmannanshire and Stirling Council areas in 2022/23.
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Recommendations:	The Integration Joint Board is asked to: 1) Note the Chief Social Work Officers' Annual Reports.
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Key issues and risks:	This report contains an update and there are therefore no risks associated.
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1. Background

- 1.1. Section 3(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc. (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer.
- 1.2. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies whether these are provided by the local authority or purchased from the private or voluntary sectors.

2. Considerations

- 2.1. The Chief Social Work Officer Annual Report for 2022/2023 has been completed using the standard template and following the advisory guidance produced by the Office of the Chief Social Work Adviser to the Scottish Government. Board Members should note that this template is significantly changed from previous years and the report is shorter as a result. The uniform template for all areas of Scotland supports a common approach to reporting across all local authorities which are then considered in the preparation of the overall summary report for Scotland. This is prepared by the Office of the Chief Social Work Adviser to share good practice and highlight the achievements and challenges for social work services across the country as a whole.
- 2.2. The annual reports for Clackmannanshire and Stirling Councils provide an update from the Chief Social Work Officers on a number of areas: Governance,

Service Quality, Challenges, Resources, Workforce, Training and Looking Ahead.

- 2.3. Note that these have been to the respective Councils' committees for assurance.

3. Appendices

1. CSWO Report Stirling
2. CSWO Report Clackmannanshire

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below: This paper <u>does not</u> require a Fairer Duty assessment.</p>

Chief Social Work Officer Report

2022-2023





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Foreword



As Chief Social Work Officer, I am delighted to present the 2022/23 Annual Report, which describes our challenges and achievements over the year and sets out the next steps in our ambition to deliver vital services for vulnerable people.

This year has felt like the first for a long time where our work was not dominated by the ongoing impact of the COVID-19 Pandemic. However, this is not to say that there has not been a lasting effect. The cost of living crisis has exacerbated much of the initial challenges that emerged as a result of the Pandemic such as increased poverty, abuse and neglect, poorer housing, addiction and the overarching financial challenge for both individuals and organisations. Additionally, we are all affected by the ongoing conflicts in Ukraine and elsewhere in the world as we strive to support those fleeing violence.

Nevertheless, we have worked tremendously hard to support communities to tackle these challenges, galvanizing our organisational resources and professional resolve to meet what has often seemed like overwhelming demands.

Throughout the year we have embraced new legislation, policy and guidance across all our services. Most notably, the relaxing of COVID-19 related advice has had a significant impact on staff and service users alike and it has been encouraging to see greater numbers of staff on-site.

In children's services, new child protection and GIRFEC guidance is changing the way we work to protect those who are most vulnerable. The Children's Care and Justice Bill and processes around places of safety will have a significant impact on delivery of services for those young people who come into conflict with the law. Similarly, for those working in adult justice, guidance around electronic court submissions, alongside the newly introduced Community Justice Strategy and Hate Crime Strategy are changing the way we deliver services. In adult social care, 2022 saw a renewed Code of Practise for Adult Support and Protection alongside a healthcare framework for adults living in care homes. There are ongoing conversations around the National Care Service and its potential impact on service delivery models. We look forward to further discussion on this.

We will continue to ensure that lived experience is at the centre of our service planning and delivery. We will strengthen good practice and learn from positive and negative experiences of those that currently use our services. For our young people, the Promise remains front and centre of service design and am proud of the progress we continue to make towards this.

Challenges across Scotland with regard to recruitment and retention of Social Work and Social Care staff continue to be an issue. Recruitment is also a challenge for services outwith the remit of this report. We have striven to maintain effective staffing levels across our services and to enhance the levels of recognition offered to all staff to enable us to recruit effectively.

I am incredibly grateful to all staff across Stirling who have worked exceptionally hard throughout the year. With this ongoing commitment, I am confident that we can continue to offer invaluable support for adults, families and children when they need it most.

Marie Valente
Chief Social Work Officer



“The cost of living crisis has increased poverty, abuse and neglect, poorer housing, addiction and the overarching financial challenge for both individuals and organisations.”

“We have worked tremendously hard to support communities to tackle these challenges, galvanizing our organisational resources and professional resolve to meet what has often seemed like overwhelming demands.”



Section 1

Governance

Governance for Children & Families and Justice Social Work is provided via Stirling Council's committee structure while Adult Social Care is managed through Clackmannanshire & Stirling Health & Social Care Partnership (HSCP). This section outlines the governing role of Stirling Council and the HSCP.

Stirling Council

Stirling Council provides services to 93,740 residents across Stirling, which has a mixed geography, comprising the City of Stirling, towns of Bridge of Allan, Dunblane, Doune and Callender, along with many villages. Local government elections took place early in this reporting period on 5th May 2022.

Stirling Council has a traditional Committee decision-making system where full Council (comprising all 23 Elected Members) is the highest decision-making body. Council, through the approval of its Scheme of Delegation, has specified which matters require to come to full Council for consideration/approval and has also established a number of decision-making Committees which have delegated authority to take a range of policy and other decisions in relation to the specific areas of responsibility each Committee has been given. Alongside the decision-making Committees there are a number of other Committees and Panels with specific roles and quasi-judicial functions.

There was a change to the Committee Structure agreed by Council in October 2022, which meant some Committees (as they were) were disbanded and new Committees with slightly different areas of responsibility were established:

As a result of these changes, there are now 4 main decision making Committees which sit under Council, as follows:

- **Children & Young People Committee** – which exercises all functions of the Council pertinent to children and young people and has representatives from Education and Social Work.
- **Community Wellbeing & Housing Committee** – which has responsibility for community planning, housing, wellbeing and community and citizen engagement – this is where changes related to Justice Services (in so far as it relates to adults) are currently managed.
- **Environment, Transport & Net Zero Committee** – which manages policy development related to the economy, climate emergency planning, the built environment, roads, green space, waste and sustainability.
- **Finance, Economy & Corporate Support Committee** – which has responsibility for finance and corporate services.

Section 1

Governance

This change has not impacted the delivery of Adult Justice services and has helped to align us alongside colleagues in Housing, as well as the wider Community Planning Partners linked to Stirling Council.

Through membership of the Children's & Justice Senior Leadership Team, the Justice Social Work Service can maintain a high level of communication with colleagues in Children's Services, which is particularly critical in the work that we undertake together in relation to work with families, as well as young people involved in offending behaviour, and, as such, coming to the attention of Youth Justice.

Alongside the 4 main decision-making Committees, Council has also established a range of other Committees and Panels with specific roles and quasi-judicial functions, including an Audit Committee, Public Safety Committee and Planning & Regulation.

The CSWO attends full Council as well as the Children and Young People Committee, Audit Committee, Finance, Economy and Corporate Support Committee as well as others as and when required. The Service Manager for Justice attends Community Wellbeing & Housing Committee on behalf of the CSWO.

Over the past year Justice Social Work Services has, in partnership with others, been able to deliver several Elected Member Briefings on topics such as MAPPA and Trauma Informed practice while the Children & Families Service has presented briefings on Children with Disabilities, and Families for Children. This is in addition to policy papers which updated Stirling Council's position in relation to services such as Kinship Care and other key areas.

At a national level Children and Families Social Work is required to submit Scottish Government Returns on an annual basis in relation to: Child Protection, Looked after Children, Aftercare. Justice Social Work provides Returns on: Drug Treatment & Testing Orders, Community Payback Orders alongside an Aggregate Return.

Each of these set of returns provide the Scottish Government with an indication of volume of activity for all the Children & Families, and Justice Social Work services that we are required to provide. These processes are well established in Children & Families and Justice Social Work and have not changed in the last year.

Section 1

Governance

Working in Partnership

The Clackmannanshire and Stirling Public Protection Chief Officer's Group (PPCOG) is the high level strategic group that oversees public protection. The PPCOG provides oversight and scrutiny across the public protection arena with regular updates from the Clackmannanshire and Stirling Adult Protection Committee (APC) and Clackmannanshire and Stirling Child Protection Committee (CPC). At present the CPC is managed across Stirling and Clackmannanshire, however plans are underway for this Committee to be disaggregated with each Local Authority managing their own CPC. It is hoped that this will streamline governance processes and avoid unnecessary complexities whilst improving efficiency.

For adult services, the HSCP is unique in Scotland as it is the sole delivery vehicle for community health care and adult social care covering two local authority areas. Both send elected members with full voting rights to the Integration Joint Board (IJB) alongside representatives of the wider partnership including NHS Forth Valley, the third sector, carers and community representatives. The IJB and its subgroups are responsible for scrutinising performance and management of the delegated budgets. This is underpinned by the Public Bodies Act (Joint Working) (Scotland) (2014) SSI 308 (2014).

There are two sub-committees to the IJB which cover: Audit & Risk; and Finance & Performance. For both committees, approved minutes go to the IJB for noting. In addition, the Strategic Planning Group (SPG) reports to the IJB, and below that, Locality Planning Groups feed into the work of the SPG.

Over the course of the last 12 months, three locality planning groups have been established and developed for each of HSCP's three localities; Clackmannanshire, Stirling (Urban) and Stirling (Rural). Each group has an independent Chair along with Terms of Reference.

The purpose of the groups is to:

- Ensure the benefits of better integration improves health and wellbeing outcomes
- Provide a 'grass roots' mechanism for professionals, communities and individuals to inform service redesign and improvement for their locality
- Improve local networks and develop robust, productive professional relationships
- Provide the Integrated Joint Board (IJB) through the Strategic Planning Group (SPG) with the assurance that Locality Planning Groups requirements are being managed within all three localities of the HSCP.

The groups have been meeting bi-monthly to produce a locality plan for their respective areas.

Section 1

Governance

In addition to these core governing structures of Stirling Council and the HSCP, the Community Planning Partnership (CPP) represents all those different agencies who come together to take part in community planning and organises numerous multi-agency partnerships. The Partnership's governance and structure remains unchanged since the last reporting year - the Executive Board continues to govern the Partnership and is supported operationally by the Senior Officers Group and six thematic partnerships.

The structure is well established. The only change in this reporting year is the Chair of the Executive Board. This position is occupied by the Leader of Stirling Council and is therefore subject to alternation following Local Government Elections as was the case in 2022/23. Community Planning is a statutory function as legislated via the Community Empowerment Act (Scotland) 2015. Certain functions delivered collaboratively via the CPP are also subject to statute- for example the production and implementation of a Community Learning and Development Plan; and an annual Local Child Poverty Plan Report. The CPP is not a constituted body. Governance is by trust and strong partner relationships.

The Community Learning Development (CLD) Collaborative Workforce Development Group organises digital learning and networking provision, including such topics as data and evidence gathering; performance monitoring; and service co-design.

Delegation of governance for the Stirling Plan and the Locality Action Plans from the Council to the CPP is permissible by legislation; all other strategic community planning documents are approved via the governance of the individual partner organisation, most notably the local authority. The CSWO attends the Executive Board as appropriate; is a co-chair of one of the thematic groups (Strategic Group for Children and Young People (SSPGfC)); and an active member of other thematic groups including the Community Justice Partnership, the Alcohol and Drugs Partnership and, Forth Valley Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group (SOG). Social Work services are represented throughout the CPP.



Section 1

Governance

This reporting year has seen a continuing re-establishment of services following the pandemic restrictions. The most unexpected challenge on services has been the war in Ukraine and the consequent arrival in Stirling of over 300 Ukrainian displaced people, living with local sponsors, and in the 3 Contingency Hotels contracted by Scottish Government in the local authority area. This resulted in a successful multi- agency response to ensure safeguarding, management of trauma holistic support for families fleeing the invasion.

The Corporate Parenting group, which reports to the SSPGfC, has continued to meet and has had input from a range of corporate parents from across the Stirling Council area. Coming out of the Pandemic, these meetings remained online but will soon be returning to in-person meetings to enable more effective multi-agency working. The group is chaired by the CSWO and work to deliver the 21-24 Corporate Parenting Plan and associated Promise Plan has continued. It can be read in full here: <https://www.stirling.gov.uk/media/fmtj1wyz/stirling-council-corporate-parenting-plan.pdf>



Section 1

Governance

Social Work Practice & Pressures

Rising vulnerabilities in the general population caused by the cost-of-living crisis, food and fuel insecurity and the ongoing impact of the pandemic on mental wellbeing and isolation; coupled with much reduced public sector capacity due to budget constraints and recruitment/retention issues has created significant challenge.

Whilst these are mitigated hugely by collaboration and partnership working, especially on early intervention, there remains pressing complexity for service delivery.

The CSWO has a key role in assuring the quality of Social Workers and of social work practice. A Corporate Performance Growth and Development system is in place for Senior Managers and Team Leaders. Frontline staff have a professional Supervision and Practice Development Framework, which is based on an outcome-focused approach and cited by the SSSC as good practice. An enhanced supported year is in place for newly qualified Social Workers entering the workforce and we have a Practice Development Officer in place to oversee this work and develop it further. We are not part of the SSSC supported year pilot but identified this as an area of need and sought to develop our own. In addition, we have a Practice Educator in place to augment the number of students in Stirling further improving our capacity.

Corporate training is provided electronically via MyLO with regular reporting of uptake. A designated Training Officer for Public Protection delivers regular learning and training.

CSWO briefings are sent regularly to frontline staff summarising local and national policy developments with information on other relevant matters and are supplemented with “staff conversations” – small group discussions with frontline staff and managers.



Section 1

Governance

There are various reporting systems in place to assure the quality of social work practice. A regular programme of case file audits in Children & Families and Justice Social Work is in place with routine reporting mechanisms. Regular audits of service quality in our residential units are conducted.

There is routine scrutiny of complaints and enquires to Elected Members as well as actions taken to resolve issues. Findings from Learning Reviews and Large Scale Inquires are scrutinized at the Adult Protection Committee and Child Protection Committee. Action plans are approved by the Public Protection Chief Officer's Group. Stirling Council has a planned programme of audits that cover Social Work services.

The CSWO has regular contact with the young people on the Stirling Champions Board and their support staff who provide real – time feedback on young people's experience of services.

In Justice Social Work services, from a service user perspective, through the support of a member of staff with lived experience of the justice system from Recovery Scotland, we have established a Service User Group, which provides direct feedback on how they experience services.

The HSCP Clinical and Care Governance (CCG) Group acts as the assurance and review vehicle for the IJB and is responsible for overseeing quality assurance processes across the Partnership including Professional regulation. The CCG Group assures the IJB, NHS Forth Valley, Clackmannanshire Council and Stirling Council that all activity relating to health and social care provision meets requirements, inclusive of pre-determined standards and legislation. The CCG Group develops, implements and maintains an organisation-wide process for clinical and care governance. The CSWO sits on this group, as well as the IJB, to ensure quality assurance.



Section 2

Service Quality

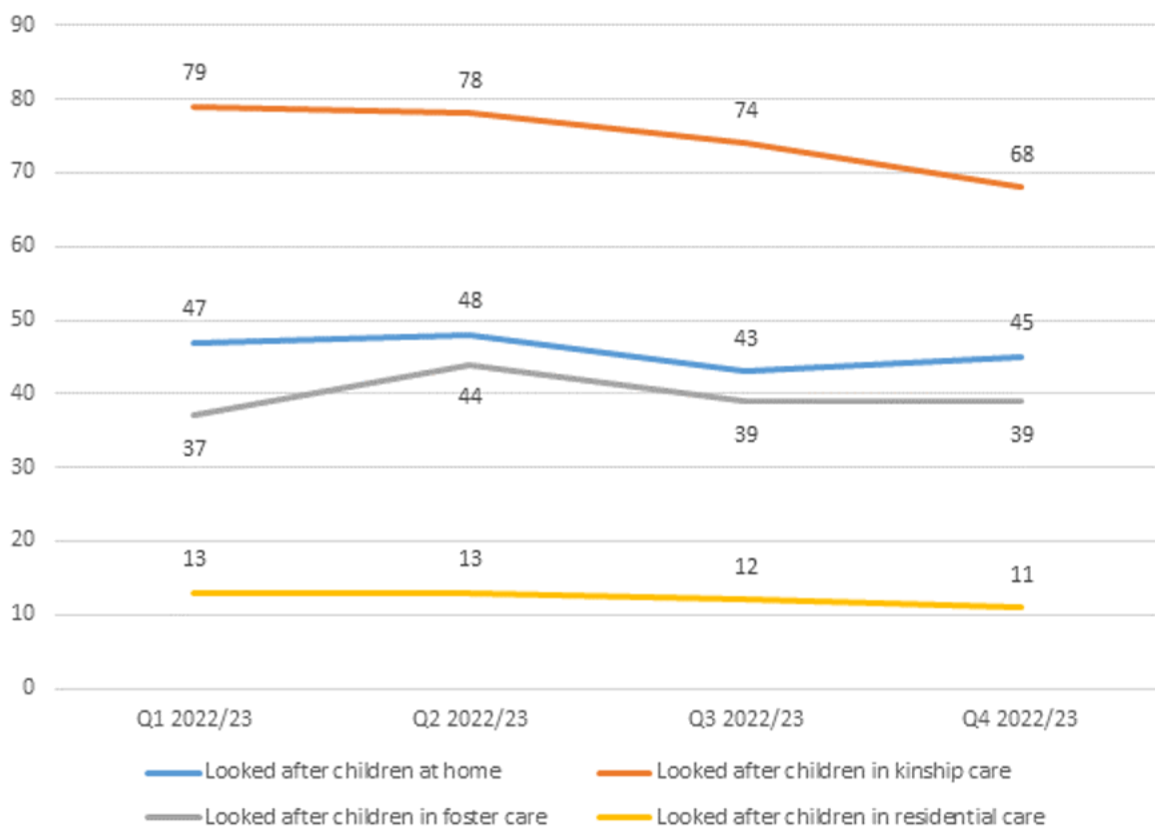
Children & Families

Balance of Care

Social work relies on multi-agency partnerships to identify and address needs and risks and we have confidence in the work that we all do to prevent families reaching crisis point. Partners focus on early intervention to ensure that children and families are supported at the earliest point and receive support when they require it, for as long as it is needed.

The biggest area of note with regards our Children and Families service in recent years has been the continued transformation of care and the improved numbers of children staying with family. The graph and table below showcase the change in numbers over the last year.

Looked After Children- Placement Types



Section 2

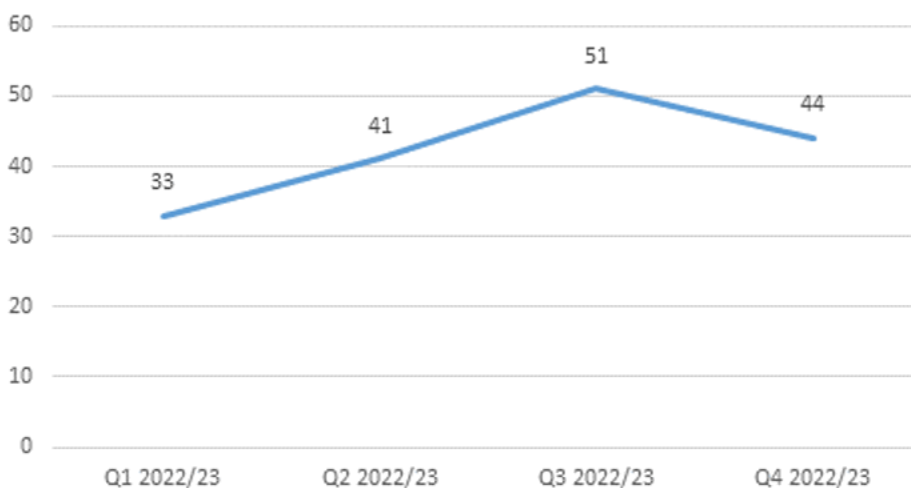
Service Quality

Placement Type	Proportion in 2020/21	Proportion in 2021/22	Proportion in 2022/23
Home Supervision	34%	30%	28%
Kinship Care	38%	43%	42%
Foster Care	19%	21%	24%
Residential Care	9%	6%	7%

The last year has seen significant increased demand as a result of extenuating factors such as the cost of living crisis and the ongoing recovery from the COVID-19 Pandemic. Nevertheless, the overall number of looked after children in Stirling has reduced from 176 in April 2022 to 163 in March 2023. Amid greater demand than we have seen previously, through early intervention and universal supports, we have been able to keep all but those most in need from entering the system in line with the ultimate aims of the Promise.

This has also impacted on the number of children on the Child Protection Register as shown by the graph below. The reduced number in Q4 is a result of a significant body of work led by the CSWO and the Service Management Team who led group discussion with team leaders and staff to investigate the cause of the rises. Renewed training and identification of wraparound support in turn allowed us to reduce the number of young people on the register.

Number of children on the Child Protection Register



Fieldwork Social Work

Our Fieldwork Social Work service comprises of an Intake Team, and four Locality Teams, two in North and two in South. Our Intake service has experienced some staffing challenges via recruitment, but this has not resulted in any reduction of service despite data indicating increased demand. Support in staffing at times was supplemented from across wider Fieldwork teams and at other times we had to resort to recruitment of Agency Social Workers with varied degrees of success.

In June 2022, in conjunction with our partners we launched a new electronic system for recording Initial Referral Discussions (IRDs). There were some issues in relation to how these were being audited for quality assurance initially, but over the course of the year these were resolved and the new E-IRD system is working well. Its introduction has allowed for easier monitoring of IRDs for all partners and its implementation continues to be monitored.

Multi-agency working is crucial for all Fieldwork services, and throughout the year we maintained tripartite meetings with SCRA and Children's Panel members. These meetings, whilst challenging at times, nevertheless allowed us to ensure best practice was shared across all services in relation to Children's Hearings.

The overall transformation of care described previously was made possible by the hard work and commitment of our fieldwork teams and the scaffolding provided to families as part of wider wraparound support. Our commitment to #keepingthePromise is strengthened by close operational oversight from Fieldwork Service Management through our Resource Allocation Group. In addition, we continue to work with commissioned services such as Includem, Family Group Decision Making (FGDM), Functional Family Therapy (FFT) and Homestart.

As the graphs and charts above highlight, data is integral to the work we do across all children's services. As a result, we continually review the data we collect and the information in these reports informs our service design allowing us to attempt to predict trends in the future.

Section 2

Service Quality

Business Support

The Business Support Team is still acknowledged as critical to the smooth and efficient functioning of the wider Children & Families services. Business Support staff are often the first point of contact and as such have a primary role, for the public and professional colleagues alike.

In 2022, we initiated a Review of the Children & Families Business Support Service. The purpose of this was to look to make savings where possible in this core service area while also introducing greater efficiencies into its systems, processes and practices. The Team had also previously been divided into differential gradings that made it difficult to share tasks across those with different job descriptions and remits. As such we have raised the lower grading and functioning of a few staff to align against the majority of others so that the service, as a whole, has greater resilience and ability to share tasks and meet service demands for the minimal cost incurred. To improve the service efficiencies further we also sought to modify processes that were identified as having limited purpose and devolve tasks to Social Work staff to make them more self-serving.

Over the last decade this Team has reduced its overall staffing compliment by 63% from 40 in 2013 to 15 in 2023. We will continue to look at how we can better use existing software and systems to further reduce and refine tasks where possible and appropriate to do so.



Section 2

Service Quality

Children with Disability

The Children with Disability (CWD) team has seen a continued increase in demand for assessment of children diagnosed with a disability, and an associated increase of care packages.

The ongoing increase in numbers has resulted in a pending list of sixty-five children (February 2023). As the numbers have continued to grow and with the evidence of growing demand and associated need, the CWD team has successfully recruited an additional social worker (two year temp via COVID-19 Recovery monies) and a one year temporary support worker from the team budget to reduce the waiting list for assessment by end of 2023. Across 2022/2023, the rise in numbers of children as well as the interim support plans put in place prior to full assessment has seen the CWD budget pressured. Significant budget pressures were off-set due to the challenges in recruitment and staff retention within services – more detail on this is provided in Section 4.

There continues to be times when providers are unable to fulfil allocated care hours due to staffing difficulties. We are continually reviewing all care packages to ensure those children requiring support receive what they need but are aware that not all hours allocated to children from their care packages are being accessed.

January 2022 saw the launch of two frameworks introduced for access to services in the local area. The approach includes a range of providers on respective frameworks who are registered to provide social inclusion and care and support. Although there are twelve providers across the two frameworks, all experience the challenges faced nationally around the recruitment of staff working in the care sector. Nevertheless, this new approach has resulted in more positive results for children and young people accessing care packages throughout 2022/23.



Section 2

Service Quality

Families for Children

In addition to fostering and adoption, the team is now responsible for Kinship assessment, support and review, birth parent support as well as Unaccompanied Asylum Seeking young people. The staffing across the team has now been redesigned to take account of additional roles and responsibilities.

Adoption & Fostering

We deliver a high quality, varied training programme to Foster Carers and have benefitted from input from across a number of partners. Our education colleagues delivered trauma training over a course of sessions which included Foster Carers and Social Workers.

We have a number of adopters registered and ready to be matched to a child. We also have a high number of adoption enquiries. Across Scotland there are fewer number of children requiring an adoptive family and recruitment of adopters takes account of these circumstances. We plan to deliver support groups to adopters who are registered as we understand this period is difficult and they will benefit from peer support and training.

Adoption support continues to be a service pressure and the support required is increasingly complex given the needs of the families and children. Cross authority adoption placements mean that we are often supporting families of whom we have no previous knowledge. Nevertheless, in conjunction with education colleagues, we work to ensure appropriate assessment and support.

Therapeutic support is delivered by the therapist based in the team who provides direct support to young people as well as staff consultation. This service works across fostering, adoption and kinship delivering support and training. This approach has been particularly successful and has resulted in positive outcomes for children and families as well as staff.

The service was able to access a Corra funded post to deliver a birth parent support service. This has been a successful role supporting birth parents permanently separated from their children. The worker has been able to use relationship building and community engagement to support a number of birth parents allowing them to access support. This is time limited funding, and the role will end in early 2024. The adoption team will continue to offer support to birth parents regarding the process however this will be more limited.

Section 2

Service Quality

Kinship Care

This year we expanded the support to carers by establishing a dedicated Kinship Care service which provides assessment, training, support and review to Kinship Carers with the recognition that they have their own entitlement to individualised support in addition to the needs of the child. The team comprises a dedicated Social Worker and a Support Worker alongside a Kinship Care Coordinator. This reflects the expansion of Kinship Care more widely and a deliberate choice to maintain family connections wherever possible when children and young people can no longer stay in their own home. The establishment of this team has been a welcome introduction enabling a coordinated approach to supporting Kinship Carers, young people and Social Workers.

Unaccompanied Asylum Seeking Children

The introduction of the National Transfer Scheme (NTS) has resulted in increased demands for host families, Foster Carers, supported housing and residential care.

'Host Families' have been recruited to support unaccompanied asylum seeking children over the age of 16 to provide a nurturing experience for young people coming to live in Stirling. Unaccompanied asylum seeking children under the age of 16 are typically supported within foster care. This has impacted capacity to meet the overall need across all our families and residential resources. In the future the impact of the NTS is likely to become more significant without access to additional resource.

A post has been created to support unaccompanied asylum seeking children and young people to feel welcomed and supported to be part of their local community. The person in post has built positive working relationships with host families and our Glasgow Road Housing Support service in order to provide an enhanced and clear support plan for each individual.



Section 2

Service Quality

Office based working

Reconfiguration of office spaces concluded in 2022/2023 which resulted in locality teams working across a number of sites, co-located with other teams. This addressed the identified gap our staff informed us about communication and peer support as a result of the COVID-19 Pandemic.

Planning for a return to office space began in mid-summer 2022 and practical steps to reconfigure offices and order essential equipment took place throughout summer and autumn. Since early 2023, all of our locations have been adapted to ensure safety and accessibility for staff in order to encourage staff to return to work on-site. It must also be highlighted that we had always retained an on-site presence throughout COVID-19, although this was obviously reduced.

Residential Care

In November 2022, Brucefield Care Home was subject to an unannounced inspection from the Care Inspectorate. The Service was awarded 5 – very good in relation to the question *“How well do we support children and young 5 - Very Good people's rights and wellbeing?”* In particular, the manager and staff team were found to be experienced, well trained and knowledgeable and Continuing Care and young people's education were prioritised for residents. The report said there were *“very few areas for improvement”*.

Plans are in place to develop our Children's Care Home from being a single 5 bedded house to 2 smaller houses much more in keeping with that resembling a family home and capturing the themes of 'The Promise'.

Our Glasgow Road Supported Housing service has expanded to incorporate satellite flats within the local community to support young people 16 - 26 to live interdependently with daily practical and emotional support offered by the team. Our Supported Accommodation service has been responsive to supporting Unaccompanied Asylum Seeking Children over the age of 16 and we have built good working relationships with the Scottish Guardianship Services and local schools, to provide individualised support to young people living in Stirling.

We have increased the number of satellite flats within supported accommodation from 3 to 6 with the hope of increasing this further.

This expansion is in line with themes from 'The Promise' which promotes genuine, loving and caring relationships. The team keep in touch with young people who have moved on from the service to maintain a continued relationship.

Section 2

Service Quality

Youth Justice

Over the last year our Youth Justice Service has developed significantly. In August 2022, we recruited to a temporary Service Manager post and have transferred a number of staff over to the Service. Prior to this development, this work was absorbed by the locality Social Work teams. Within our Youth Justice Service we have sought to recruit staff equipped with the additional knowledge and skills required to intervene effectively and support young people where there may be a complex risk of harm to, or from, these young people. This development enables Stirling to offer a service which promotes the rights of children, whilst balancing the wider needs for community safety.

We are working towards the vision within the Care & Justice Bill, where more young people will be supported through child oriented approaches. Working in partnership with Adult Justice colleagues has enabled the development of a criteria for those who will, where possible, be supported by Youth Justice and not held within the Adult Justice system. We continue to learn as the service develops, to ensure that we have sufficient resources in the appropriate places to respond to needs.

The relationship between Adult and Youth Justice has been a key area of strength. Likewise, the relationships with local Police have been strengthened over this period. This has developed as specific work continued around individual young people, but has led to the development of strong working relationships which are focused on the general rights and needs of young people as well as the wider community safety responses.

There is continued focus on strengthening the involvement of other partners to prevent acceleration into the statutory system. An example of this is the 'Alternative to Detention Protocol' developed to support young people to remain in the community wherever possible. The Protocol shares the tasks for this across agencies that also hold Corporate Parenting responsibilities. This protocol was developed following a piece of positive practice for an individual young person, where there was a successful multi-agency response to a presenting need. This protocol formalises this approach and was ratified by partners within our Youth Justice Steering Group.

Whilst these situations are infrequent, practice experience indicates that they require responsive services to provide wraparound support, which may come at high cost. These situations also require high investment in staff time, both in directly responding, but also in strategically managing these situations.

Section 2

Service Quality

Whole Family Support

We welcomed our allocation of monies from the Whole Family Wellbeing Fund. Project leads have been identified, tasked with progressing the development of these projects, including recruitment to new posts. We look forward to seeing how these projects progress over the year 2023/24.

We are pleased to report that we have multi-agency buy-in around our approach in responding to the challenges set within The Promise. Our local Strategic Planning Group for Children has an executive group with oversight of these projects and ensures accountability for their progression.

We are working on a mechanism to capture quantitative data around those who receive our Family Support. We are also working to develop data around the numbers of children and families who are successfully diverted from statutory services, but this is not yet defined. As part of our shift towards early intervention and we are looking to use the information learned in this process to further inform our multi-agency approaches to reinvesting at an earlier point.



Section 2

Service Quality

Stirling Champions Board

Throughout 2022-23, Stirling Champions Board has continued to deliver an extensive and varied programme of support for care experienced young people in Stirling.

During the Easter holidays our young people had the opportunity to appear in a movie being produced by the Shakespeare Theatre Company in Glasgow based on The Battle of Bannockburn. Filmed at Bannockburn House, our young people really embraced the experience. Champs and staff were invited back for the screening of the movie, and everyone loved seeing all the Champs who took part.

A full program of summer activities – July to August 2022 reached out to over 70 children and young people. All had loads of fun that included M&Ds, The Fringe Festival, The time Capsule, ice skating, cinema, outdoor adventures at Dounans, football coaching with Stirling Albion, escape rooms at The Old Town Jail, Helix Park, Air thrill & Wonderworld, 3D printing with Libraries, gorge walking and photography.

At Christmas time, the Champs Board made up 145 Christmas Eve boxes & gifts for Care Leavers and our minichamps attended a Christmas party. Champs also visited the Edinburgh winter markets and the light show at Edinburgh Castle.

Stirling Champs had a full week of activities to celebrate the 'Tending the Light' festival of care for all Care Experienced children and young people, highlighting their experiences and celebrating successes. This culminated in Care Day, with an event at the Engine Shed inviting Corporate Parents, families, carers together with children and young people to show enduring commitment to keeping the Promise. The theme this year was -'Creating Communities that Care.

All of these opportunities are in addition to weekly group sessions for all ages in our Home & Belonging Space. This is a lovely space that was created, designed and decorated by our Champs young people. They have made this space feel warm, cosy, homely and most importantly a safe space. Everyone who visits says how lovely it is. Groups are lots of fun but some serious stuff is also done: engagement in co-production of services, advising senior staff and making sure care experienced young people's voices are heard.

Section 2

Service Quality

Justice

Over the past year there have been significant development in the following areas of Justice Social Work practice.

Groupwork Programs

This is an area of activity which has grown over the past year and has resulted in us being able to deliver local groupwork activity in relation to our work with those who commit offences related to domestic abuse, through the accredited Caledonian Program, as well as in relation to sexual offences, where we deliver Moving Forward Making Choices (MFMC).

Bail Supervision (Electronic Monitoring (EM) with Bail Supervision

In 2022, we re-established a Bail Supervision Scheme, which subsequently evolved to include the option of Electronic Monitoring. During this period of time, we subsequently saw 47 people being assessed for Bail, with 36 being assessed as suitable, and 11 people commencing on Bail. These numbers are low, which reflect the relatively small population of people coming before the local courts, but we have noted a small reduction of our remand population over the past year, though it is still above what it was prior to COVID-19.

Structured Deferred Sentences

This is a new disposal made available to the Courts locally, and to date its use has been limited to only 4 people. The use of this area of activity is something we wish to further investigate in the coming year as we know it has been successful in other areas.

Recovery staff established within service

We have established and further developed the use of lived experience within our staff group. We now have two members of staff based with us on a weekly basis, and this has helped us strengthen our connections with the Recovery Community and has improved expertise within the wider staff group. The development of a service user group is one activity which we wish to build on in the coming year.

Review of Scottish Government Annual Returns

We have yet to see a significant increase in the use of community sentences, which was predicted as we moved away from the restrictions imposed by COVID-19.

Section 2

Service Quality

Custodial Population

From the information provided to the Service from the Scottish Prison Service we can see that there is an overall reducing number of people from Stirling being placed in custody, and that this relates to those placed in remand, and those who have received sentences of 12 months or less.

Drug Related Deaths

From the information provided by the National Records of Scotland (NRS) it is noted that there has been a reduction in the number of people who have been identified as a drug related death. Through membership of the Forth Valley Drug Related Death Adverse Review Group, we are able to monitor all recent drug related episodes, and to support colleagues locally to minimise the impact of any further deaths. This is a key area of strength in an area that has been a priority nationally.

Forth Valley Emergency Social Work Service

The out of hours Emergency Social Work service known as the Emergency Duty Team (EDT) provides all aspects of emergency Social Work statutory intervention including child protection, adult protection and Mental Health Officer duties for Stirling, Falkirk, and Clackmannanshire Councils. This continued to be the case during 2022/23.

The staffing level of 4.5 Senior Social Workers and one Manager was maintained. As is always the case 2 senior social workers were working per shift period. A pool of social work colleagues from across the 3 Councils continued to assist the service when necessary.

The Service is now located in Viewforth, Stirling Council and various models of remote and office based working were developed throughout the year. This was especially important in terms of ensuring training and development for the induction of new backup colleagues. This continues to be an ongoing initiative for the service.



Section 2

Service Quality

Stirling Council referral figures indicated a slight increase from 2021/22.

This was also the case in the neighbouring local authorities.

Stirling Referrals	2021/2022	% of total referrals	2022/2023	% of total referrals
Children's	1078	51%	1200	56%
Adults	1024	48%	936	44%
CJS	12	< 0.1%	15	< 0.1%
Total	2114		2151	



Section 2

Service Quality

Adult Health & Social Care

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) supports the delivery of all Adult Social Care provision in Stirling across a range of different services and teams. Below provides a key summary of the work they do to support those in need.

Adult social care covers a wide range of activities to help people who are older or living with a disability or physical or mental illness, to live independently and stay safe and well. This table details the number of people receiving support and the type of support received.

Support on offer	Number of people receiving support
Individuals receiving help with personal care	1,756
Individuals receiving help with non-personal care	1,345
Individuals with a community alarm	3,013
Individuals receiving equipment	4,255

Care at home

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

District nurses provide support to people and their families in the patient's own home. They have provided 92,362 home visits in 22/23, 15,296 more than during 21/22, and 28,000 treatment room appointments, 13,576 more than 21/22. This supports a reduction in hospital admissions.

The HSCP have provided 1,937 packages of care in client's homes in 22/23 which is 112 more than 21/22. Hours of care have risen to 31,770 (22/23) up from 29,748 (21/22). Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however we have experienced challenges in terms of demand and staff shortages, both of which are being experienced nationally.

Section 2

Service Quality

Unpaid Carers

Stirling Carers Centre is funded by the Partnership to support carers in their caring roles and also carry out Adult Carer Assessments.

Carer Support Plans helps people think about the support they might need as a carer, now and in the future. In 2022/23, 540 plans were completed by the Carers Centre and Adult Social Care completed 216.

Self-Directed Support

Over 2022/23 we delivered the SDS Project Plan with support from the SDS Steering Group. This plan reviewed and refreshed our approach to SDS across Clackmannanshire and Stirling. 169 HSCP staff received SDS refresher training in 2022/23 to improve awareness and knowledge.

Discharge Team

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

The impact of the Hospital Discharge Redesign is further demonstrated in the reduction of bed days lost during the winter of 2022/23 compared to 2021/22 – down by over 600. In March 2023, the lowest level of bed days lost was reached and this is predicted to continue to reduce. This is a key success and is something that we hope can be built upon.



Section 2

Service Quality

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them. The number of people receiving reablement support has increased by 35% from 2021/22 to 2022/23.

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

The table above shows that 53% of people leaving Reablement services in 2022/23 either required no support care or reduced care when they returned home. This work in turn reduces pressure on other aspects of service delivery within the HSCP.

Dementia

Town Break is a local charity that supports people living with Dementia and their carers. They have trained, supportive and committed staff and volunteers, and work with other organisations to help support people with dementia. There are currently 17 services running and they are located within the communities. In a typical year, Town Break support 250 people and their families affected by a form of dementia.

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

Section 2

Service Quality

Alcohol and Drugs

We aim to improve outcomes by supporting people with complex social and health issues around alcohol and drug use, with their support network. This year, we implemented the Medication Assisted Treatment (MAT) Standards. The aim of MAT Standards is to reduce drug related harms and risk of death.

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

Localities

The locality planning groups have undertaken a research period – examining the HSCP’s Strategic Needs Assessment and Burden of Disease study. This is in addition to carrying out extensive community engagement across the three localities to reconnect with communities following the pandemic. The primary aim of this research process has been to understand what they value in their locality and what areas need improvement. The findings from this data enabled a development session with each of the groups to identify the localities groups' priorities and begin work on developing a three year action plan (2023-2026).

Integrated care and rapid access team

We have significantly recruited to this team. As a result we have seen both: a reduction in waiting times for care plus packages; and a reduction in the number of people waiting for care packages in bed holding areas and community. This progress is a result of effective team working across the Service although operating across three organisations with differing computer systems, policies, procedures, training and resources does have an impact.

The ability to link telecare units to the new inter-linked smoke and heat alarms already in place in all council houses therefore removing the need to fit further alarms has been a great success for the Service. This allows the Service to remove unnecessary duplicate detectors in properties avoiding potential confusion.

In addition, work has been progressing well to change over all the Analogue Telecare Equipment to new digital units and peripherals. A project manager was appointed, and TEC Technician/ Installers have been recruited. There are regular meeting taking place to plan and organise the switchover.

Section 3

Challenges & Improvements

Children & Families

There have been number of challenges over the last year, many of which have already been highlighted. In particular, the increased numbers of children and young people on the Child Protection Register is a concern but we note that numbers appear to be subsiding now and hope this trend will continue.

In Stirling, we face many of the same issues being faced nationally. Particularly around staffing, finance and the increased demand for services. In addition, it is becoming more challenging to balance the national agenda and wider service re-design in line with the Promise alongside increasing operational demands day-to-day. We have seen the national agenda grow in the last period, as new initiatives around Child Protection, Bairns Hoose, ACRA, Scottish Child Interview Model all need to be supported in addition to local service redesign.

For example, EIRD training was introduced in April 2022 with the new IRD system live as of 21st June 2022. This integrated system enabled all partners to contribute to a single system which enabled multi-agency consideration of identified risks and needs.

To support the need for service re-design required by the Promise, we created a temporary Policy Officer post. This has allowed us to refresh and review multiple different policies, procedures and guidance to ensure we are kept up to date with the national agenda and the requirements of The Promise.

The major issues faced relate to finance and resources and are therefore covered in section 4, and also staffing, covered in section 5. Nevertheless, continuous improvement is a major focus for our services. Single agency audit activity has continued throughout the year and planning started in early 2023 around a further multi-agency audit with partners which is scheduled to be completed in 2023.

Our engagement, collaboration and planning with children and parents/carers is also an area we wish to improve on as not all service areas have systems or processes in place which would see this embedded in our day to day work.

Section 3

Challenges & Improvements

Adoption & Fostering

Recruitment of foster carers continues to be a national and a local challenge. The team has worked with our communications team to deliver a creative recruitment campaign using foster carers with lengthy experience to support the message. We also use social media to recruit on an ongoing basis. In line with the legislative changes our focus is recruiting to ensure we can keep brothers and sisters together. Despite extensive recruitment campaigning we have fewer numbers of families to assess and no full time applications as of March 2023.

With the exception of one external foster placement, we continue to provide homes for children within our own resources. This is becoming increasingly difficult due to the decreasing numbers of fostering households available. The transformational work across the service focusing resources in keeping children within families has reduced the number of referrals to the fostering service which means we have been able to avoid referral for external provision.



Section 3

Challenges & Improvements

Youth Justice

The service initially faced some resistance from some partners with a concern about "up-tariffing" young people. The Whole Systems Development Group saw opportunities to consider how best to help identify young people at risk of coming into conflict with the law in universal services and approaching through existing work involving the team around the child.

Other challenges related to the Youth Justice service include an upturn in the number of young people referred with additional support needs from the Children with Disability team. This has been particularly apparent in relation to sexualised language and/or behaviour. Links with NHS saw opportunities for training across children's services identified and a restating of the existing policy in managing harmful sexual behaviour in education settings.

We have experienced some challenges in supporting young people who are not care leavers, but are 16-18 years old and in conflict with the law, presenting with needs around housing, finance etc. Local relationships with Housing are positive and enable open conversations. Whilst these young people have not been eligible for the support available to care leavers, we have engaged with colleagues in Housing around the challenges in providing appropriate accommodation to young people in these situations.

We are acutely aware of the potential impact of the Children's Care and Justice Bill and UNCRC on the ambitious and growing Youth Justice agenda. We are aligned with the principles within this proposed legislation, however acknowledge this could bring capacity and financial pressures on the service and the wider authority. We have contributed to the request for responses in the consultation phase and will continue to be involved with future discussion.

Section 3

Challenges & Improvements

Justice

Relocation of the Prison Based Social Work (PBSW) Team

Over the past year we have seen the de-commissioning of HMP & YOI Cornton Vale, whilst the opening of HMP Stirling was delayed until the summer of 2023.

During this period, our PBSW staff were required to respond to a reducing population within HMP & YOI Cornton Vale, and then support the women held there once they moved on to a variety of establishments on an interim basis whilst the building of HMP Stirling was being completed.

This resulted in our PBSW working across the country, though much of their activity was in HMP & YOI Polmont, with some activity also taking place in the Community Custody Units in Dundee and Glasgow.

These transitional arrangements were not easy for the women held in custody, but the PBSW staff, and colleagues from the Scottish Prison Service (SPS) worked together to minimise the impact that was felt by the women held in custody at this time.

With regards to the move to HMP Stirling, the SPS have agreed to an additional social worker to be recruited to the team, with a hope that this member of staff, along with the existing staff group, can complement the SPS's vision of a trauma informed and gender responsive environment within HMP Stirling.

Accommodation for Service Users

There continues to be significant challenges in identifying suitable accommodation for people within the justice system. This is often experienced when someone is being liberated from custody but can also impact those who are subject to community sentences. We have identified this is a risk locally but are aware that there are national challenges in relation to housing.

Section 3

Challenges & Improvements

Anticipation of move from ViSOR to MAPPS

As part of our overall management of our higher risk offenders, JSW Services access and update onto the Home Office owned ViSOR information sharing portal. This has not been without its challenges over the years, particularly in relation to both physical access to the terminals used for ViSOR, as well as the vetting levels set for staff being asked to use the system. Though in Stirling we have overcome these challenges, with most of the required staff vetted, and our ViSOR terminals situated locally.

However, we are now aware that the Home Office are planning to introduce a replacement for ViSOR, called MAPPS. Initially it was thought that this would be 'going live' in April 2024, but more recent communications indicate that this will now be put back to some point in 2026.

Through our participation in Social Work Scotland's Justice Committee, and the Forth Valley MAPPA SOG, we continue to monitor this situation, and will respond to any challenges as they develop.

Level of Service Case Management Inventory (LSCMI)

In 2022, we were notified by the Risk Management Authority (RMA) of an issue with the use of LSCMI. The LSCMI is an electronic system, which generates a level of risk/need which is used as part of any proposed plan/outcome for the individual, but the issue identified by the RMA was that for some assessments the generated risk/need was incorrect.

Stirling JSW Services, alongside colleagues nationally, subsequently moved to a non-electronic system of assessment, whilst the identified issues were fully investigated by the RMA.

This has had a significant impact on the day-to-day operational delivery of services. However, with the support from our front-line managers we have supported our staff through these challenges. We have been advised by the RMA that a solution has been identified, and it is proposed that we will move back to a wholly electronic use of the LSCMI soon.

Section 3

Challenges & Improvements

Adult Health & Social Care

Mental Health and Learning Disabilities

There has been significant change to how we deliver mental health services. There has been a redesign of existing services and development of additional resources to meet increasing demand, and in response to the impact of the COVID-19 pandemic. In 2022 /23 there were:

- 334 admissions to hospital for Mental Health Acute Support
- 183 mental health referrals to Adult Social Care

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

We are actively recruiting to Mental Health Officer (MHO) posts in our mental health teams and are also reviewing our skill mix within Learning Disabilities. Although we will likely continue to experience difficulties until capacity increases, we have identified several areas where we hope to be able to deliver improvements in the meantime.

Having a single point for the co-ordination of reviews and transfers will streamline local processes. We are therefore exploring options to resource additional administration capacity with the intention of sitting this within the specialist mental health team. Gathering this information has also highlighted that additional training for staff around the transfer process is required, as well as a refresh of duties under the Adults with Incapacity Act more generally. This will be arranged/provided by the MHO Team Leaders. Our intention is to focus our substantive capacity, as this becomes available, on the CSWO Guardianships as a priority. Reviewing the private Guardianships is a substantial piece of work for which there is not currently capacity. We therefore intend to explore whether resource can be found to recruit an Agency member of staff specifically to complete these. This will however depend on the availability of both resource and appropriately qualified Agency staff.



Section 3

Challenges & Improvements

Digital technology

There have been challenges with the transition to digital technology, including issues with both the units not always working as required as well as issues with connectivity. Work is ongoing with suppliers and the Scottish Government Digital Office to identify issues and seek solutions. Business Continuity plans continue to be developed to improve resilience in the event of incidents.

Localities

There has been interest and commitment over the last 12 months, in relation to this work which is encouraging and necessary to achieve the desired outcomes for our localities. Becoming re-acquainted with communities and personnel has been of great value following the impact of the COVID-19 pandemic. Working closely with our third sector colleagues at Stirling Voluntary Enterprise and Stirling Council's Community Learning and Development Team has been integral to achieving this, but there are still more opportunities to develop this further.

Work has been initiated to redesign the front door and assessment functions of Social Work teams within the HSCP building on recommendations in a 2021 Review of Assessment & Processes as well as other good practice identified in the period since.

The initial stages of this work will focus on securing some relatively quick wins whilst parallel planning for a more sustainable model delivery across the Partnership.

The primary benefits of the Front Door Assessment & Review Processes Project are expected to be:

- Improved Customer Service
- Improved Effectiveness
- Improved Efficiency
- Improved Workforce Morale
- Delivery of a more sustainable delivery model

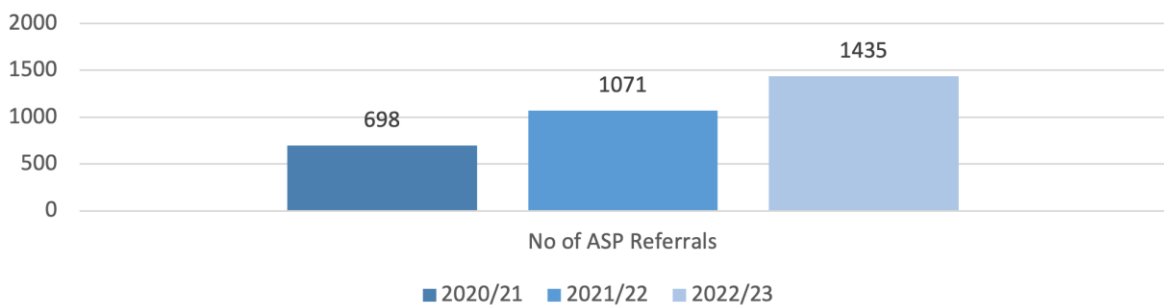
Section 3

Challenges & Improvements

Adult Support and Protection

Across Scotland, we are experiencing significant increases in the number of adult support and protection (ASP) referrals. In 2019/2020, there were 760 ASP referrals per 100,000 adults in Stirling – by 2021/2022 this figure had risen 19.74% to 910. Stirling receives the fourth highest number of ASP referrals annually in Scotland per 100k Adults, compared to all other Councils/HSCPs. Likewise, the proportion of referrals requiring further ASP action in Scotland rose from 42% in 2019/20 to 51% in 2021/22.

In terms of the number of ASP referrals received in Stirling there has been a significant increase year on year. Between 2020/2021 and 2021/2022 there was a 53.44% increase in the referrals received and this rose by another 33.99% in 2022/2023.



We have conducted our own analysis in Stirling and in a 4-week period in January/February 2023, Stirling received 110 ASP referrals with an average ratio of 1.4 referrals to every Council Officer. The average ratio in Scotland is 0.6 referrals per Council Officer. Stirling had the second highest ratio in Scotland but only the 11th highest number of referrals. It is acknowledged that this is a snapshot in time and further analysis is required, but it may point to the need for greater capacity in Stirling to undertake this statutory work.

The ASP Lead Officer will be responsible for ensuring the improvements in relation to the refreshed Code of Practice are implemented and that development opportunities are provided for staff to improve practice. In 2023/24 we will undertake a workforce analysis and self-evaluation exercise to scope the current landscape of ASP resources across the Stirling area.

Section 4

Resources

Children & Families

In 2022-23, Children and Families Social Work had an overall underspend of £278k against a budget of £11.7m. This was largely as a result of continued improved service management through the Resource Allocation Group (RAG), and fewer high cost placements. This is referenced in more detail below within the 'efficiency savings' the service has achieved through re-balancing care and supporting more young people with a stronger local resource base.

The Service also continues to review increasing demands as a result of national initiatives and new legislation as well as policy requirements that must be fulfilled.

Work has been undertaken to identify what is required to implement 'The Promise' as has been set out in Stirling's Promise Plan. We have had significant success in ensuring that looked after children are maintained in their communities as detailed elsewhere in this report. We are now putting in place a range of services that avoid children entering the Children's Hearing system, acknowledging that early intervention and prevention is key.

Over the next few years, all local authorities are expected to face unprecedented funding challenges. Transformation and service redesign alone will not generate sufficient savings to remain financially sustainable in the short to medium term. A review of service levels is planned at Stirling, within which we must ensure statutory and high priority services can be sufficiently funded in a challenging financial and economic environment.

In the future, rebalancing care will continue to further strengthen via a stronger local resource base and reduce the need for high-cost external placements. Education have shared ownership of Stirling's RAG Budget, and they have an expansion programme to support Secondary School Specialist provision to support children with complex needs and Autism Spectrum Disorder across urban and rural areas that could help to reduce the RAG costs for children with complex care needs in future also.

This rebalancing of care over the last 5 years has been highly successful and we have seen the total number of external supported placements reduce from 40 in Q1 2016/17 to 11 in Q4 2022/23. This reflects improved service management through RAG, the building of a stronger local resource base from the savings that are being achieved from the reduced dependency upon high cost placements.

Section 4

Resources

With budget pressures locally and nationally, there is a tension between delivering necessary savings alongside national policy aims and the vision within The Promise. There is a risk that consideration of non-statutory tasks and roles being cut in other services could lead to a disproportionate increase in the number of referrals to Social Work services. This in turn would create additional financial pressures on the Local Authority during a time when there is heavy scrutiny on budgets.

We continue to try and maximise external opportunities in bids for funds. However, this can be resource intensive and adds further pressure on staff who are committed to their jobs when bids are not successful.

We have been beginning to pursue the opportunities for a local Family Hub to meet our family time requirements, and as a touch down space for staff. Significant pressure on assets locally has meant that it is challenging to identify a property which could meet this need.

We take part in frequent risk register discussions to consider service specific and wider corporate risks and the mitigating factors. We review these regularly and update accordingly. Where we are able to mitigate risks operationally and strategically - we do so. Nevertheless, there will always be some risks that arise that are outwith our remit. For example, the war in Ukraine resulted in significant increased demand on resources. Likewise with other policy areas on the horizon, there will be additional demands to implement the Scottish Child Interview Model (SCIM), Bairns Hoose and the Children's Care and Justice Bill.

We continue to have regular operational contract monitoring discussions with our commissioned services who are part of our offer in delivering support to families. These enable a best value approach to be taken to supporting children and families, and to assist in prioritising the needs of the whole service and community.

Section 4

Resources

Children with disabilities

There were significant increased pressures in the Children with Disabilities (CWD) Team. This team had an overspend worth £193k, despite a restricted service from providers due to the challenges in recruitment. There is a backlog of cases in CWD that are awaiting an outcome focused assessment being undertaken. However, vacancy management across the Service helped us to keep the overspend figure lower than it may have been had these processes not been in place.

Over 2022/2023, an OT equipment store has seen time efficiencies (less travel time) as well as financial savings of approximately £20k in 2022/2023. Children receive essential equipment faster and Occupational Therapists have a quicker throughput allowing new cases to be allocated speedily. There is also the opportunity to have readily available equipment for trial purposes to aid assessment and reduce waiting times. Our OT service has seen a reduction in waiting lists for assessment to under 8 weeks whereas previously there was an 18 month waiting list.

Action is being taken to further reduce Children with Disabilities current waiting lists and it is planned that this will be addressed over the next year. This is an area of increasing demand and will result in further increased cost for care packages in the future. The Service is also working with Finance and Business Support to support a more robust monitoring system across all the Care Packages.



Section 4

Resources

Justice

Over the past number of years Justice Social Work (JSW) Services have experienced significant budget challenges, with funding from the Scottish Government through Section 27 either being reduced, or at best flat-lined.

The cumulative impact of this financial challenge has been further impacted by the recent pay awards, as well as **inflationary** pressures. There is no indication that either of these factors will reduce in coming years.

We have been allocated some additional funds to support COVID-19 recovery activity. However, some of these funds are ring-fenced for specific areas of activity in relation to third sector partners, and we have received no confirmation that this additional funding will be continued beyond 2026/27.

There is an ongoing review of all areas of service delivery, with a view that we will focus on areas where we have specific statutory responsibility, and reconsider how such services are delivered. Part of this will also focus on the partnership arrangements that we have currently with Third Sector partners, as well as NHS Forth Valley.

Through a review of JSW Services we hope to identify how we shape our future model of service delivery, which will reflect a reduced level of funds from the Scottish Government. By proactively supporting our staff group, we hope to retain our existing staff, as well as attract experienced staff into the service.

We undertake regular meetings with our finance department and have been able to benchmark areas of our model of service delivery with Local Authorities elsewhere in the country.

Section 4

Resources

Adult Health & Social Care

The Integration Joint Board will continue to use the funding available to improve services for people and pursue our Strategic Commissioning Plan priorities. The total budget was £251M and there was a net underspend of £1.076M which was transferred to reserves.

The Medium Term Financial Plan set out a strategy to address the financial challenges being anchored in three pillars:

- Strengthening how we manage public spending to ensure public money is fully focused on delivering government objectives, underpinned by necessary reform and prioritisation to maximise the impact of our available resources and capital investment
- Increasing focus on economic policies and actions with the greatest potential to grow and strengthen Scotland's well-being economy and to grow the tax base to support the funding of our vital public services
- Ensuring a strategic approach to tax policy, which considers the longer-term impacts of our tax choices on individuals and our competitiveness, and which has been developed through clear engagement with stakeholders.



Section 5

Workforce

Service Planning already integrates workforce development and planning, so transformational programmes consider workforce needs at the earliest possible stage and partners within Organisational Development (OD) and wider services are working collaboratively as part of this process. In addition, OD are working with services across Stirling Council to review the job design process and practice to support us to better identify the skills, knowledge and competence we require now and, in the future, whilst building on Fair Work Principles.

We are also developing analysis of workforce data to improve our understanding of the future needs of our workforce. Planning for the coming year involves looking at career pathways, talent development and succession planning. To support this, we have also started to establish baseline data around internal mobility rates to monitor the impact although it is too early to evaluate this work.

We have successfully appointed to a number of roles within the service. However, there are likely to be challenges ahead in sustaining this as some posts are provided via temporary funding. This is true across multiple different Services within the Local Authority.

Work is well underway, whereby we are working with schools and Higher Education Institutes to engage and support young people into social service roles at an early stage. We are also working with Council Learning and Employability to look at supporting older entrants to health and social care, including 2nd, 3rd career individuals as well as those with the values we seek.

We have recognised that working through the pandemic was challenging for staff, and that the workforce needs support to work through the recovery period. We have introduced a compressed working week for staff (9 day fortnight) in order to support a greater work/life balance. Staff have reported this to be beneficial within a staff survey, and have been positive about this support.

We have also sought to enhance the presence of management on site across the Council estate and have ensured regular staff briefings to staff to provide feedback and information about developments across the Service.

Section 5

Workforce

In addition, all staff have regular high-quality supervision, as evidenced through Quality Assurance of Supervision discussions on SWIFT. This has also allowed us to celebrate staff success, acknowledging positive practice directly with teams and individual staff where this is appropriate.

Throughout the year we developed a program of staff consultation and engagement. In September 2022, we issued a staff survey to all staff across Children and Families and Justice. This had a high response rate and the leadership team then facilitated focus group sessions with all staff to identify solutions to some of the challenges around workload and communication that staff identified. Feedback overall was very positive.

Work has since been completed around national pay differentials for qualified Social Work staff to benchmark Stirling and its status compared to other Local Authorities. In addition, performance reviews take place through data collection, statistical analysis, and quality assurance on a cyclical monthly basis to ensure caseloads are broadly even across teams where possible.

Our commissioned services have also experienced staffing and recruitment challenges but through regular operational management, oversight and liaison with the services, in the main we have managed to ensure minimum waiting times for support.

Newly Qualified and Student Social Workers

Stirling Council has consistently employed Newly Qualified Social Workers (NQSW). It is recognised that the COVID-19 Pandemic has had a significant impact on the quality of learning that students experienced.

In order to combat these issues, in 2022 we recruited to two posts, a Practice Development Officer as well as a Practice Educator to support the education and development of our future Social Work workforce and to further enhance support for those having just qualified and being supported through their first year (or two) in work. NQSW now represent 20% of our qualified Social Work staff so having a specific role to undertake this support and alleviate pressure on the current staff group has been a welcome addition. The implementation of this has enabled a larger number of students to access placements across the service which in turn has helped us fare better amid the national crises in recruitment and retention of Social Workers. As a result, we have seen the number of NQSW coming to Stirling increase and our ties to Stirling University have been strengthened.

Section 5

Workforce

Children & Families



Our workforce numbers increased in 2022/2023 through the utilisation of COVID -19 recovery monies and in 2022 we interviewed and recruited for a number of COVID-19 recovery posts. These included a Young Persons Support Worker and Intensive Family Support Workers. At times of operational pressures due to workload, demand and staffing pressures, Locality Social Workers supported our Intake Team for a period of time to ensure service delivery was not disrupted.

In June 2022, we successfully recruited an experienced team leader to fill a vacancy within our locality team and from October 2022 onwards our Team Leader staffing complement was 100%. In January 2023, a session was held with Team Leaders to reflect on some of the challenges they had faced in the last year in order to discuss and plan for the next year. The team leader group had experienced some changes so there was merit in enabling people to collaborate and build working relationships.

Recruitment continues to be a challenge. In particular, it is difficult to find experienced and qualified Social Workers. As already highlighted, NQSW now make up almost a quarter of our staffing complement. This means that more experienced Social Workers are relied upon for more complex work which in turn increases pressures for these staff who are more of a critical resource than ever.

There has been some normal turnover of staff, not outwith normal levels but 2022/2023 saw challenges in filling all of our Social Work vacancies with a number of positions left unfilled which has been unusual in comparison to recent years. We have an exit interview process when staff leave posts across all Stirling Council Social Work Services, and this information helps inform planning around future recruitment and retention.

Our response to recruitment challenges has been to take a whole service approach to need, ensuring service demands are met, and staff across the organisation can access support from each other. For example, in Youth Justice, we have supported cover for staff in Intake when required.

Section 5

Workforce

Residential Care

Staffing within our Glasgow Road Supported Housing service is of high quality with very good staff retention. The appointment of a temporary manager solely within supported housing was created this year in response to its growth in size. This had previously been managed by the manager of both housing support and residential care.

Our residential care home, Brucefield, has a high quality of staffing with very good levels of retention. In-house consultation recently carried out within our residential service found morale and commitment to their role to be high, with manager and team committed to improving outcomes for young people who live with them.

The team within Glasgow Road are able to work within Brucefield Care Home and vice versa which offers increased availability and skills to support one another when needed. One issue that has been identified, and is being felt nationwide, is the difficulty in recruiting relief staff. We are fortunate that we do not often have to rely on them, but this does not diminish the challenge we face in this regard.



Section 5

Workforce

Justice

There have been a number of staffing challenges over the last period. Nevertheless, there have also been key examples of good practice. Over the past year we have been able to identify, through engagement with staff via staff surveys and focus groups, that staff within JSW feel supported and listened to by their managers, and the service. The welfare of our staff is a priority, and we continue to look at how we can support our staff in delivering high quality services in these challenging times.

As above, we are engaged in numerous offerings for staff working across Stirling Council, including support offered via the practice education team and are looking to expand what we offer to NQSW.

We have also engaged in monthly meetings with Team Leaders to review the case numbers for all staff across the Justice Service. Our target for this is 25 as per the Setting the Bar report. In addition to this, we have also engaged in a further caseload review process with the CSWO. In addition, we have monthly management performance meetings with staff and a monthly review process in place for Unpaid Work.



Section 5

Workforce

Adult Health & Social Care



The last year has seen us achieve the next iteration of the HSCP Integrated Workforce Plan 2022-25 which has been put together through collaboration with HSCP staff, Union representatives, partners and unpaid carer representation.

The HSCP Learning and Development Group, supported by Workforce Leads and Partner Agencies has been overseeing delivery of the HSCP Workforce Plan; meeting bi-monthly to do so and reporting back to the

Senior Leadership Team for the HSCP. Our work aligns to the five pillars of the workforce journey: Plan, Attract, Employ, Train and Nurture.

Based on the HSCP Strategic Commissioning Plan, workforce planning continues to focus on meeting current and future predicted need of our citizens using strategic needs analyses, locality planning and engagement to do so. For example, this has included the transformation of our care at home services to introduce a Rapid Response Service which is in development. HSCP Partners are working collaboratively to review and re-design job roles with staff looking at the skills, knowledge and competence required to deliver these roles confidently and safely, whilst building on Fair Work Principles to do so.

To improve our workforce planning capacity, key workforce planning leads have been undertaking learning around the Health and Care (Staffing) (Scotland) Act 2019 which will be built upon and more widely developed in the coming year.

As in Stirling Council, planning for the coming year involves looking at career pathways, including internal mobility monitoring, talent development and succession planning, with design already under way in relation to new Senior Practitioner roles within our Assessment and Partnership teams which will provide clearer routes of progression and development into more senior roles.

Challenges continue around recruitment particularly for Social Workers and Mental Health Officer posts. This is true for those working in all areas: Children & Families, Justice; and Adults. A number of measures have been implemented to address these: we were very proud to fully fund four staff this year to commence their Social Work qualifications, not only securing them in post as Social Workers upon qualification, but also valuing them by investing in them as our skilled and experienced staff. This has been successful with all four students doing well on placement and more staff keen to apply this year. As a result we have also had increased interest in Social Work staff wanting to become Practice Educators, with funding agreed for two people to start later in 2023.

Section 5

Workforce

Financial investment continues in relation to learning and development, despite pressures to make savings that all Local Authorities and many organisations are facing. We have been fortunate to be able to fund Social Work qualifications for example. However, the pressure to make savings has challenged the sustainability of these programmes and we will not be able to support as many in the coming year. We also continue to fully fund a place on Mental Health Officer Award qualification which has helped ensure we have Mental Health Officers within our services.

Our Integrated Care and Rapid Access Team has seen significant recruitment to the service across urban areas. However, this has been more challenging in rural Stirling. In order to address the continued challenge of recruiting care staff in our rural areas, we have delivered a campaign of local community career fairs, recruitment events, videos, posters which are helping us engage our communities even further. As with the posts above, there is a national challenge in recruiting Occupational Therapists.

The challenges of an ageing workforce, especially in care roles remains and to complement our delivery of Foundation Apprenticeships and SCQF qualifications, we have proposed the introduction of Modern Apprenticeships in Health and Care which should start later in 2023.

We have been supporting the workforce with our seasonal well-being programme, which has included a blend of face to face, virtual and online resources, groups, sessions and events to cover topics and themes including finances, men's health, women's health, mental health, stress management, based on staff request, demand and feedback. These have been well attended by staff with availability outwith standard office hours for those working shifts.

Section 5

Workforce

Health and Occupational health services remain available and 2023 saw the introduction of a Trauma Practice Co-ordinator whose remit includes supporting the workforce develop their skills and understanding in relation to being trauma informed and trauma responsive. Working with the Assessment and Partnership Team Managers, the Trauma Practice Co-ordinator has developed a more detailed and nuanced approach to supporting staff in the relation to experiencing trauma or vicarious trauma, which will be implemented in 2023/2024.

Resilience has been key to staff support through our staff newsletter and engagement programmes. This is in addition to our Bitesize programme of Supporting People Through Transformation learning events, as well as Supporting Staff Through Change, Emotional Intelligence and Assertiveness, which have been well attended and well received by staff across the services.

We also managed to secure £10,000 wellbeing funding from Inspiring Scotland. After consultation with staff, it was agreed to purchase coffee machines and wellbeing packs.



Section 6

Learning, Training & Development

Within Stirling Council, learning needs continue to be assessed on an ongoing basis in a number of different ways including through service planning, feedback from service users, supervision and annual review conversations with staff.

Learning and Development is largely guided by the Stirling Council Strategic Workforce Plan 2020 – 2025; collaboratively created with service users, carers, staff and partner agencies. It is based on a number of Strategic plans including: the Stirling Council 10-Year Strategy 2020-2030 in which our ambition is for “a thriving workforce”; the Stirling’s Children’s Services Plan 2020–23; and the (Clackmannanshire and Stirling) Multi-Agency Public Protection Learning and Practice Development Workforce Strategy 2020-2023 - all of which have been co-produced with service users, carers, staff and partner agencies.

Learning needs have also continue to be monitored and met between managers, Organisational Development & Change (OD) staff and other partners, to identify staff requiring qualifications for SSSC registration with places provided to meet the demand allowing for forward planning.

Staff, including relief staff, continue to be supported to complete their SCQF qualifications as a priority, by the Council SQA Centre although there were no starts or completions in the last year.

One identified need relates to children and families experiencing sexual harm as there have been a number of children where sexualised behaviour continues to be a concern. Needs have been identified in relation to AIM 3 assessments and the need for learning and training around adolescents who display harmful sexual behaviour. This has been undertaken in collaboration with staff and managers and relevant conference attendance has been supported for key staff across all Children and Family Service teams. Delivery of learning is underway and will be evaluated more fully this year to determine the impact it has made and whether any skill or knowledge gaps remain.

A learning review was undertaken in collaboration with residents, staff, and management at Brucefield Children’s Home alongside OD colleagues in relation to statutory, mandatory and core training. Led by the Registered Manager, learning needs were identified through supervision and Personal Development Plans with staff and meetings with residents and a plan is in place to meet the needs in this coming year, with a focus on improving quality assurance practice, processes and documentation for all staff.

Section 6

Learning, Training & Development

The coming year will see a platform move for Stirling Council online learning for which learning needs analysis is being co-ordinated by the Implementation Project Team. It will also see a review of the supervision and practice development framework to plan a more trauma informed and trauma responsive approach to practice. This will enable the Service to keep staff supervision conversations focused on the latest practice-based, strength focused evidence.

In Justice Services, we are in the process of updating our Learning & Development Plan for staff. This will reflect both a trauma informed approach, as well as a targeted focus on staff development, to ensure that we have greater resilience in our service going forward.

Reflective Supervision for Managers and Enhanced Trauma Informed Training are priority training areas for next year and leadership skills more widely remain a priority. Working well in teams and supporting transformational change has been a focus necessary to enable managers/leaders to lead well and to have work plans which are followed, updated and for which responsible officers are held accountable. Two Children and Families Service Managers have attended the Council's commissioned Leadership Programme and a number of supervisors and managers have attended Bitesize Transformation Programme learning events. This year will see us evaluate the impact of these sessions on practice and build on the events from participant and stakeholder feedback.

Much of the past year has been spent re-instigating and re-invigorating learning and training suspended or dramatically reduced during the pandemic, considering how we can deliver learning to support staff in their new and hybrid ways of working. As a result, we have achieved an improvement in compliance rates across Children and Families in relation to statutory and mandatory learning and training, ensuring service users are supported by safe and competent care staff and staff.

Feedback from learning and engagement events, workshops, development days and conferences remain very positive and, as a result, offerings remain blended in terms of face to face, virtual and online to meet the wealth of needs and flexibility our workforce desires and requires. In terms of what has been taken away from learning and development, some of the key themes include the opportunity for networking and reflection, both valued even more post-pandemic. Challenges remain around securing venues with capacities still somewhat reduced.

Section 6

Learning, Training & Development

Within Clackmannanshire and Stirling Health Social Care Partnership (HSCP), learning needs are reviewed in the same way in addition to formal surveys via i-matters and regular meetings between HSCP partners and workforce leads.

Learning and development opportunities continue to be shared across the HSCP and with partner agencies e.g. multi-agency public protection training, face to face safe practice training, registration qualifications and a variety of other themes and topics all of which contribute to staff development.

Self-Directed Support (SDS) was identified as an area of need through supervision conversations with staff as well as from service user feedback. Sessions were then delivered by the SDS Lead Officer with the aim of encouraging Assessment and Partnership staff to consider how they could better deliver the key principles of SDS in their work. Although too early to evaluate the impact on practice, attendee feedback was very positive with staff appreciating the benefit of returning to face to face sessions to discuss and reflect on their practice.

Safe Moving and Handling People and Prescribing Proportionate Care (PPC) (in relation to assisting people to move safely using moving and handling equipment at home) continue to be key areas of learning for staff in care home, day service and care at home settings. We have continued to train in-house trainers with two more staff being trained within Assessment and Partnership Teams to support delivery with more planned for the coming year. This model served us well during the pandemic when we were able to provide new staff with safe moving and handling training when other provision was paused. Evaluation will take place later in the year once the new trainers start delivering their training.

Section 6

Learning, Training & Development

Staff, including relief staff, continue to be supported to complete their SCQF qualifications as a priority, by the Council SQA Centre to fulfil their SSSC registration requirements. The table below details the number of HSCP staff who have completed, or are in the process of completing, their SCQF qualifications for SSSC registration:

Qualification	Completed	In process
SVQ 2 Social Services and Healthcare SCQF Level 6	12	1
SVQ 3 Social Services and Healthcare SCQF Level 7	3	3
SVQ 4 Social Services and Healthcare SCQF Level 9	1	1
PDA Health and Social Care Supervision	3	0

These qualifications have meant service users are supported by safe and competent care staff and staff have enjoyed their success in completing their qualifications.

The CALM course content has been reviewed with the provider to ensure learning meets current need and a number of sessions have been delivered. Staff at Riverbank have received this training in relation to supporting people with dementia that are in distress and have reported they feel more confident and competent in this area. In addition, they've said they have a greater understanding of the implications of dementia for those living with learning disabilities.

Adults With Incapacity training was also identified as an area of need within the Bellfield Centre and 2 training sessions took place with 35 members of health and social care staff in attendance.

Public Protection continues to be a key priority in relation to training.

Section 6

Learning, Training & Development

Introduction of the new Child Protection Framework has been a focus for this year, with a multi-agency Forth Valley wide working group reviewing how the legislation affects every aspect of policy, procedure and practice. This has been achieved and the resultant changes are now being considered in terms of learning needs analysis for all Children and Family Service staff, with a communication, engagement and learning plan to be agreed and implemented in this coming year.

Adult Support & Protection for health practitioners has been targeted as a key training need for medical, nursing and allied professional practitioners. This was in partnership with NHS Forth Valley, the Multi-agency Public Protection Advisor and Stirling OD. Following the recent Multi-agency Adult Support & Protection Inspection, a full day of training was developed. It sought to explain the key Adult Support & Protection process, alongside roles and responsibilities with thematic inputs from the Adult Support & Protection Lead Officer, Police, Health, Trading Standards and Fire & Rescue. (Children & Families & Justice Social Work teams were also invited to attend). In addition, all Adult Support & Protection Council Officers are asked to complete the Lifepod *Understanding Hoarding* e-module to understand how hoarding behaviour impacts on family functioning.

Local priorities continue to be identified through learning from Initial Case Reviews (ICR) and Learning Reviews. For example, the Impact of Parental Mental ill Health and the Ability to Parent was identified from a review and an introductory podcast with additional training is scheduled to be piloted from April 2023.

The Neglect Toolkit training and Impact of Parental Substance Use & Guidance (IPSU) Training remain core strategic priorities. This is mainly due to the fact that neglect and parental substance remain the highest category number of children on the child protection register. It is proposed that a 'Supporting Practice Development Audit' on the use of the Neglect Toolkit, IPSU, National Risk Assessment Framework and SERAF Tool will be conducted in the autumn of 2023.

For 2022-23, a specific separate multi-agency public protection training budget was agreed by the 3 key agencies; Health, Social Work and Police for the specific identified commissioned training. This has not been repeated in 2023/24 due to financial pressures on the budget.

The overall feedback from those who completed post course evaluations from attending the 60 multi-agency child protection and related trainings found the training has been informative, helpful and useful in supporting their practice.

Section 7

Looking Ahead

Looking ahead, there are a number of potential issues and challenges on the horizon as well as overall changes to the way we operate.

The National Care Service has the potential to radically change the way some services are delivered. It remains to be seen how this is going to impact on all services across Justice, Children & Families and Adult Social Care. There are a number of regional engagement opportunities taking place across Stirling and we are taking part in these alongside the Scottish Government's consultation processes.

As already detailed throughout this report, staffing continues to be an area of significant challenge. Over the last number of years we have recruited to several posts with temporary funding from COVID-19 recovery monies and other short life funding streams. Our overall staffing cohort will be reduced in the future when these funding streams come to an end.

We have seen small numbers of applications for some posts, and there have been challenges in relation to the suitability of applicants. This can mean prolonged periods of reduced staffing which in turn has an impact on staff currently in post.

In order to combat some of these issues, we will begin work to re-develop Social Worker job descriptions in order to further strengthen Stirling Council's ability to remain competitive in a depressed recruitment market. We are also looking at improving our data capture systems to review staff workload in line with the aims of the Setting the Bar report. In addition, we will be undertaking a multi-agency review focussing on our pre-birth activity in October 2023.

Staffing issues coupled with general challenges around public sector finance, are likely to impact on capacity to deliver services across Stirling Council and the Health and Social Care Partnership.

Alongside the National Care Service, the national legislative and policy agenda is packed with potential changes to practice that we will manage over the coming period. Particular areas include continued changes to the child protection agenda, the Scottish Child Interview Model (SCIM), Bairns Hoose, the Children's Care and Justice Bill and the National Transfer Scheme.

Section 7

Looking Ahead

With partners, we are in the process of developing a SCIM team and associated approach and hope this will be ready across Forth Valley for November 2023. We also anticipate further work to embed the ethos of the UNCRC bill across the service and are particularly keen to improve service user involvement. If the Care and Justice Bill comes into force as expected, we will need to undertake work to build public confidence and understanding of the wider youth justice agenda.

We anticipate that there will be further demand on services and resources as a result of the Homes for Ukraine scheme and the National Transfer Scheme – the numbers of unaccompanied asylum-seeking children has already risen during the period 22/23. We are therefore working with our colleagues in housing and the resettlement team to respond to what will be a significant growth area.

During the year over 3000 individuals (children, young people, parents/carers and professionals) have been involved in the development of our new Children's Services Plan 2023-26. This has ensured that the plan is as robust as possible and is grounded in an understanding of both the data and what people are telling us works and needs improvement. The five priorities included within the previous Children's Services Plan (2020-23) have been retained along with a new priority to 'Enhance Whole Family Support' and a renewed focus on 'Improving Outcomes Together.'

Further consultation and engagement has supported the development of interventions and high-level actions (to be reviewed annually) to support achievement of the short-term and medium-term outcomes. The number of individuals involved in the plan's development who are now involved in driving forward the work, provides us with a real opportunity to ensure that we work better together to ensure that the outcomes of the most vulnerable are improved.

Section 7

Looking Ahead

Looking ahead, this Plan will help us shape the future of Children’s Services in Stirling with a focus on:

- COVID-19 pandemic recovery
- Embedding a children’s rights approach across all services
- Further embedding Getting it Right for Every Child (GIRFEC)
- Ensuring we #keepthepromise through: providing whole family support; making a strategic shift in our service delivery towards prevention and early intervention; and delivering support that is community-based and that service improvement is coproduced with all partners, including children, young people and their families.

The primary focus for Justice in the coming period will be capturing all the work we do in the development of our forthcoming Justice Social Work Service Plan. Moreover, the opening of HMP YOI Stirling will impact on aspects of our work. As highlighted by the work of the Youth Justice Service, legislative changes here will likely divert a number of potential service users away from courts which will be a positive development. Justice Social Work and the Youth Justice team will continue to work together to identify areas for collaboration and continued sharing of best practice and knowledge.





**Clackmannanshire
Chief Social Work Officer**

Annual Report 2022/2023

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1. Introduction

I am pleased to present the Chief Social Work Officer (CSWO) Annual Report for Clackmannanshire which provides an overview for the reporting year **2022-2023**. The report provides key highlights, achievements and challenges for social work and social care services across Children's, Justice and Adult Care services within Clackmannanshire and outlines key priorities for the forthcoming year.

In last year's report I highlighted the significant and unprecedented challenges that were faced by the Covid-19 pandemic and immense impact on social work service delivery, the workforce and staffs wellbeing. These impacts still remain as we continue to face a difficult financial environment, significant resourcing pressures and recruitment and retention challenges whilst people seeking our help in our communities are presenting with more complex and diverse needs. The past year has also seen a busy legislative and policy development landscape for the delivery of social work and social care services, notwithstanding the continued uncertainty regarding developments related to the National Care Service Bill; The Health and Care (Staffing) (Scotland) Act 2019 which comes into effect from April 2024, as well as our local partnership commitment to delivering on #KeepingThePromise, an ambitious national programme for making significant and positive changes to the lives of care experienced children, young people, and families by 2030.

Against this back drop of policy, legislative and practice change, staff across the social work and social care workforce have continued to deliver high quality, care and support to the people and communities who need it across Clackmannanshire. My sincere thanks and appreciation goes out to the whole of the social work and social care workforce and to all our local community planning partners and partner providers who demonstrate dedication and high commitment to deliver effective services in a challenging and turbulent environment to ensure that the needs of our citizens are being met.

2. Purpose and Background

This report satisfies the requirement to prepare and publish a report in relation to the Chief Social Work Officer's (CSWO) role in professional leadership, oversight of practice, governance, values and standards as described in national guidance. The report also relates to the specific areas of decision-making and practice where legislation confers functions directly on the Chief Social Work Officer¹. The report refers to the contribution of social work and social care services, working in partnership with others in relation to the wider safety and wellbeing of Clackmannanshire residents.

3. Clackmannanshire Profile

Our People

- Clackmannanshire is one of the smallest mainland councils in Scotland, covering an area of **61.4** square miles, with **292** kilometres of road, and classed as semi-rural.
- The population of Clackmannanshire is **51,540** (nearly 1% of the Scottish population), with the local population set to **fall** between now and 2043 by **2.9%**, while the Scottish population is expected to **increase** by 2.5%.

¹ <https://www.gov.scot/publications/role-chief-social-work-officer/pages/4/>

- We have a slightly higher than average proportion of older people in the local population; **20.8%** aged 65 and over, in comparison to 19.6% across Scotland.
- The proportion of children and young people in the local population is also slightly higher than average – **19.4%** aged under 18, while this is 18.7% across Scotland.
- **77%** of primary school pupils and **21%** of secondary school pupils registered for Free School Meals compared to the previous year [63.7% and 18.7%].
- **26.7%** of primary school pupils and **38.2%** of secondary school pupils have additional educational support needs.
- Across all pupils, school attendance rates are slightly higher than average – **92.9%** with a Scottish figure of 92.0%. While attendance rates are generally slightly lower for care experienced children, the local rate of **89.9%** is the 5th best in Scotland, where the overall rate was 87.9%.
- Significant progress has been made in reducing the gap between pupils from the least and most deprived areas, to the 6th lowest in Scotland in both literacy and numeracy.
- **266** children were care experienced in Clackmannanshire as at 31 July 2022; representing **2.65%** of the 0- 17 year population, higher than the Scottish rate of 1.2% of the 0-17 year population.
- As at 31 July 2022, **1.7 per 1,000** children (0-15 years population) were on the Child Protection Register; below the Scottish rate of 2.2. per 1,000 children (0-15 years).

Our Health & Wellbeing

- Life expectancy for females in Clackmannanshire is **80.3 years** and for males is **75.4 years** (just **below** the Scottish figures of 80.8 and 75.4 respectively).
- **24.8%** of people in Clackmannanshire smoke compared to 17.5% in Scotland.
- Alcohol-related mortality is **17.7 per 100,000** population, lower than the Scottish rate of 21.1; however our rate of drug-related deaths is **33.1 per 100,000** population, substantially higher than the Scottish rate of 25.2.
- The rate of suicide in young people (11-25 year olds) has reduced to **9.4 per 100,000** population [down from 16.3 per 100,000 population] while the Scottish rate increased to 11.1.
- **79.9%** of children are meeting their developmental milestones compared to 82.1% in Scotland.
- The area has higher than average rates of domestic abuse – **146 per 10,000** population, with a Scottish rate of 118 and fourth highest in Scotland.
- Over 12 years, the homecare hours provided for older people (64+) has **increased by 71.3%** while the number of residential care clients has reduced by 12.0%, in line with the aim of supporting more people in the community. We do, however have among the fewest clients directing their own care via Self-directed Support in the country – **2.5%** of Adult Social Work spend, compared to the Scottish figure of 8.2%.

- **72.3%** of older people (65+) with long-term needs receive homecare (Scotland = 62.3%) and ranked within the top 4 authorities in this area.
- Our rates of hospital re-admissions within 28 days are the 2nd highest in Scotland at **145.5 per 1,000 discharges**, while the national rate is 109.6. Our delayed discharge rate for older people (75+) of 718 unnecessary days spent in hospital per 1,000 population is similar to the Scottish average of 748.
- The authority is an extremely strong performer in both Adult Care inspections and in the provision of homecare. **91.7%** of services were graded good or better, while this was 75.8% nationally, and our results have been best in Scotland for 5 years running.

Our Local Economy

- Due to higher than average proportions of older and younger people, our working age population (aged 16-64) is lower than average - **62.0%**, with a Scottish figure of 63.8%.
- **25.9%** of children in Clackmannanshire live in poverty after housing costs (Scotland = 20%), and **22.9%** of residents earn less than the Real Living Wage (Scotland = 16.9%)
- **96.5%** of school leavers go to positive destinations, similar to the Scottish rate of 95.7%, and the participation rate of 16-19 year olds in education, training or employment is **90.7%**, compared to the Scottish rate of 92.4%.
- There are higher than average rates of unemployment, both in working age people (16-64); **4.0%** versus 3.7% across Scotland, and in young people (16-24); **4.3%** versus 3.7% nationally. It is notable, however, that our rankings in both have improved – for 16-64 year olds, from 30th (in 17/18) to 23rd (in 21/22). For 16-24 year olds, our rate was the worst in Scotland (32nd) in 19/20 and, over 2 years, this improved to 26th.
- **39.3%** of unemployed people were assisted into work through Council employability programmes (Clackmannanshire Works). This was the 6th highest result in Scotland, with a national figure of 20.2%.

Our Council

- The Council consists of 5 wards, each represented by 3 or 4 elected members. Four political parties are represented and the Council is run by an SNP administration. There are 18 Councillors whose political make up is 8 SNP, 5 Labour, 3 Conservative 1 Green and 1 Independent.
- We have **2,137** full time equivalent staff and, among the most senior employees (the top 5% of earners), **59.8%** are female, while women make up 50.8% of the Scottish working age population.
- The average male wage within the Council workforce is **2.1% higher** than the average female wage. While this gender pay gap has increased locally for the first time, it remains below the Scottish result of 3.5%.

Further information on Council and partnership performance, and other facts and figures, can be found at: <https://www.clacks.gov.uk/council/performance/> and <https://www.clacks.gov.uk/council/factsandfigures/>

4.0 Governance, accountability, and statutory functions

In Clackmannanshire, the Social Work Service and the CSWO role, operates in the context of the following governance structures:

- Clackmannanshire Council
- Clackmannanshire & Stirling Integrated Joint Board (IJB)
- Clackmannanshire Community Planning Partnership Board (The Alliance)

Clackmannanshire Council and Community Planning Partnership strategic planning framework is set out in our Corporate Plan Be the Future and our Local Outcome Improvement Plan (LOIP) 2017-27.

The Corporate Plan sets out our strategic vision and priorities and our key performance measures which we report on annually. Information on the Council's performance reports can be found here <https://www.clacks.gov.uk/council/performance/>

The Health & Social Care Partnership's main plan is the Strategic Commissioning Plan 2023-2033 and can be found here <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

Within Clackmannanshire, Children's Service and Justice Service are managed and governed by Clackmannanshire Council, sitting within the People's Directorate (which includes Education Services). During 2020, following a restructure of all Council services, the People Service brought together Education, Children's Social Work and Justice Services into one Directorate. The People Directorate has concluded the management redesign which included the recruitment of new Senior Manager posts within the Children's Social Work Service during 2022. Work was progressed during 2023 to complete the Children's services redesign with the recruitment of new Senior Practitioner roles embedded within social work Children's and Justice Services. The CSWO also has lead responsibility for the strategic and operational oversight and management of Children's and Justice Services in Clackmannanshire.

Adult social work and social care services, including community health are delegated to the Integrated Joint Board (IJB) which spans Clackmannanshire Council, Stirling Council and NHS Forth Valley. Clackmannanshire Adult social work and social care services are delivered and managed by the Health and Social Care Partnership (HSCP). It is a unique partnership in Scotland as it is the only Health and Social Care Partnership that brings together two Councils and a Health Board. The Board, through the Chief Officer, has responsibility for the planning, resourcing and operational oversight of integrated services through the Strategic Commissioning Plan. There are two committees: Audit and Risk and Finance and Performance.

The CSWO, as a member of the Council's Extended Senior Leadership Team, works in partnership with Elected Members, the Chief Executive, the Chief Officer of the Health and Social Care Partnership, senior officers, managers and practitioners to provide professional governance, leadership and accountability and oversight in regard to assuring the quality of social work practice standards and service delivery. The CSWO also has professional responsibility for ensuring that social work services fulfil their statutory duties and that both staff and the Council work in accordance with the Code of Practice for employees and employers as set out by the Scottish Social Services Council (SSSC).

The CSWO, as a member of the Chief Officer Group (COG) for Public Protection advises and provides oversight of all aspects of social work service delivery. The Chief Officer Group meets quarterly and has responsibility for the strategic leadership and oversight of delivery of services and for improved outcomes for Child Protection, Adult Support and Protection, Violence against Women and Girls and Offender Management - Multi Agency Public Protection Arrangements (MAPPA). The CSWO supports these key partnership arrangements including the Community Justice Partnership, Alcohol and Drugs Partnership and the Tackling Poverty Partnership. The CSWO chairs the Children and Young People Strategic Partnership group which is Clackmannanshire's Children's Services Planning Partnership and is key to delivering on our collective ambition to improve outcomes for children, young people and families.

Leaders are kept informed and engaged through regular reporting on key social work priorities, pressures and challenges relating to the wider social work agenda through The Alliance (Clackmannanshire's Community Planning Partnership), Council and Committee meetings, Elected Member Boards (Children & Young People and Adult Social Care Board), the Council Senior Leadership Group, the Clackmannanshire and Stirling Integrated Joint Board and Clinical and Care Governance Group. The Clinical and Care governance group reports into the Integration Joint Board and is the process by which accountability for the quality of health and social care services is monitored and assured.

A number of enhanced governance arrangements and senior leadership groups, particularly for care homes and care at home services were established to ensure strategic oversight of the impact of the Covid-19 pandemic and oversee implementation of response plans. As the whole system of care continues to face unprecedented operating challenges, across Forth Valley, the Care Home Strategic Oversight and Assurance Group consisting of strategic leaders from across the HSCP and NHS has continued to meet weekly, working collaboratively to support our local care homes and be assured about the quality and standard of care being provided to older adults.

5. Service Quality and Performance 2022/23

5.1 Children and Families: Key areas of work, achievements, service improvements

As at 31 March 2023 there were **741** children open to children's social work services, this is a 23% reduction from last year where there were 965 children as at 31 March 2022. This is compared to the same reporting period in 2021 where there were 1339 children open to social work, a significant reduction of 45% over three years.

There are a number of reasons behind these reductions. There continues to be regular scrutiny of caseloads with cases being closed on the client system more timeously by workers and managers when an intervention or work with the child/family has concluded. This ensures a more accurate record of active caseload numbers and improved worker caseload management and workload. Throughout the pandemic in 2021, families continued to need additional support and for longer. Alongside this, new requests for support for families from partners and other services continued to be received during that period which saw an increase in the number of children and families remaining open to children's services.

The development of our Early Help Service, as our front door service, has enabled a preliminary screening of all initial contacts to Children's Services for support to children and families, ensuring that only the most appropriate referrals progress to the practice teams for those children and young people who may require statutory or specialised/targeted intervention.

Our Getting It Right for Every Child (GIRFEC) Forum continues to meet weekly with education and Third sector partners, including mental health representation from Creative Therapeutic Interventions for

Children and is ensuring a collaborative approach to early identification and preventative approaches in an effective and timely way for children and families. The quality of referrals into the GIRFEC forum demonstrates improved use of the wellbeing assessment to assess children and young people's needs. The Forum continues to review and reflect on the themes emerging with a clear trend in referrals looking for support in relation to emotional health and wellbeing.

Strengthening of key processes means all referral requests for Third Sector supports are screened and allocated via the Education and Social Work screening groups, ensuring a tiered and proportionate response and timely allocation for support. The implementation of our new Commissioned Services Review Group in October 2022 has strengthened and improved partnership working and brought Children's Services and our Third sector providers together on a fortnightly basis to access the most appropriate intervention for children, young people and families who are referred to children's social work and who require additional support. This coordinated and integrated approach is ensuring that children, young people and families access the right services at the right time, in the right place and avoiding unnecessary duplication and ensures that our collective resources are used efficiently and appropriately.

During 2022/23, a multi-agency audit of child protection concern notifications was undertaken with Police, NHS, Education and Social work colleagues. This audit process demonstrated referrals were being received timeously, with good quality information and were effectively acted on when there are concerns about children and young people's safety. The findings were reported to the Child Protection Committee Quality Assurance subgroup and Child Protection Committee (CPC). Further planned self evaluation activities for 2023/24 include the standard of multi-agency chronologies.

We have fully implemented and embedded our e-IRD Interagency Referral Discussion process which has been highly effective in ensuring appropriate and timely information sharing and joint decisions in response to child protection concerns to make sure that children and young people get the right support at the right time. The e-IRD system is fully integrated within practice and is subject to rigorous monthly audit activity, this allows for a deep dive of 5 cases per month with each agency responsible for a dip sample on a rotational basis. This process has highlighted the requirement to explore thresholds within the Team leader group, and this activity has been planned with the CPC Lead Officer for later this year as part of our continuous improvement activity. Feedback on strengths from this quality assurance process has informed that Clackmannanshire Council Children's Services record a high quality of information for children and young people, a solid understanding of risk; child centred interim safety planning and robust decision making. During 2022/23 we have undertaken 171 Interagency Referral Discussions. See Appendix one for additional children's services child protection performance data.

In addition, children and young people's views are collated throughout the various social work processes including Child Protection through the use of 'Viewpoint' app and there are robust quality assurance mechanisms to hear the child's/young person's voice.

In regards adopting a trauma informed and rights based approach towards the Joint Investigative Interviewing of children and young people, Clackmannanshire Council has joined with Falkirk and Stirling Councils to develop and implement a Forth Valley wide Scottish Child Interview Model (SCIM) team that will include 4 Advanced Social Work Practitioners and a Social Work Team Manager as well as Police equivalents that will be co-located. The SCIM team will be hosted by Falkirk Council and operational end of February 2024 with successful candidates commencing training in November 2023. Whilst SCIM places the needs and rights of children at the centre, the model aims to capture high quality evidence through improved planning and interviewing techniques. Two social workers will receive the Joint Investigative Interview (JII) training in November 2023 to supplement the SCIM training that will go live in February 2024 as a hybrid model will be implemented initially. In addition, 7

of our newly qualified social workers will commence the Child Protection training planned in October 2023.

Clackmannanshire Children's and Justice services, along with our community planning partners, is currently working alongside the Children and Young People's Centre for Justice (CYCJ) to develop the re-imagining Youth Justice approach to ensure that support provided is trauma informed, rights based and UNCRC compliant. The Youth Justice Service also works in collaboration with our Adult Justice Service to ensure that all children and young people who come into conflict with the law have a rights based approach delivered by the correct service. There has been an increase in Youth Justice work in relation to Diversions from Prosecution and of care experienced young adults who are receiving services from the Adult Justice Service Team. We have effective collaborative and co-working arrangements in place and as part of an induction process for new Youth Justice staff, include periods of time being based in the Justice Team for peer support, mentoring and guidance for youth justice cases. Barnardo's, our Third Sector partner also continue to provide a wide range of specialist support to our youth justice service, including risk assessments and interventions.

The re-imagining Youth Justice approach will assist this process as well as having several champions/lead professionals who will ensure that national standards of practice as implemented by the Age of Criminal Responsibility (Scotland) Act 2019 are applied and ensuring that processes, practice and documentation promote wellbeing and do not criminalise children. The Outcomes Star, an evidence based tool for measuring and supporting change when working with individuals has been approved and staff trained in delivering this approach for the Youth Justice service to ensure outcomes are being achieved and the child's/young person's views are integral to the process.

Clackmannanshire is committed to delivering The Promise, a key component of which is access to services at an early opportunity and the capacity to deliver a broad range of whole family supports. We have made good progress in this area, as evidenced by the reduction in referrals to the reporter. In 2022/23, **118** children were referred to the Children's reporter, **27%** less than the previous year. In addition, there was a **14% reduction** in requests for assistance (new referrals) in 2022/23. The new Early Help service is responsible for screening all Vulnerable Persons referrals (VPDs) from the police. Between 1st April 2022 and 31st March 2023, **646** Police VPD's in relation to children were screened by the Early Help service. Of these:

- 308 (48%) did not require a social work intervention and support provided by Third Sector services;
- 197 (30%) initial assessments were progressed by children's services practice teams;
- 130 (20%) initial assessment and supports were progressed by the Early Help Team, and
- 11(2%) were passed to STRIVE for multiagency support.

Our Third Sector partners remain an essential and integral part of our effective early intervention and prevention services. The key focus is on safely maintaining our children and young people at home with their families and within their community. With the support of Whole Family Wellbeing funding, we commissioned additional intensive support to bolster this provision and further reduce the numbers of children being looked after away from home or being placed further from their home outwith Clackmannanshire. We recently appointed a Participation Development Officer to work directly with families to identify barriers to accessing services and design services which are accessible across the continuum of need from universal to intensive and targeted support.

The Early Help service have worked in partnership with the Health Visiting support team to provide baby massage groups and an under 2's drop in. Since September 2022 in excess of 70% of babies born in the Clackmannanshire area have been massaged by the joint Baby Bond's Project in various locations across the county, implemented as a result of secured funding investment through the pilot Family Wellbeing Partnership Intrapreneurship Programme: The Lens Project.

During 2022/23, a partnership between Health, Clacks Works and the Children's Services Early Help service, delivered three THRIVE to Keep Well groups; a 16 week programme supporting parents to improve their mental health and well being, life circumstances, social connections and learning, as part of stage 1 and pre-engagement into employability skills pipeline. Fourteen participants successfully completed the programme (82% of those who had originally enrolled), and 79% of those completing the course accessed a Keep well Health Assessment with NHS Forth Valley. Positive outcomes included:

- 83% of participants noted improvements in their mental wellbeing measured both pre and post course using the Warwick Edinburgh Mental Wellbeing Scale.
- 89% of those who were parents identified that their capacity as a parent had improved.
- 82% of participants reported sustained activity towards a positive outcome, including starting a college course, starting volunteering, eating more vegetables, starting driving lessons, working out every day and cutting down smoking by accessing help from the pharmacy.

Family Support Workers in the Early Help service have recently been trained in Triple P - a parenting and family support system designed to help children to realise their potential. This programme will be delivered in the future alongside our Education colleagues and will offer parents support to build strong healthy relationships and confidently manage their children's behaviour.

Our Family Group Decision Making (FGDM) service takes a restorative approach to engaging with, and focussing on the wellbeing of whole families; with the FGDM coordinators identifying the relationships which are important to children, and work with families in a way to enable children, parents, and their wider extended families and networks to develop their own family plans which address areas of worry and concern identified by Social Work. The family plans developed with the consent of the family are used in decision making forums such as child protection meetings, children's hearings and looked after reviews. FGDM, in line with The Promise works with families to prevent the need for children to be accommodated in foster or residential placements and supports relationships within families and wider extended family.

Between April 2022 and March 2023 the FGDM Service in Clackmannanshire received 80 referrals involving 210 children. Of these referrals, 36 proceeded to FGDM Conference, 30 of which have now been closed to the FGDM service. Those which did not proceed to FGDM conference, co-ordinators were able to support partnership working with extended family members to enable better engagement with care planning to support children and young people. Of the 30 completed pieces of work, examples of positive outcomes include:

- Kinship carers were identified and progressed for 14 children
- Four children who were in foster care have been safely returned home
- Two children were removed from the Child Protection Register
- One child moved from foster care to kinship care

The priorities to date have been children who are at risk of accommodation, on the Child Protection Register, vulnerable pre-births where there is a risk of accommodation at birth, children in residential out-of-area placements and children who are care experienced and those where no permanence decisions have yet been made. Moving forward, the FGDM team, as part of the new Early Help service, aim to support families earlier and work to build capacity through early family plans before the point of crisis and prevent difficulties from getting worse.

Core to the Early Help service approach is our STRIVE (Safeguarding through rapid intervention) team which delivers a multi-agency response at an early stage to children, families and adults to reduce risk and increase opportunities for prevention and early intervention. This initiative has received interest from other local authority areas and the Scottish Government. Evidence from evaluation has

highlighted that the rapid response from the team has been effective in ensuring that assistance is provided in a way that de-escalates crisis, reduces risk and prevents statutory intervention. Over the past year STRIVE has been working to increase opportunities for prevention and early intervention through enhanced links with schools, health centres and community groups in the Alloa area.

The team has engaged additional third sector services to support the work of STRIVE, such as CERT (Clackmannanshire Economic Regeneration Trust) and Cyrenians and extended to include the energy team from within Clackmannanshire Council. The cost of living crisis that is affecting all families and communities has resulted in an increase of referrals for money advice. A Women's Support Worker has been assigned to the STRIVE team and is funded in partnership with Police Scotland, as well as a Perpetrator Support Worker as part of an earlier intervention/support strategy and this post is funded in partnership with Clackmannanshire Housing Services. Caledonian Group Workers in Justice Services have been utilised to provide these assessments, supports and interventions. Over the reporting period there has been a 7% decrease in the overall number of referrals to STRIVE. Analysis of this has shown an increase in the number of referrals from specific geographical areas within the authority, despite a drop in the overall referral numbers. The sources of referrals come from a variety of sources, with the majority received from police and the council's housing service. STRIVE has increased its profile to include Clackmannanshire Councils website, with plans to increase the public presence further. Key outcomes includes:

- 24 individuals were referred to mental health services and provided support
- 26 individuals were prevented from becoming homeless
- 40 individuals received emergency financial assistance
- 15 individuals were referred to addiction support services

The Council continues to invest significantly in the work of the Family Wellbeing Partnership (FWP) and the Values Based Leadership (VBL) approach. The partnership is funded by the Scottish Government's Social Innovation Partnership. The Clackmannanshire Family Wellbeing Partnership seeks to improve the wellbeing and capabilities of families and young people in Clackmannanshire, leading to flourishing lives. This includes a focus on what needs to change within the existing system, shifting values and behaviours of the people designing, delivering, and receiving support within Clackmannanshire. During 2022/23, the FWP has continued to focus on developing and growing individual and community capacity through the way services are designed and delivered to support families; through innovative and creative solutions and approaches including early intervention activities, flexible childcare and routes into employment.

During 2022/2023, our Children with Disabilities service received **30** new referrals. In 2020/2021, this number was 26; and increased to 45 in 2021/22. The rate this year is more in keeping with what would be expected for the service. The team is working with **139** children compared to 140 in 2022. This equates to **18%** of all children currently receiving support from children's social work services. The team consists of 2 Social Workers, an Occupational Therapist (part time) a Resource Worker and a part time Team Leader. Over the past year, **23** Section 23 assessments² were completed and **19** reviews undertaken compared to 29 assessments and 70 reviews the year before. The high number of reviews last year was as a result of a backlog caused by the pandemic. The percentage of Clackmannanshire children who are care experienced and who have a disability is **5%**, less than both the comparator average and Scottish average.

Key services such as residential respite have returned, benefitting those children and carers who had been very isolated during the pandemic. During 2022/23, 15 children regularly received an overnight break. The Children with Disabilities team are currently working with a local care provider to vary their

² Under Sections 23 of the Children (Scotland) Act 1995 the Council has a duty, when asked, to assess children/young people affected by disabilities and their carers to determine the needs of the child/young person

current registration to allow them to support children at home and within the local community, and offer short term respite breaks. The team are also making use of the commissioned services review screening group allowing young people who are in crisis and may be on the edge of care to be provided with the right intervention support service.

All the providers are reporting that they are working to capacity and many report ongoing recruitment issues which impact on their ability to increase service provision. We continue to liaise with providers to support them with these issues and prioritise accordingly.

Work is ongoing to improve the experience of young people with disabilities and their families as they progress to adult services. This is being supported via the multi-agency Operational Transitions Group who review and support the transition plans for young people aged 15-18 years. Through the Operational Transitions Group, procedures and systems have been reviewed to ensure that children are identified and assessed in time to provide a smooth and seamless transition. In addition, Children's Services, Education and our Health and Social Care Partnership have been working on a revised Transitions policy which went out for consultation with stakeholders over the summer 2023.

Our Family Placement Team is comprised of three registered services: Fostering; Adoption; and Adult Placement (Continuing Care). These services were inspected in October 2022 and a number of requirements made for improvement across all three services. There has been considerable work undertaken to improve the support available for care givers and to develop greater capacity within the team in respect of increased staffing levels and training and development of staff. Significant improvements were highlighted in the follow up inspection, particularly within Fostering and Continuing Care which were evaluated as being good.

Between January 2022 and June 2023 Clackmannanshire's Fostering Panel reviewed **9** foster carers, **2** new carers were registered, and **4** carers deregistered reducing the number of fostering households to nineteen. As at 31st March 2023, there were **26** children placed in locally provided foster placements which is a 10% decrease from 2022 where there were twenty nine. There were **88** children looked after outside of the Clackmannanshire area as at 31st July 2023. This is an increase of one from last July. We have had no children or young people in secure care.

A key ambition in #KeepingThePromise requires an increased number of local foster carers, to ensure that all children are able to grow up locally, maintaining significant relationships with family, friends and their school community. Investment in our Family Placement Service, review of fees and allowances, building our care community, and supporting our foster carers have been key achievements over the reporting period intended to establish a solid foundation for Children's services to be able to attract and retain new foster carers, and to support our kinship and adoptive families.

The inspection of the Fostering and Adoption services that took place in 2022 noted improvements in permanence planning for children, with further improvement recognised at the recent follow up inspection in 2023. Between January 2022 and June 2023, **27** children were registered for permanence at panel, **13** were matched with permanent foster carers, and **8** matched with adoptive families. Improved planning for children has been achieved as a result of a dedicated team to support parenting capacity assessments and to progress permanence, particularly for our youngest children to secure stable and caring environments.

Clackmannanshire Council continues to promote Kinship care as the preferred option for children who are unable to stay at home. As of 31 March 2023 Clackmannanshire had **185** children in Kinship of which **110** were identified as looked after and accommodated through compulsory or voluntary measures. This is a **7%** increase from the previous year and remains higher than the Scottish average. The Kinship Team is responsible for assessment and support of kinship carers. Due to the increasing

numbers of kinship carers this support function has been strengthened through our recent Children's Services redesign.

Woodside Children's House is a five bed children's house which is managed by the local authority. The house continues to be evaluated as good by the Care Inspectorate, and is well established within the local community. There are significant strengths within the service in relation to adopting trauma informed therapeutic approaches to caring for young people. Residential Care staff at Woodside have undertaken PACE training (Care based on principles of Playfulness, Acceptance, Curiosity, Empathy), and this year staff began training in Dyadic Developmental Practice (DDP Level 1 and Level 2). Approaches to care and managing distress have moved away from use of restraint as cultures have changed informed by staff development and the ethos of The Promise.

This year we have established a strong partnership with the Vardy Foundation and planning is underway to increase our local provision and accommodation to ensure that we can offer more local support to all of our children and young people within Clackmannanshire, preventing children and young people being isolated from their communities.

Support for Young People leaving care continues to be a priority area for improvement within the service, and reflected within our Promise Plan. Clackmannanshire Council was selected to work with the Aberlour/Vardy Foundation Partnership to use the Scottish Model of Service Redesign to define and discover approaches to designing and delivering services through the lens of The Promise. One aspect of this work focussed on young people leaving care. A series of design workshops took place involving young people and key stakeholders. The learning from which will inform future planning and practice in the authority. Additional highlights have been the appointment of a dedicated wellbeing worker for care experience young people aged 16-26, and the identification of dedicated resource to oversee pathway planning and reviews for young people and creation of a Housing and Through Care After Care group to ensure improved pathway planning for care leavers preparing to living independently and maximise opportunities for care experienced young people to return and live closer to home.

There are **16** young people receiving compulsory aftercare support in Clackmannanshire (7.39% per 1,000 population 16-19 years) which is an increase of 4 from 2022, with **48** in receipt of discretionary aftercare support (12.3% per 1,000 population 19 – 25 year olds) which is an increase by 1 from 2022. This compares favourably to Scotland where 6.7% per 1,000 population 16-19 year olds are receiving compulsory aftercare support and 7.8% per 1,000 population of 19 – 25 year olds are in receipt of discretionary aftercare support.

We continue to welcome unaccompanied asylum seeking children and young people to Clackmannanshire. We have a total of six young people looked after or receiving after care support from Clackmannanshire Council, five of which arrived via the UK Government mandated National Transfer Scheme. Due to a shortage of local foster care placements only two young people are residing within Clackmannanshire in supported accommodation, with four looked after out with the local authority area. As our numbers increase staff are building knowledge and working in partnership with other agencies to ensure unaccompanied asylum seeking young people are well supported. Examples of good practice include work across CLD, sports and development, and the third sector to build packages of support and opportunities for education and training. One young person was supported to gain qualifications which led to employment locally once granted leave to remain.

The voice foundation of The Promise has been central to activity within the service over the last twelve months. The Participation Network has continued to develop over the last year to improve the collaborative and participatory opportunities for care experienced children and young people and their families and carers to support #KeepingThePromise across Clackmannanshire. A key achievement of the Participation Network is the co-design of a Language Policy intended to provide principles to

services within the council and partners to support practice development, as well as providing a lens through which we view communications, policies and procedures. The policy contains four themes and values which were identified by care experienced young people, foster carers and kinship carers as being most important. The coming year will see implementation of the policy through shared learning from tests of change particularly as our Children's Services redesign is embedded.

Our 'Oor Clacks Voices' has been re-established following the Covid-19 pandemic; this is our participatory group for care experienced young people. The group meets monthly and have contributed to the development of the Language Policy and the Vardy/Aberlour Design Workshops. A strong partnership exists between Who Cares? and Clackmannanshire Council to provide advocacy for children and young people to uphold their rights and ensure that child and young people's views are central to decision making. Focus over the last year has been to raise awareness of advocacy services for care experienced children and for new staff joining the service. Referral rates have increased in 2022, and in the first quarter of 2023. Who Cares? regularly attend carer support groups which have had a positive impact on increased referrals.

We were delighted to have been awarded funding from The STV appeal to bring 'Communities that Care' to Clackmannanshire. 'Communities that Care' is a five year programme being rolled out within Clackmannanshire with the aim of ensuring that care experienced people are accepted and included and have a sense of belonging within their communities. The initial stages of the programme takes a whole school approach ensuring that care experienced children and young people are nurtured and supported in their schools by educating the whole school community about what care experience is, and to help develop empathy and understanding towards care experienced pupils. Training has taken place with staff in all three academies within Clackmannanshire as the roll out of the programme begins. This approach is consistent with the work that has been undertaken within Clackmannanshire over the last year working to rebuild the care community following the disruption and impact of the Covid-19 pandemic and its affect on support networks and relationships.

We are redesigning our services so that what matters to children and families can be at the heart of our plans and to support this work, we are working to ensure our workforce is trained in trauma informed practice and fully understands their role in #KeepingThePromise.

5.2 Justice Services: Key areas of work, achievements, service improvements

For the period 2022/2023 there were **327** Criminal Justice Reports completed for the Courts with **154** Community Payback Orders imposed. There were **35** Diversion from Prosecution Assessment requests as well as 1 Drug Treatment and Testing Order imposed. In addition to this and in line with the aims of Community Justice Scotland, there was an increase use of Bail Supervision which has continued into the year 2023/2024. This coincides with the Custody Court returning to Alloa Sheriff Court in April 2023.

During the period 2022/2023 custody Court continued at Falkirk and then latterly Stirling Sheriff Court, with sentencing remaining at Alloa. Electronic Bail Monitoring and Structured Deferred Sentences were introduced in line with Justice Services nationally in order to provide the Courts with additional community based disposals. Phone lines were set up to interview those appearing from custody in order to overcome geographical challenges and ensure appropriate assessments were completed.

In house training was provided to Justice Service staff in relation to Structured Deferred Sentencing. Subsequently, this additional community based disposal is now available to the Courts for Clackmannanshire which has been utilised by Sheriff's accordingly. By offering Structured Deferred Sentences we can potentially reduce the length of Community Pay Back Orders whilst still providing appropriate levels of intervention, supports and access to appropriate agencies.

In line with the introduction of Electronic Bail Monitoring, staff have been trained in the assessment and report writing process relating to this new initiative. As well as consultation with local Sheriff's and national consultation and coordination with other local authorities, a series of meetings and sessions were held in house to explore current delivery of Bail Supervision and to review and revise all templates and tools available to staff and management. Both initiatives were subsequently introduced with a noticeable significant increase in Bail Supervision being utilised by the Courts in replacement of use of Remand where appropriate. With a 300% increase of Bail Supervision Orders in the current year additional staff are being recruited to meet this demand. This option available to Courts has supported service users to remain at liberty with high levels of support and supervision. It has allowed ongoing access to local support agencies whilst helping to maintain tenancies and employment.

Unpaid Work continued to operate 7 days per week and with the support of commissioned services the back log in unpaid work hours (9600hrs) caused by the Covid-19 pandemic is now fully addressed and resolved. During this period a further 11,332 unpaid work hours were imposed by the Courts. The Diversion from Prosecution Discussion Forum has included an internal review of processes and forms and invited discussion around what was working well and where changes could be made to improve services to clients. Changes to process and service delivery were also based on findings of the soon-to-be published inspection of diversion from prosecution.

Training has been rolled out for a range of staff across Justice, Youth Justice, Children's Services and Housing in a client led outcomes tool. This will be a tool used by Justice Officers working with people on Diversion, Voluntary Throughcare, Bail Supervision and Structured Deferred Sentence. This tool is also used by partner agencies and promotes a shared language and focus for intervention that is client centred and transferrable. This shared approach also further supports partnership working and allows those being supported to recognise strengths and developments. In 2022/23, in-house training was also delivered on The Level of Service/Case Management Inventory (LS/CMI)³ paper based version to ensure that appropriate risk management plans were completed and service users supported accordingly.

The Community Justice Team has developed over the past year as a multi disciplinary co-located Justice hub with partner agencies including Health (Community Psychiatric Nurse), a Keep Well Nurse, Addiction Recovery Worker (ASK), and Venture Trust and Change Grow Live being co-located at the Justice Services office on various days. Joint working has ensured that those supported by Justice Services have quicker access to services on site, avoiding additional referral periods and the need to travel to other locations. This integrated approach has allowed quicker access to identified services whilst promoting partnership working. This approach has additionally benefitted service users in terms of multiple services being located within a hub rather than having to travel across Clackmannanshire or out with.

Clackmannanshire Justice Services continues to share resources with Stirling Justice Services in relation to the delivery of accredited programmes such as Moving Forward Making Changes and the Caledonian Programme. Having these programmes delivered locally provides a continuity of service delivery and avoids the need to travel to areas out with Clackmannanshire.

In order to address Domestic Abuse in Clackmannanshire the Justice Services team continued to work in partnership with the Scottish Government, key partners and Elected Members to provide supervision, support, guidance and resources to address this significant area of concern. Justice Services has also utilised their specialist training and experience in the area of Domestic Abuse and

³ The LS/CMI is a comprehensive general offending assessment and management planning method. It is used by all community and prison based justice social work services to aid decisions on the level and focus of intervention with people (aged 16+) who have been involved in offending.

Gender Based Violence to provide earlier targeted interventions. Whilst continuing to deliver both the Moving Forward and Making Changes and Caledonian statutory Programmes in partnership with Stirling Justice Services and SACRO, Justice Services introduced a further 2 initiatives to add to that of the Non Court Mandated Caledonian Programme which is in its second year of development and delivery. These new initiatives, co-funded by Police Scotland, Clackmannanshire Housing Services and the Community Justice Partnership, provide a Women's Worker and Perpetrator support to the STRIVE Team (Safeguarding Through Rapid Intervention). This early, non court mandated intervention is aimed at providing targeted support to prevent escalation and further harm whilst also providing appropriate safety planning. A new Men's Self Referral helpline, offering high quality evidenced based support to men who have concerns regarding their behaviours was also launched with information posted through Clackmannanshire's social media and partner organisations. This has recently been extended for a further 3 month period for the pilot. All three initiatives are receiving referrals, providing early support and intervention. The support is based upon a 3 month intervention model, after which time each case is reviewed.

These new initiatives align with Clackmannanshire's Violence Against Women and Girls Strategy, Equally Safe and Community Justice Scotland in terms of earlier intervention. They draw upon the expertise, resources and funding from all partners to provide a whole system's approach to address domestic abuse. Positively all three initiatives are being utilised with support being provided timeously to those who may previously been unable to access assessed specific support.

Utilising the skills and training of staff within the Justice Team to provide earlier intervention through additional funding provided by partners such as Housing, Police Scotland and the Community Justice Partnership has been an effective use of shared resources and finances to address the high domestic abuse rates within Clackmannanshire. Recent figures have suggested a decrease in reported domestic abuse incidents within the Clackmannanshire area. Between April 2022 to March 2023, there were **656** domestic abuse incidents reported to the Police. This compares to 740 the same reporting period in 2021/22 which is a reduction of **11.4%**. Clackmannanshire has higher than average rates of domestic abuse (146 per 10,000 population, compared to the Scottish rate of 118) and ranked fourth highest in Scotland.

Glenochil Prison Based Social Work Team

During the period 2022/2023, the Social Work team at HMP Glenochil continued to provide statutory services to the Scottish Prison Service (SPS); this included the provision of reports to Parole Board Scotland, and assessing levels of risk. The Prison Based Social Work Team continues to liaise other prison based social work teams throughout the prison estate as well as Justice Services across all of the 32 local authorities. The primary aim of the Social Work Service at HMP Glenochil is to support those leaving custody whilst also supporting partners in managing the risk. During 2022/2023 saw the acceptance from the Scottish Prison Service for the need to align social work staffing levels and provision within Glenochil prison capacity to meet the demands of the current prison population and associated increase in service activity. Clackmannanshire Justice Services, SPS, Scottish Government and Parole Board Scotland continue to monitor and review the level of service provision which will ensure statutory responsibilities are being completed within the required timescales.

Community Justice Partnership

In addition to in house training and development the Justice Team has played a significant role in the Community Justice Partnership, taking part in the Strategic Needs and Strengths Assessment. This piece of work in partnership with the Resilience Learning Partnership allowed us to listen to those with lived experience and use this learning to shape our services moving forward. The workshops around this included a mapping exercise through the Justice System. It highlighted the need for earlier support and intervention, as well as the need for consistency, effective communication and the need for quicker access to appropriate services. These findings have helped to shape the Community Justice

Outcome Improvement Plan for 2023-2028 which is currently out for consultation via Citizens Space and will be published in December 2023, followed by a Delivery Plan in 2024. These findings have also guided us in the development of the aforementioned initiatives we have introduced.

During 2022/23, the Community Justice Partnership refreshed its governance structures and moved to a co-chairing arrangement that is shared between Clackmannanshire Council Justice Services, Clackmannanshire & Stirling HSCP, Police Scotland and the Resilience Learning Partnership (RLP) a locally based; lived-experience led social enterprise. This structure supports and develops ownership of CJP priorities across the partner organisations and ensures that lived experience is at the core of the partnership's work.

During 2022/23 the CJP continued to actively participate in a wide range of partnerships and forums including the Clackmannanshire and Stirling Public Protection Committee, Children and Young People's Strategic Partnership, Clackmannanshire and Stirling Alcohol & Drug Partnership, Violence Against Women and Girls Partnership, Learning & Practice Development Multi-Agency Public Protection Sub-Group and Local Employability Partnership. In addition CJP contributed to national consultations on the new Performance Framework for Community Justice (Scottish Government), the Review of Commissioning of Voluntary Throughcare and Mentoring Services and the Joint Review of Diversion from Prosecution. In addition, the CJP Coordinator worked with Community Justice Scotland to develop the template for the CJP Annual Return for 2022/23.

A new Naloxone Policy was approved by Clackmannanshire Council in June 2023. The Policy was developed jointly by the Lead Officers from the CJP and Clackmannanshire and Stirling Alcohol and Drug Partnership. Development of the Policy and consultation with staff to inform a FAQs appendix to the policy were carried out during 2022/23. The policy will allow Council staff who volunteer to access training and be equipped to administer a potentially life-saving intervention should they encounter a suspected opiate overdose.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA administration and process within Clackmannanshire Council forms part of Forth Valley MAPPA along with the other local Responsible Authorities, Falkirk Council, Stirling Council, Police Scotland and NHS Forth Valley. The other national Responsible Authorities who complete the MAPPA partnership are Scottish Prison Service (SPS) and the State Hospital.

MAPPA governance and scrutiny are delivered across a number of different strands within Forth Valley MAPPA. The MAPPA Strategic Oversight Group (which the CSWO is a member) and the MAPPA Operational Group both meet quarterly; the Independent Strategic MAPPA Chair also attends the regular meetings of the joint Clackmannanshire and Stirling Public Protection Chief Officers Group and the national Strategic Oversight Group. In addition, MAPPA case management within Clackmannanshire is also subject to a quarterly case file audit when MAPPA processes and outcomes are reviewed against nationally agreed criteria.

During the year under review 2022/23 MAPPA partners continued to deliver services and work together to identify and minimise risk against a back drop of challenges in the recruitment and retention of suitable experienced staff. During this period any case review work undertaken clearly identified staff across agencies working together to ensure key assessments and contact with clients were maintained.

One key area of potential policy and practice change is the proposed introduction of the Multi Agency Public Protection Service (MAPPS) system which is designed to replace the current ViSOR and was initially identified as being ready for deployment in the Spring of 2024. For a number of practical and operational reasons, most notably the requirement for user to pass additional vetting it is not now expected to go live until at least 2025. Although a national issue, the outcome of discussion into the use of MAPPS will have local implications and as such a Forth Valley wide group has been created at

the request of the Chief Officer Group (COG) to monitor developments and provide regular updates for both COG and the Forth Valley MAPPA Strategic Oversight Group.

The 5 MAPPA administration/support staff posts are all fully funded by the Scottish Government with Clackmannanshire Council employing and providing business support for them on behalf of Forth Valley MAPPA.

Community Based Case Numbers by MAPPA Level and Category as at 31/03/23

	RSO	Level 1	Level 2	Level 3	Category 3	Restricted Patient
31/03/23	58	58	0	0	0	3
31/03/22	54	54	0	0	3	0

All cases of sexual or serious re-offending are subject of review to identify either learning opportunities or areas of good practice. During the period under review one case of sexual re-offending by a MAPPA client was recorded in the Clackmannanshire area. This was reviewed by the Independent Strategic MAPPA Chair, the Chair of the MOG and the MAPPA Coordinator with no significant learning or need to proceed with any additional MAPPA reviews identified.

MAPPA case review meetings are now held exclusively via Microsoft Teams providing savings in both staff time and travel costs. Within Clackmannanshire Level 2 MAPPA meetings are chaired by either the Justice Social Work Service Manager or the Police Scotland Area Commander with Level 1 Meetings being chaired by a JSW Team Manager. During the year under review there was no Level 2 or 3 cases.

Local training for staff involved in the MAPPA process has continued to be delivered via MS Teams given the time and travel savings this brings. Recent training has included sessions for newly qualified Social Workers, new Level 1 chairs and for NHS staff involved with Restricted Patients.

Future Developments

The proposed introduction of Multi Agency Public Protection Service (MAPPS) system will continue to be monitored as this will have potential implications for how MAPPA partners deliver their services and in particular share information.

As stated above the MAPPA admin function is funded directly by the Scottish Government. The budget allocation has now remained static for three years; given the increasing staff costs and administration fees being applied it has been projected that the current staffing levels may not be capable of being maintained beyond the next financial year. In line with Section 27 award funding, the MAPPA budget has received no uplift for the third consecutive year. With staffing costs for the year 2023/24 utilising the entirety of this budget there will be a projected overspend for the financial year 2024/25 should there again be no increase in funding. This projection does not include other essential costings such as training and development and various practical fees.

5.3 Adult Services - Clackmannanshire and Stirling Health and Social Care Partnership: Key areas of work, achievements, service improvements

Clackmannanshire and Stirling Health & Social Care Partnership are set out in the map below. The total population is approximately 142,540. The population of Clackmannanshire is 51,540.



Clackmannanshire Council plays an active part in the leadership and management of the Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) through participation in the Integration Joint Board (IJB) and the HSCP Transforming Care Board.

The Integration Joint Board is made up of Elected Members from Clackmannanshire and Stirling council areas, as well as NHS Forth Valley Health Board nonexecutives, Third Sector representatives, service users, unpaid carers alongside professional advisors and people by virtue of their position, including the CSWO. Clackmannanshire Adult social work and social care services are delivered and managed by the Health and Social Care Partnership (HSCP).

The HSCP Transforming Care Board, chaired by the Chief Officer, is delivering on a highly ambitious programme of transformational and developmental work which supports staff and services to better meet the demands of our changing population. The programme of work reflects legacy commitments linked to local care home capacity as well as recent activity to further integrate community health and social care services. The focus being on modernisation, redesigning the model of care and support locally, and meeting legislative requirements such as carers and self-directed support. Throughout 2022/23 this programme of transformation has continued to be progressed.

Key achievements include:

- Established the HSCP Commissioning Consortium.
- Transformed Carer Support through Carers Investment Plan.
- Developed and recruited to the new RAPID Response Service.
- Created and recruited a new Rural Care at Home Team.
- Health Improvement was delegated to the HSCP from NHS Forth Valley.
- Commissioned service for all wheelchair services.
- Locality Planning Networks were developed and flourish.
- Redesigned the Hospital Discharge process, significantly reducing delayed discharges and length of stay on wards.
- Published a new 2023/33 Strategic Commissioning Plan and Integrated Workforce Plan.
- Developing a refreshed approach to Self-Directed Support and SDS Implementation Plan.
- Implemented the Medication Assisted Treatment (MAT) Standards.

Care Home Assessment and Review Team (CHART)

The Care Home Assessment and Review Team (CHART) was first established to support care homes to support people who become unwell in the care home to avoid admissions to hospital and support care

home residents, their families and staff throughout the Covid-19 pandemic. The team has subsequently evolved to provide support and advice to care home staff to help maintain high quality and standards of care for care home residents. There has been a general improvement to Care Home Grades across all localities. This has been achieved by working closely with Care Home providers and the CHART team.

RAPID and Rural Care at Home Assessment teams

Over the past year, the new Rapid Team has been created, transforming how we support people to avoid being admitted into hospital and making the move from hospital to homely setting quicker and more efficient. The Rapid Team brings together the existing Reablement Team and Crisis Care Team into one multi-disciplinary team. The Rapid Team also includes the Hospital to Home team who support earlier discharges from hospital while people wait for their package of care support to be implemented. Referrals come into the Rapid Team who can quickly identify the best pathway for that individual, for example, if someone needs care support at home, physiotherapy or adaptations to their home. Assessments are carried out with the person in their own home or homely setting, where they are more relaxed and familiar, so the assessment is more accurate.

The Rural care at home team works with providers to ensure care at home is provided in a sustainable, effective and efficient way to achieve personal outcomes for people. All work is shared across the different teams. Pathways are being developed to build in discharge to assess methodology into the pathway redesign. This will ensure appropriate level of care is prescribed more quickly leading to potential reduction in length of stay in acute settings and reduction in amount of care requested, and ability to support a greater number of packages of care.

Approximately 50 people have been recruited to the teams, ranging from care support workers, occupational therapists and physiotherapists. The staff all work closely together and flexibly to support and facilitate both discharges from hospital and preventing admissions to hospital. Recruitment of community based roles has been successful in Clackmannanshire and Stirling urban areas but more challenging in rural Stirling. There have been challenges recruiting to OT posts. This is a national challenge.

Achieving care closer to home

Achieving care closer to home shifts delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. The Commissioning Team continue to secure an average of 75 new packages of care monthly across the HSCP which includes hospital discharges, Intermediate Care Discharges, Re-ablement discharges and supporting those at greatest need in the community to prevent them from becoming discharges. The HSCP has implemented meetings with external providers to develop geographical patch-based working, which provides some efficiency gains and release capacity back into the system.

The HSCP reviewed the process of supporting people home or to a homely setting, as part of the national Discharge without Delay programme, and started to identify ways to increase the 'flow' of people using a collaborative approach bringing all the different teams and resources to plan the discharge of people. This work started in November 2021 and throughout 2022/23 the HSCP have been working to make further improvements to working to reduce delayed discharges even further. The impact of the Hospital Discharge Redesign is demonstrated in the reduction of bed days lost during the winter of 2022/23 compared to 2021/22.

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

finding alternatives to admission to hospital and discharging people from hospital efficiently when they are ready to leave. District nurses provide support to people and their families in the patient's own home. This supports a reduction in hospital admissions.

The HSCP have provided 1,937 packages of care in clients homes in 22/23 which is 112 more than 21/22. Hours of care have risen to 31,770 (22/23) up from 29,748 (21/22). Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however with the challenges in terms of demand and staff shortages (experienced nationally), this is a challenge we face.

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

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them. The number of people receiving reablement support has increased by 35% from 2021/22 to 2022/23.

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

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

Support for Carers

The valuable and notable work undertaken by carers is recognised and the importance of the need to support carers in order to prevent crisis through breakdown. There have been challenges with delivering short breaks and respite as a result of the pandemic. A Carers' Investment Plan has been developed and agreed by the Carers Planning Group and a new Carers Lead and a Short Breaks Co-ordinator have been recruited who have started to review the current Carers Strategy and the Carers Support Framework. Two Carers centres - Stirling Carers Centre and Central Carers (who cover Clackmannanshire and Falkirk) are funded by the HSCP to support carers in their caring roles and also carry out Adult Carer Assessments. In 2022/23, 540 carer support plans were completed by the Carers Centre and Adult Social Care completed 216.

Self-Directed Support (SDS) Re-design

Self-Directed Support (SDS) project plan is being delivered with support from the SDS Steering Group. There are regular Staff Forums and SDS training sessions and a dedicated Supported Persons' Forum has been established. Work around an asset based assessment tool and case example has been developed and is currently being consulted upon. Indicators around Self-Directed Support are in development as part of the SDS approach design. This includes the number of HSCP staff who has received training, monitoring the volume of support plans, Option 1 and Option 2. During 2022/23, 169 HSCP staff received SDS refresher training to improve awareness and knowledge. Although too early to evaluate impact on practice, attendee feedback was very positive with staff appreciating the benefit of returning to face to face sessions to discuss and reflect on their practice.

Dementia

We aim to support people living with dementia to live well within their own communities following diagnosis as well as reducing the amount of time people with dementia spend in a hospital

environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with Dementia, their family and carers support. Town Break is a local charity that supports people living with Dementia and their carers. They have trained, supportive and committed staff and volunteers, and work with other organisations to help support people with dementia. There are currently 17 services running and they are located within the communities. For example Alzheimers Scotland, Townbreak and Dementia Friendly groups. In a typical year, Town Break support 250 people and their families affected by a form of dementia. In 2022/23, 58322 people with dementia were referred to Clackmannanshire Adult Social Care for support. People with Dementia make up 46%, almost half, of referrals to Clackmannanshire Adult Social Care.

Alcohol and Drugs

We aim to improve outcomes by supporting people with complex social and health issues around alcohol and drug use, with their support network. During 2022/23 we implemented the Medication Assisted Treatment (MAT) Standards. The aim of MAT Standards is to reduce drug related harms and risk of death. This is done by enabling safe, accessible and high-quality treatment and support nationally. The standards aim to directly impact the current drug related death crisis being experienced in Scotland. The first year of MAT Implementation work has been completed. This has gathered a large amount of data which was submitted to Public Health Scotland. This has demonstrated the enormous efforts by staff and partners across the substance use cares system to work together to improve services. This data shows this work is valued by people who use services and has highlighted areas for future development.

Technology Enabled Care (TEC)

Work is progressing well to plan and organise the change over of all Analogue Telecare Equipment to new digital units and peripherals. This includes the ability to link telecare unit to the new inter-linked smoke and heat alarms already in place in all council houses and some housing associations across both partnerships therefore removing the need to fit additional smoke and heat alarms. This will allow the service to offer smoke and heat alarms to all service users. Service users no longer require having multiple duplicate detectors in their properties avoiding confusion and unnecessary devices.

There have been challenges with the transition to digital technology, including issues with the networks and connectivity however work is ongoing with the suppliers and the Scottish Government Digital Office to seek solutions. Work is also on going on the provision of improved mobile devices for staff in both MECS and Reablement teams.

Locality Planning Groups

Three locality planning groups have been established and developed for each of the Clackmannanshire and Stirling Health and Social Care Partnership's three localities; Clackmannanshire, Stirling (Urban) and Stirling (Rural). The purpose of the groups is to:

- Ensure the benefit of better integration improves health and wellbeing outcomes.
- To provide a 'grass roots' mechanism for professionals, communities and individuals to inform service redesign and improvement for their locality.
- To improve local networks and develop robust, productive professional relationships.
- To provide the Integrated Joint Board (IJB) through the Strategic Planning Group with the assurance that Locality Planning Groups requirements are being managed within all three localities of the Health and Social Care Partnership.

The groups have been meeting bi-monthly to produce a locality plan for their respective areas. The Locality Planning Groups are supported by the Service Improvement Manager and report to the Integration Joint Board's Strategic Planning Group. The locality planning groups have undertaken a research period – examining the HSCP's Strategic Needs Assessment and Burden of Disease study as well as carried out extensive community engagement across the three localities to reconnect with

communities following the pandemic and to understand what they value in their locality and what areas need improvement. The finding from this data enabled a development session with each of the groups to identify the localities group's priorities and begin work on developing a three year action plan (2023-2026). The Clackmannanshire Locality Plan will be published in 23/24.

Mental Health and Learning Disabilities

There has been significant change as to how we deliver mental health services. There has been a redesign of existing services and we are developing additional resources to meet increasing demand and in response to the impact of the COVID-19 pandemic. In 2022/23 there were 124 admissions to hospital for Mental Health Acute Support and 80 mental health referrals to Clackmannanshire Adult Social Care.

Mental Health Officer (MHO) Service

The Mental Health Officer (MHO) team continues to experience challenges due to the increasing amount of statutory work, which is a national issue. However the MHO service has continued to meet the challenges it experiences and to ensure that statutory priorities are met. Another challenge currently faced is capacity, as there continue to be vacancies for both MHOs and Social Workers across the system. Vacant posts across Adult Care are being actively recruited to. All CSWO Guardianship Orders within the MHO service have an allocated worker, acting as their delegated Guardian. There has been a significant increase in the number of Guardian Order applications being received by the service. MHO's undertake all of the Private and Local Authority applications for the Clackmannanshire Council area. The team comprises of four full time and one part time MHO's and one Social Worker. There has also been input from two MHO accredited staff in the Locality Team undertaking Adults with Incapacity work. When a request for an MHO to undertake suitability reports is received relating to an individual in hospital or on the delayed discharge list, they are prioritised, including requests for renewals of orders and are also prioritised; dependent upon the expiry date of the order and how prompt the request has been made.

Number of Guardianship Order Applications under the Adults with Incapacity (Scotland) Act 2000 for Clackmannanshire Council:

- Private Guardianship Applications: During 2022/2023 - 37 in comparison to 22 in the year 2021/2022.
- Local Authority Applications: During 2022/2023 - 12 in comparison to 3 in the year 2021/2022.

In the Clackmannanshire Council area 85% of current Guardianship orders are Private and 15% are CSWO Guardianship orders. The Learning Disability care group features highest across both Private and Chief Social Work Officer Guardianships, with males featuring predominantly across both. Unfortunately, current data collection systems do not lend themselves to ready access to detail around age and ethnicity.

During the period April 2022 until March 2023, there were no Guardianship orders recalled. Reflecting on the limited number of supervision of proxies undertaken, there is also limited feedback from guardians on the quality and frequency of support. Although limited in number, the written quality of the supervision of proxies recorded are of a high standard.

Key priorities for the MHO Service in 2023/24:

- Implementation of a single point of contact for the co-ordination of reviews and transfers of all orders to streamline the local process.
- Additional training for all social work staff around their duties under the Adults with Incapacity Act (AWI) in general, in their role as delegated guardians and in supervising private guardians.

- Streamlined procedure for all HSCP staff undertaking AWI Act work to ensure a consistent and Human Rights based approach across Adult Care.
- A new evaluation form to allow Guardians to offer feedback on the support and supervision they receive from the Local Authority. Enabling evaluation of the service; good practice to be highlighted and any areas of improvement to be actioned.
- Reviewing the private Guardianships in Clackmannanshire Council.
- Increasing the MHO workforce. Clackmannanshire has two successful applicants for the MHO Award Programme and training commences in November 2023, thus increasing our available MHO workforce by summer 2024. Enhancing our ability to meet our statutory duties and increasing the workforce available to implement and support the proposed training and procedural changes.

Inspections of registered services

There were 7 registered service inspections across the Clackmannanshire and Stirling HSCP during 2022/2023. Within Clackmannanshire, this included Menstrie House, Ludgate House Resource Centre and Clackmannanshire Reablement and Technology Enabled Care Service Housing Support Service where all services received grades of very good.

Adult Support and Protection

Adult Support and Protection (Scotland) Act 2007 deals with the protection of adults at risk of harm and the information is reported through the Adult Support and Protection Committee. In 2022/23, Clackmannanshire received **768** ASP referrals compared to **461** ASP referrals in 2021/22, which is a **66.6% increase**. All referrals resulted in a duty to inquire being undertaken under ASP legislation. 34 referrals progressed to ASP investigation and 20 ASP Case Conferences were convened. This was an increase on the previous year (8 ASP Case Conferences). See appendix two for additional adult support and protection performance data.

Whilst the number of concerns received has increased considerably, this is in part attributable to a significant amount of work undertaken to raise the profile and awareness of Adult Support and Protection and an improvement in key processes being followed. This work has taken place across the workforce, partner agencies, third sector organisations and the local community. Qualitatively the feedback has been very positive. In 2023/24, we want to build on this work and ensure that the voices of those with lived experience are represented meaningfully at our Adult Support and Protection Committee and relevant sub-groups. A new 'participation and engagement' sub group has been established to ensure that those living and working in the local community can influence practice and policy.

There have been public roadshows at a number of venues to raise awareness of hoarding and self-neglect and inputs delivered locally to the Citizen's Advice Bureau, Care Homes, Acute Settings and the Community Nursing teams.

There was a Forth Valley wide ASP Conference held in February 2023, to mark the National ASP day. The theme of the conference was self harm and self neglect with inputs from the Resilience Learning Partnership, Scottish Recovery Consortium, Psychology - Trauma Informed Practice, Social Security Scotland, Transform Forth Valley, Substance Use Service (SUS) and Suicide Prevention. This was attended by over 100 partners from across Forth Valley and the feedback was resoundingly positive.

In terms of challenges, the number of increased ASP referral rates has placed additional pressures on the workforce. This is challenging in terms of local difficulties with staff retention and recruitment which is reflected nationally across Scotland. Significant additional work load, increased complexity and acuity of need has required our staff teams to prioritise adult support and protection work which is challenging in terms of participation and attendance at training. However, the staff team has

prioritised attendance at ASP practitioner forums, bespoke training events delivered in relation to protection orders under ASP, Adults with Incapacity training and all ASP mandatory training course which is to be commended. There remain challenges with the current social work IT database which is now dated, however we are committed to the procurement of a new social work IT system and this process has commenced.

5.4 Forth Valley Emergency Social Work Service

The out of hours emergency social work service known as the Emergency Duty Team (EDT) provides all aspects of emergency social work statutory intervention including child protection, adult protection and Mental Health Officer duties for Falkirk, Clackmannanshire and Stirling Councils. This continued to be the case during 2022/23. The staffing level of 4.5 Senior Social Workers and one Manager was maintained with 2 senior social workers working each shift period. A pool of social work colleagues from across the 3 Councils continued to assist the service when necessary. The Service is located in Viewforth, Stirling Council and various models of remote and office based working were developed. This was especially important in terms of ensuring and maintaining training and development for the induction of new backup colleagues. This continues to an ongoing initiative for the service.

Clackmannanshire referrals indicated a slight reduction from 2021/22 in overall referrals. This was also the case in respect of the neighbouring 2 Councils. There was an increase in adult care referrals and reduction in child care referrals. As was the case with neighbouring Councils, there was an increase in visits to child and adult care service users.

Clackmannanshire Referrals	2021/2022		2022/2023	
Children	865	59%	589	46%
Adults	600	41%	665	52%
Justice	6	/	19	1% (+.5)
Total	1471		1273	

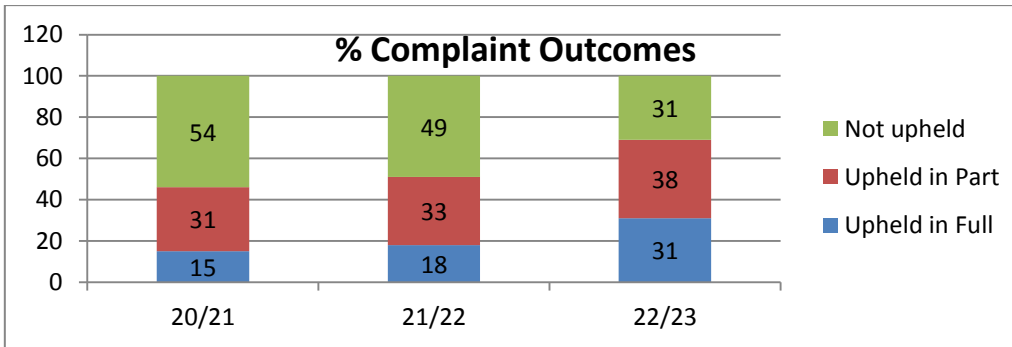
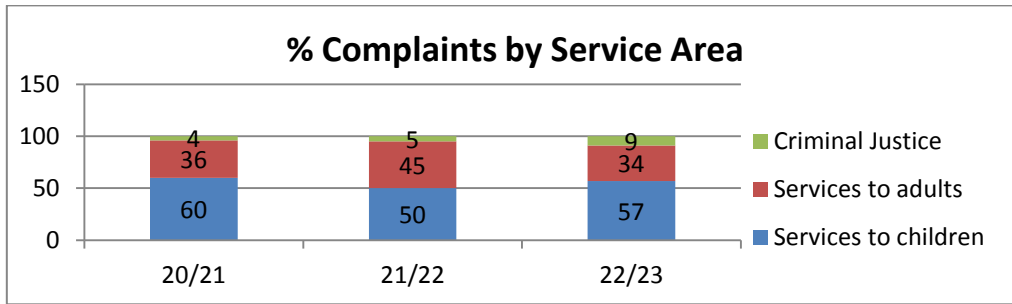
5.5 Social Services Complaints 2022-2023

Over the year 2022/23 there was **36** complaints to Social Services. This was a decrease of 4 (10%) from the previous year. These complaints comprised of 15 Stage 1 and 20 Stage 2. There was one Stage 3 (Joint for Child Care and Health and Social Care) that was not progressed by the Scottish Public Service Ombudsman (SPSO). The number of complaints in Children’s Services increased by 14% (7 cases) with HSCP Adult services decreasing by 24% (11 cases) from the previous year 2021/22. Justice Service complaints seen an 80% increase (from 5 to 9 cases) in 2022/23.

In 2022/2023 we responded to **89%** of complaints within target timescales (5 or 20 working days). The remaining **11%** outwith target timescales (1 complaint at Stage 1 and 3 at Stage 2). The reasons for delays in responding to complaints were for complexities surrounding the case. Of the complaints received (Stage 1 and Stage 2), these can be broken down into service sectors as follows:

- Services to children (57%)
- Services to adults (34%)
- Justice Services (9%)

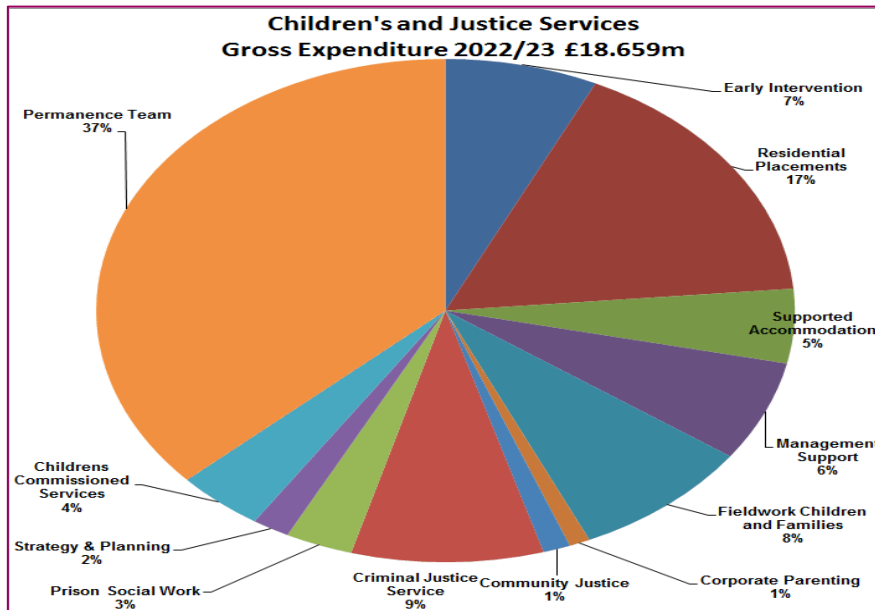
The main areas of dissatisfaction were mainly in relation to communication by staff or service (46%) staff conduct or attitude (34%), application of policy (20%), service standard or quality (17%), resources not available or adequate (9%) Health & Safety (3%).



There were no Duty of Candour referrals recorded during 2022/23.

6.0 Resources

6.1 Children's and Justice Services



Team	Gross Expenditure
	£m
Early Intervention	£1,318
Residential Placements	£3,087
Supported Accommodation	£0,890
Management Support	£1,204
Fieldwork Children and Families	£1,569
Corporate Parenting	£0,180
Community Justice	£0,236
Criminal Justice Service	£1,658
Prison Social Work	£0,583
Strategy & Planning	£0,322
Childrens Commissioned Services	£0,756
Permanence Team	£6,856
Total Gross Expenditure	£18,659

In 2022/2023 the total net budget for Children and Justice Social Services was £18.659m. There are significant financial pressures and challenges across all parts of the service as a result of inflationary cost pressures, pay costs, temporary/agency workforce costs. Within Children's Services pressures relate in particular to kinship payments, fostering and residential care expenditure. Despite the financial pressures presented we have made progress in reducing the number of external residential placements and developing more local services as we continue to focus on the development of alternatives to reduce residential care placements and increase local care based provision through the use of Family Group Decision Making, Restorative Practices targeting of commissioned services and greater support to kinship carers and foster carers.

In 2022/2023 expenditure on Justice Services amounted to £2.241m, with £0.583m relating to the provision of a social work service at Glenochil Prison which is recharged in full to the Scottish Prison Service under a service level agreement. Funding from the Scottish Government for the provision of Justice Services amounted to £1.579m against expenditure of 1.658m.

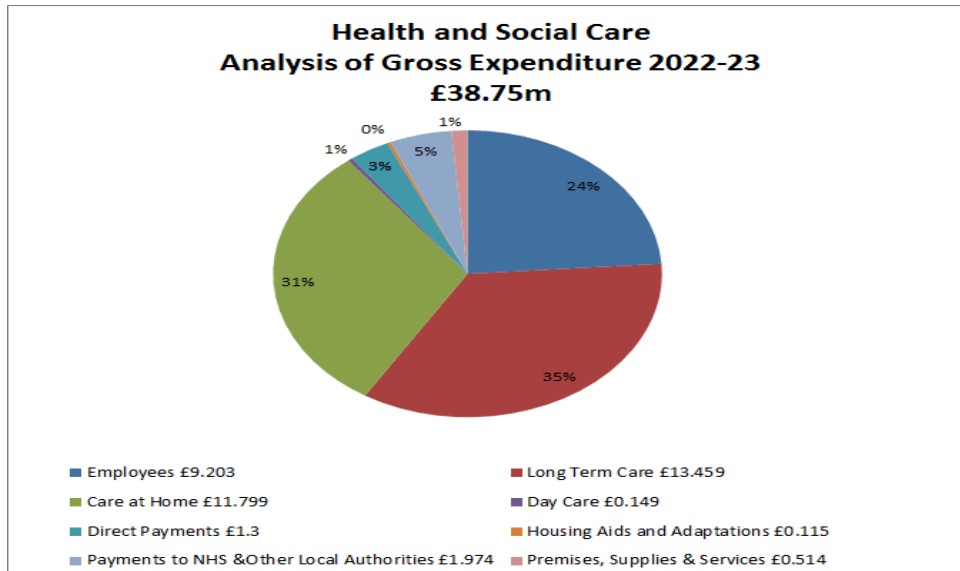
6.2 Health and Social Care Partnership Services

In line with the requirements of the Integration Scheme, the council provided a funding allocation of £25.167m to the Clackmannanshire and Stirling Integration Joint Board (IJB) who directed the same amount of funding to the council to provide Adult Social Care services.

This funding along with associated income, including income from service users in line with the Councils extant charging policy, supported gross expenditure of £38.750m on provision of Adult Social Care Services as illustrated in the graph below. In 2022/23 adult social care services were delivered within allocated funding levels.

Whilst significant budget growth was observed in 2022/23 this was largely required to meet the additional costs associated with Scottish Government policy in relation to the Scottish Living Wage including resultant increases contracts for provision of care. Services continue to face the challenge of significant growth in demand, especially for care at home against a background of constrained resources requiring ongoing approaches to service transformation including delivery of cash releasing savings to be sustainable.

For 2023/24 the IJB identified a requirement for significant cash releasing savings totalling £4.392M. The IJB will continue to use the funding available to the partnership to improve services for people and pursue demonstrable progress in delivery against the 2023/2033 Strategic Commissioning Plan priorities.



7.0 Workforce

The fragile financial context at both a local and national level continues to create significant challenges for the Council in terms of how services are delivered to meet the changing needs of communities, whilst simultaneously transforming these services so that they are agile, adaptable and offer resilient and sustainable models of delivery going forward. Aligned to this, are the pre-existing challenges with workforce supply, a competitive environment for recruitment and retention of staff, upskilling, and available budget, all of which compound to what is the most difficult and demanding workforce planning environments in recent years.

7.1 Workforce Planning

The Council continues to prioritise workforce planning as a means to understanding the medium to long term changes to our workforce. In September 2023, Council agreed its Interim Workforce Strategy (2023-2025), designed to establish a foundation for workforce development across all Council services ahead of a new Strategic Workforce Plan for the period 2025-28. The Strategy provides context to the key workforce challenges which the Council faces, including the ongoing impact of the COVID pandemic, the need to transform and evolve services, the challenging financial context in which services are delivered and attracting and retaining skills.

The Interim Workforce Strategy identifies a range of actions which will be progressed over the next 2 years which are aligned against the Council's organisational redesign framework. The aim being that the strategy becomes integral to transformation in the Council – not least in supporting new models of working which will be identified as our Target Operating Model (TOM) is defined over the coming months. At the heart of this strategy is the aim to ensure that all staff who works for the Council are supported, understood, respected, and engaged. That means placing the wellbeing of staff at the forefront of what we do, and that our workforce development, corporate learning and development, and OD services are targeted where they can make the most impact. This includes for example, development of new induction processes, a revised staff survey process, and an internal communications strategy designed to support 'hard to reach' groups.

Alongside the Council's Interim Workforce Strategy sits the HSCP Integrated Workforce Plan 2022-25 which has been developed through collaboration with HSCP staff, Union representatives, partners and unpaid carer representation with needs determined and guided by the HSCP Strategic Commissioning Plan 2023-2033. Our priorities have been identified through analysis of local available intelligence,

data and conversations with communities, individuals and partners, including staff. We have aligned these with five overarching themes that describe our intentions; these are aligned to the National Health and Wellbeing Outcomes. The HSCP Learning and Development Group, supported by Workforce Leads and Partner Agencies has been overseeing delivery of the HSCP Workforce Plan; meeting bi-monthly to do so and reporting back to the Senior Leadership Team for the HSCP. Our work aligns to the five pillars of the workforce journey: plan, attract, employ, train and nurture.

We are building on our collation and analysis of workforce data to even better understand the future needs of our workforce with Human Resource leads working on harmonising and sharing data across the HSCP. This is still ongoing with a Short Life Working Group to be established with Human Resources leads across the three employing organisations. To improve our workforce planning capacity, key workforce planning leads and managers have been undertaking learning around the Health and Care (Staffing) (Scotland) Act 2019, which will replace Regulation 15 of the Public Services Reform Act 2010, to prepare for enactment in April 2024. The Act places a statutory duty on care service providers to ensure that suitable qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of people using the service, and the provision of safe and high-quality care and in so far as it affects those matters the wellbeing of staff. Providers are also required to ensure staff are appropriately trained for the work they perform.

Children's Services Workforce

Children's social work services has recently completed a service re-design process that has aligned our practice teams to a locality place based model, promoting relationship based social work with children, young people and their families and harnessing a multi-agency approach of service delivery that is responsive and flexible to presenting needs. The overall approach provides opportunities for children's services teams to build stronger links with local communities and strengthen working relationships with education and health colleagues and partner services in the locality, fostering an 'approach to practice' to be established based on relationship and trauma informed practice with greater emphasis on community response. Children and families will also experience fewer changes of worker and teams from the first point of contact. This way of working will also build resilience and skill within the workforce, particularly as we have a high number of newly qualified workers who have joined the service, as well as support career progression with the creation of four Senior Practitioner posts within the new service structure. The findings from the 'Setting The Bar for Social Work in Scotland' published in May 2022 and the follow up report 'Taking the Wheel' also informed the children's services re-design.

There is a national shortage in regards experienced social workers and Clackmannanshire Council's qualified workforce within children's services has 60% newly qualified social workers (NQSW) currently in post. Clackmannanshire Council offers newly qualified social workers a robust induction process inline with the recommendations from the SSSC. Feedback from staff has advised this has offered them the support, guidance and training during the early stages of their career that has provided them with confidence and competence as a qualified social worker. As a result of this Clackmannanshire Council has supplemented the NQSW's with some experienced social work staff from agencies to fulfil statutory and Child Protection roles and provide mentoring support. We continue with our recruitment campaign to ensure we fill any vacant social work childcare posts. To ensure the wellbeing and resilience of the workforce Team Leaders have weekly team meetings to check in with staff, to ensure staff feel included and supported within their workplace. Furthermore, within the locality teams there are monthly action learning sets to explore cases/theory/research to inform practice and promote a learning culture.

Justice Services Workforce

In line with Community Justice Scotland's aim for earlier intervention, greater emphasis is being placed on supporting diversion from prosecution, structured deferred sentencing and bail supervision. This has meant a review of these services and an increase in staff, such as bail officers, to support these changes.

With no uplift in Section 27 Funding for the third consecutive year, Clackmannanshire Justice Services were able to utilise Covid Recovery Funding provided by the Scottish Government to address the pressures on the service. This funding allowed the recruitment of an additional Women's Worker (Caledonian), a full time agency Social Worker and support services to address the increase in domestic abuse cases and the remaining back log in unpaid work hours. Any additional funding, such as Covid recovery, remains on a temporary basis which does not allow the service to invest in the recruitment of permanent staff which is required given the noticeable increase of demands placed against the Justice Team.

From a workforce perspective, there are difficulties nationally in terms of the recruitment of experienced staff. This is made more challenging with the inability to offer permanent contracts as a result of uncertainty regarding sustainable funding.

Adult Services Workforce

Based on the HSCP Strategic Planning, workforce planning continues to focus on meeting current and future predicted need of our citizens using strategic needs analyses, locality planning and engagement. For example, the transformation of our care at home services to introduce a Rapid Response Service. HSCP partners are working collaboratively to review and re-design job roles with staff and involved, including looking at skills, knowledge and competence to deliver these roles confidently and safely, whilst building on the Fair Work Principles to do so. Planning for the coming year involves looking at career pathways, talent development and succession planning, with design already under way in relation to new Senior Practitioner roles within our Assessment and Partnership teams which will provide clearer routes of progression and development into more senior roles. We have also started to establish baseline data in relation to internal mobility rates to monitor the impact of talent development and succession planning although it is too early to evaluate.

Workforce challenges continue around recruitment to roles such as social work and mental health officer posts. A number of measures have been implemented to address these; we were very proud to fully fund four staff this year to commence their social work qualifications, not only securing them in post as Social Workers on qualification, but also valuing them by investing in them as our skilled and experienced staff. This has been successful with all four students doing well on placement and more staff keen to apply this year. As a result we have also had increased interest in social work staff wanting to become Practice Educators, with funding agreed for two people to start later in 2023. We also continue to fully fund a place on the Mental Health Officer Award qualification which has helped ensure we have Mental Health Officers within our services.

In relation to addressing the continued challenge of recruiting care staff in our rural areas, we have delivered a campaign of local community career fairs which are helping us engage our communities even further. We have successfully managed to recruit to a number of posts for our new Rapid and Rural project through advertising with videos from current staff talking about their role in health and social care, working with partner organisations to advertise posts, attended job fairs and have developed relationships with Forth Valley College and University of Stirling. The challenges of an ageing workforce, especially in care roles remains and to complement our delivering and support of Foundation Apprenticeships and SCQF qualifications, we have proposed the introduction of Modern Apprenticeships in Health and Care; planned to start later in 2023. Work is well underway, whereby we are working with schools and Higher Education Institutes to engage and support young people into health and care roles at an early stage. We are also working with Council Learning and Employability to look at supporting older entrants to health and social care, including second, third career individuals as well as those with the values we seek.

7.2 Staff Wellbeing

The Council ensures the wellbeing of staff through its Wellbeing Strategy which, following approval in December 2022, establishes six priorities designed to address wellbeing challenges across Council services. These are:

1. Promote and improve positive mental health and wellbeing for all employees.
2. Promote an open and supportive leadership culture where mental health and wellbeing issues can be raised and dealt with effectively.
3. Ensure effective and consistent wellbeing communication to help identify and tackle organisational issues that negatively affect mental health and wellbeing within teams.
4. Adopt and implement a more proactive approach to managing work related stress.
5. Provide employees experiencing mental health and wellbeing problems with access/sign posting to appropriate professional assistance and support.
6. Reduce barriers to employment and support employees who have experienced, or are experiencing, mental health and wellbeing problems/issues.

In establishing these priorities, we will ensure that our employees are supported and recognised as our most valuable asset, and that their health and wellbeing, and those of their families are considered of upmost importance. Beyond this Wellbeing Strategy, we continue to offer a range of supports for staff, including:

- Clacks Academy (e-learning supports) for health and wellbeing
- Reduce your Cancer Risk information sessions
- Healthy eating information and supports
- Your work and cancer toolkit
- Occupational health supports
- Stress management classes
- Access to various online supports including the Burnout Hub, SHOUT, Money Helper, and Mental Health Check-Ins
- Mental health first aiders
- PAM Assist
- Feeling Good Positive Mindset App
- Healthy Working Lives (HWL) Group

Supporting the HSCP workforce through our seasonal well-being programme has included a blend of face to face, virtual and online resources, groups, sessions and events to cover topics and themes including finances, men's health, women's health, mental health, stress management, based on staff request, demand and feedback. These have been well attended by staff with many being available for access out with standard office hours for those working shifts.

Health and Occupational health services remain available and 2023 saw the introduction of a Trauma Practice Co-ordinator whose remit includes supporting the workforce develop their skills and understanding in relation to being trauma informed and trauma responsive. Working with the Assessment and Partnership Team Managers, the Trauma Practice Co-ordinator has developed a more detailed and nuanced approach to supporting staff in the relation to experiencing trauma or vicarious trauma, which will be implemented in 2023/2024.

Resilience has also been part of our bitesize programme of Supporting People Through Transformation learning events, as well as Supporting Staff Through Change, Emotional Intelligence and Assertiveness, which have been well attended and well received by a number of Supervisors and Team Leads across

the services. Supporting the wellbeing and resilience of the workforce by working in partnership with the three employing organisations has also included signposting and advertising training opportunities to HSCP staff. As part of our ongoing commitment to supporting wellbeing and resilience, a new HSCP wellbeing strategy will be developed, this will include working with partners to ensure that all wellbeing opportunities are pulled together to support staff wellbeing. The HSCP also secured £10,000 wellbeing funding from Inspiring Scotland. After consultation with staff it was agreed to purchase coffee machines and wellbeing packs. We also support wellbeing and resilience by engaging with our staff through our staff newsletter, meet the chair and chief officer sessions and engagement programmes.

8.0 Training, Learning and Development

During 2022/23, we conducted a training needs analysis in regards to Adult Support & Protection for health practitioners: medical, nursing and allied professional practitioners. This was in partnership with the NHS Forth Valley, the Multi agency Public Protection Advisor and Stirling Organisational Development. A Multi-Agency Adult Support & Protection Key Processes Roles and Responsibilities training module was also developed; a 1-day training explaining the key process in the Adult Support & Protection process with thematic inputs from the Adult Support & Protection Lead Officer, Police, Health, Trading Standards and Fire & Rescue. Children & Families & Justice Social Work teams are also invited to attend. In addition all Adult Support & Protection Council Officers are asked to complete the Lifepod Understanding Hoarding e-module to ensure how hoarding behaviour impacts on family functioning.

The current Multi-Agency Public Protection Learning and Practice Development Workforce Strategy 2020-2023 comes to an end on the 31st December 2023. An equality impact assessment has been completed. In addition to the strategy, local priorities identified by the Public Protection Committee include the learning from Initial Case Reviews and a Significant Case Review. This included development of a podcast for practitioners to develop a better understanding of parental mental ill health and how the role of the Community Psychiatric Nurse, Mental Health Officer and Advanced statements and Named Person within the Mental health (Care & Treatment Scotland Act 2003) can help support in the assessment and decision making process where children are affected by their parents mental ill health. The podcast includes an interview with a Community Psychiatric Nurse, a Mental Health Officer and concludes with a discussion with three parents who talk through experience of a mental illness and being unwell and what they hope professionals would do differently. The podcast ends with a young carer talking about their experience of looking after a parent with a mental illness and what they felt professionals should do differently to better support young carers who care for a parent with mental ill health.

Identified training priorities

Training priorities identified by our Public Protection Committee are neglect (Neglect Toolkit), parental substance use (Impact of Parental Substance Use Assessment Framework) and domestic abuse (Safe & Together Framework) and these remain core strategic priorities throughout the life of the Multi-Agency Public Protection Learning and Practice Development Workforce Strategy 2020-2023. This is mainly due to the fact that neglect, parental substance and domestic abuse remain the main category for children placed on the child protection register. It is proposed a 'Supporting Practice Development Audit' on the use of the Neglect Toolkit, IPSU, National Risk Assessment Framework and SERAF Tool will be conducted in the autumn of 2023.

Other training priorities include:

Return Discussion (Children & Young People) Training. A recommendation outlined in the National Missing Person's Framework Implementation Project Forth Valley: Findings & Recommendations.

Outcome: Children & Families Social Workers and Residential Childcare Workers have knowledge and confidence on how to facilitate a return discussion with children and young people.

Multi-agency UNCRC training for health, education, police and social work. This training was commissioned from Children in Scotland in preparation for the UNCRC being embedded in all Scots law. Outcome: Children’s Rights are promoted and enacted at a local school cluster level.

Child Protection IRD & EIRD Guidance Training. Outcome: Practitioners from health, education, police and social work have a foundation in what is an IRD, why have an IRD, the priorities, how to prepare and participate, and the decision and planning process.

Vulnerable Babies Training to include Forth Valley Pre Birth Planning Guidance. Outcome: Multi agency Practitioners have knowledge of the Forth Valley Pre-birth Planning Guidance.

Throughout 2022/23 we have continued to provide a comprehensive multi-agency public protection training calendar which has included the multi agency training priorities outlined in our Multi-agency Public Protection Learning & Practice Development Workforce Strategy 2020-2023. This training has included:

<p>Child Protection for the General Contact Workforce (Monthly) Child Protection Key Processes Roles & Responsibilities (Quarterly) Impact of Parental Substance Use (IPSU) (Quarterly) Neglect Toolkit (Quarterly) Identification of Need, Risk and Desired Outcomes (Quarterly) Protecting Children with Disabilities (2x yearly) Safe & Together (2x yearly)</p>	<p>Child Protection IRD (3x yearly) Multi agency Risk Assessment Conference (MARAC) (3x yearly) Trigger Trio (Parental Substance use, Parental Mental ill Health and Domestic Abuse (3x yearly) Harmful Sexual Behaviour (3x yearly) Child Sexual Exploitation (3x yearly) Criminal Exploitation across the Life span (3x yearly) Professional Curiosity & Challenge (3 x yearly)</p>
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The table below provides a breakdown of the Learning & Development stats for 2022/23

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
No. courses delivered	18	12	19	15
No. attending	46	58	72	52
No. e-modules completed	950	485	184	292

NB. The number of e-modules completed is child protection related e-modules completed by Clackmannanshire Council employees only

Evaluations from feedback from those who completed post course evaluations from attending multi agency child protection and related trainings and courses during 2022/23 show positive impact. Staff report feeling more confident and competent in gaining additional skills to support their practice and developing their skills.

Multi agency Child Protection Key Processes & Roles & Responsibilities

“I found it all useful especially as a nursery practitioner and getting insights from other child care sectors”

“Each agencies responsibilities and need for joint up working, case study and the way we went through it was useful”

“Well delivered and very helpful to my practice as a Prison Based Social Worker.”

Neglect Toolkit

“Practical application of the toolkit using a case study. It allowed me to think in practical terms of applying the toolkit to families in clinical practice.”

“I found the case study very useful to allow me to gain confidence in applying the toolkit to real life situations.”

Impact of Parental Substance Use (IPSU)

“How to use the IPSU and reflections from lived experience and professionals involved with IPSU.

“The emphasis on it being a multiagency process and not a standalone assessment. It is also an assessment that is dynamic and can be revisited”

For 2022-23 a specific separate multi-agency public protection training budget was agreed by the 3 key agencies; Health, Social Work and Police for the specific identified commissioned training. This was not repeated in 2023/24 due to financial pressures on the budget.

During 2022/2023 we supported the following external accredited learning:

- 3 members of staff completing SVQ2 (SCQF6)
- 2 members of staff completing SVQ3 (SCQF7)
- 2 members of staff competing SVQ4 (SCQF9)

Newly Qualified Social Worker (NQSW) Group:

We ran 4 sessions from February 2023 until June 2023 which was accessible to 12 NQSWs across Social Services. During the reporting year 2022/2023 Social Services provided nine placements for students, predominantly from the University of Stirling. Five students were placed within Children’s Services and four within Adult Services. One candidate is an internal employee from within Adult Services who is undertaking the Social Work degree.

Three of the social work students joined our Children's Services team post qualification which is a positive achievement, highlighting why our continued support of this programme with the University of Stirling is vital to support and increase the number of social work student placements available within Clackmannanshire.

9.0 Looking Ahead: Key Priorities 2023-2024

The context and complexity of need in our communities continues to be challenging with a higher than average care experienced population, rising poverty rate and the impact of the ongoing cost of living crisis on our most disadvantaged citizens and communities. The impacts of an ageing population, increased demand on services within a challenging and uncertain operating environment for social work and social care will continue to remain a considerable pressure whilst ensuring effective and efficient delivery of high quality, care and support to people who use and need our services. Notwithstanding the significant fragile resourcing pressures compounded by further financial constraints, current recruitment and retention issues experienced and maintaining a stable workforce, prioritising and supporting the needs and wellbeing of our workforce will continue to be paramount.

Against this backdrop of considerable challenge, our social work and social care services, working in collaboration with our partners and communities, will continue with relentless focus on delivering our local response to supporting our communities at the earliest point of need, tackling inequalities, and building local capacity for transformational whole system change through innovative, prevention based approaches that will support and improve better outcomes for our children, young people, families and communities to thrive.

Children's Services priorities 2023/24:

- Re-design of and investment in prevention and early intervention activities that enhances community and whole family support services.
- Investment in intensive resources for children and young people on the edge of care.
- Enable more children to be maintained safely within their families at the point of need.
- Reduce reliance on out of authority placements and greater use of local family based provision.
- Improved local care provision and housing options for children and young people who are care experienced.
- Improved life skills support for young people leaving care.
- Enhanced support for foster carers, adopters and kinship carers; including developing and delivering trauma informed training 'Readiness for Caring' for foster carers, adopters and kinship carers.
- Develop and implement a Family Support Commissioning Consortium.
- Implement the Scottish Child Interview Model (SCIM) for joint investigative interviews with our Forth Valley partners; a trauma informed, evidenced and rights based approach to interviewing children/young people involved with the Child Protection process.
- Improve support available for children with disabilities, particularly as they approach transition to adulthood.
- Enhanced knowledge and skills of staff in trauma informed practice, including delivering a trauma informed suite of staff training 'Readiness for Practice' within Children's Services.
- Through our Promise Plan 2023-2026 deliver on our partnership commitment to #Keep ThePromise.

Justice Services Priorities 2023/24:

- Implementation of the Outcome Star/ Justice Star for Justice Officers to use as a service user led outcomes focused tool.
- Restart the Women's Group with co-delivery by partner agencies and demand for a Men's support group.
- Progress with Children's Services the Youth Justice re-design with Children and Young People's Centre for Justice (CYCJ).
- Increase staffing (permanent) to address increase in areas such as bail supervision.
- Review building/environment to provide an office based which is more trauma informed.
- Continue to develop and embed self assessment in line with Care Inspectorate guidance.
- Further developments relating to earlier interventions, including ongoing development of the three non court mandated Domestic Abuse Pilots.
- Collaborative investment in Safe and Together and the Caledonian Model for working with families and children who have experienced domestic abuse.
- Further development of local Community Justice Partnership and implementation of Community Justice Aims and Objectives, including earlier intervention.
- Work in partnership with Clackmannanshire Housing Services and recruit a support worker (co-funded) with Justice and Tenancy Support responsibilities.
- Develop specific training events for staff in partnership with Community Justice Partnership and key partners.
- Continue to develop a hybrid system of working that is responsive to staff and service delivery.

Adult Services/HSCP priorities 2023/24: Delivering the priorities in the Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033;

Prevention, early intervention & harm reduction:

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

Independent living through choice and control:

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

Supporting empowered people and communities

- Work with local groups to support and empower people to continue to live healthy, meaningful and satisfying lives as active members of their community.
- Being innovative and creative in how care and support is provided.
- Support unpaid carers.
- Help people to live in their local communities and access local support.
- Planning community supports with third sector and housing organisations, and unpaid carers.
- Ensuring people with lived and living experience are at the centre of designing our services.
- Growing our approach to Ethical Commissioning, putting people first.

Reducing Loneliness & Isolation

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

Sharon Robertson
Chief Social Work Officer

Appendix One: Children’s Services performance data 2022/23

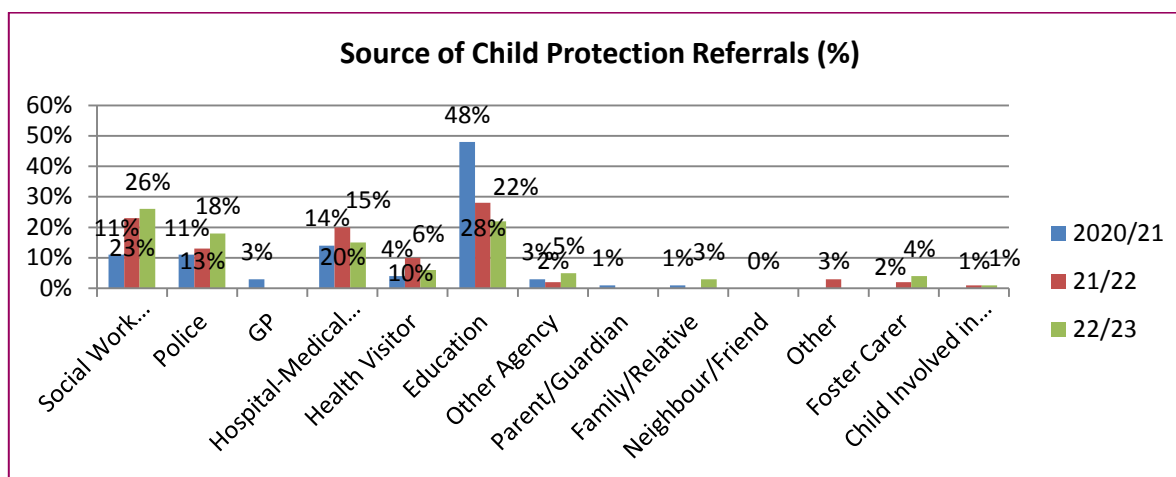
As at 31 March 2023 there were **741** children open to children’s social work services, a **23% reduction** from last year where there were 965 children open to social work as at 31 March 2022. This is compared to the same reporting period in 2021 where there were 1339 children, down 45%.

Referrals - There were **1180** requests for assistance in 2022/23, this is a **14% reduction** compared to 1375 in 2021/22 and 12% reduction compared to 1344 in 2020/21.

Child Welfare concerns - There were **247** child welfare concerns in 2022/23 **up 2%** from 241 in 2021/22 and representing a total 20% decrease from 308 in 2020/21.

Child Protection concerns - There were **142** child protection concern reports during 2022/23 (rate of 15.9% per 1,000 population (0-15 years) in Clackmannanshire. This is a reduction from 2021/22 where there were 177 child protection concerns (19.9% per 1,000 0-15 years) and down from 345 in 2020/21 (38.7% per 1,000 of the 0-15 population).

During 2022/23, the highest number of child protection concern notifications were from the Emergency Duty Team (26%), followed by Education (22%) then Police (18%). This compares to 2021/22 where Education were the highest referrer (28%) followed by Emergency Duty Team (23%) then Hospital based Health Services (20%).



Interagency Referral Discussions (IRDs) - IRDs are instigated when one or more partners (Police, Health, Social Work) believe the referral requires a child protection response. During 2022/23, there were **171** interagency referral discussions undertaken (rate of 19.2% per 1,000 0-15 years). This is a **decrease of 18%** from 2021/22 where there were 208 interagency referral discussions, and down 22% from 218 figures in 2020/21.

The Forth Valley e-IRD system was implemented in July 2022 and has been highly effective in ensuring appropriate and timely information sharing and joint decisions in response to child protection concerns to make sure that children and young people get the right support at the right time. We have a robust approach to quality assuring our IRD process through our e-IRD steering group which meets monthly to review and audit recording of information and decisions taken. Continued positive feedback from Police Scotland partners in regards high quality of information in the IRD process is ensuring clear decisions and meaningful interventions to protect children and young people where there are concerns that a child may be at risk of harm.

Child Protection Investigations

A Child Protection Investigation refers to a joint investigation between social work, police and health services (as well as any other relevant agencies). The purpose of the investigation is to determine whether any child protection action is required and whether a Case Protection Planning Meeting should be held.

There were **65** child protection investigations in 2022/23. This is a **28% decrease** from 2021/22 figures where there were 90 child protection investigations and down 55% from 145 in 2020/21.

Analysis has shown that as a result of robust screening by Social Work and effective use of IRD discussions, cases progressing to child protection investigation have significantly reduced. Alongside this, restorative practice, more proportional response as well as the Getting It Right for Every Child (GIRFEC) model being utilised by partner agencies to intervene early to reduce risk has contributed to the decrease in child protection referrals. There has also been a reduction in referrals being re-referred into the service as robust multi-agency identification and early intervention supports to mitigate risk has been applied.

Child Protection Planning Meeting

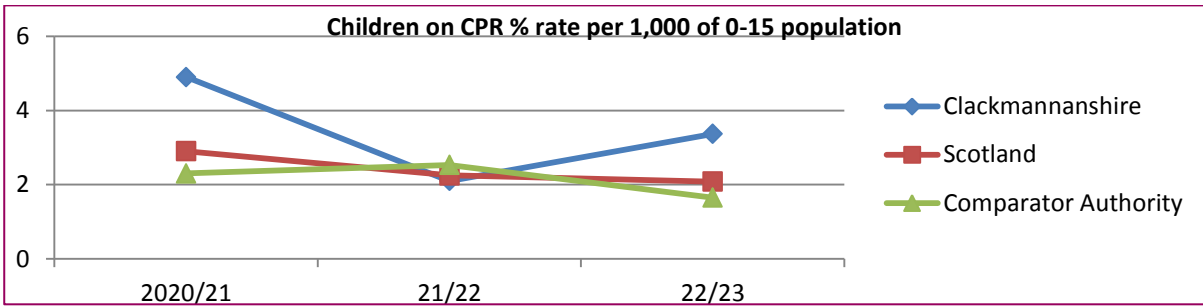
Child Protection Planning Meeting is an inter-agency meeting convened when there are concerns that a child is or may be at risk of significant harm. The purpose of the meeting is to ensure relevant information is shared (where it is proportionate to do so), to carry out a collective assessment of risk, and to agree a plan to minimize risk of harm to the child. Between 1 April 2022 and 31 March 2023 there were **65** Child Protection Planning Meetings which represents a **31% decrease** from 94 in 2021/22 and an overall reduction from 104 in 2021 (38%).

Child Protection Registrations

The number of children and young persons on the Child Protection Register as at 31 March 2023 equated to **30** children (rate of 3.37% per 1,000 of the 0-15 population). This is an **increase of 37%** from 31st March 2022 where the number of children on the register was 19 (rate of 2.1 per 1,000 of the 0-15 population) compared to the Scottish rate of 2.08% per 1,000 of the 0-15 population. This remains below the 2021 figure where 44 children (rate of 4.9 per 1,000 of the 0-15 population) were on the child protection register compared to the Scottish average rate of 2.3 per 1000 population).

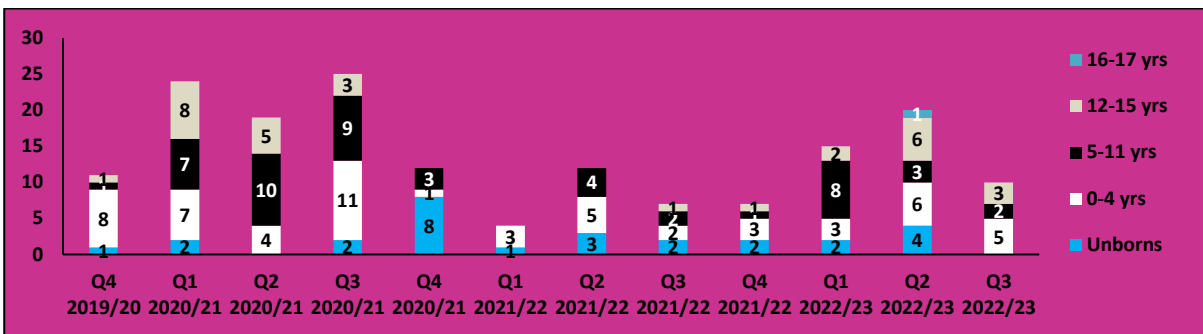
The table below presents the number as families and sibling groups on the child protection register. In 2023, 80% of the children registered were part of a sibling group and in 2022, 79% were part of a sibling group whilst in 2021, 77% were part of a sibling group. The percentage of sibling groups registered has remained fairly static over these 3 years compared to the number of children registered, which further demonstrates the size of the sibling groups registered.

As at	NUMBER OF CHILDREN ON REGISTER	TOTAL NUMBER OF FAMILIES	NUMBER OF SIBLING GROUPS
March 2021	44	21	11
March 2022	19	9	5
March 2023	30	13	7



During 2022/23 there was 1 child re-registered within 6 months and 5 children within 2 years. The previous year 3 children were re-registered within 6 months and 1 within 12 months.

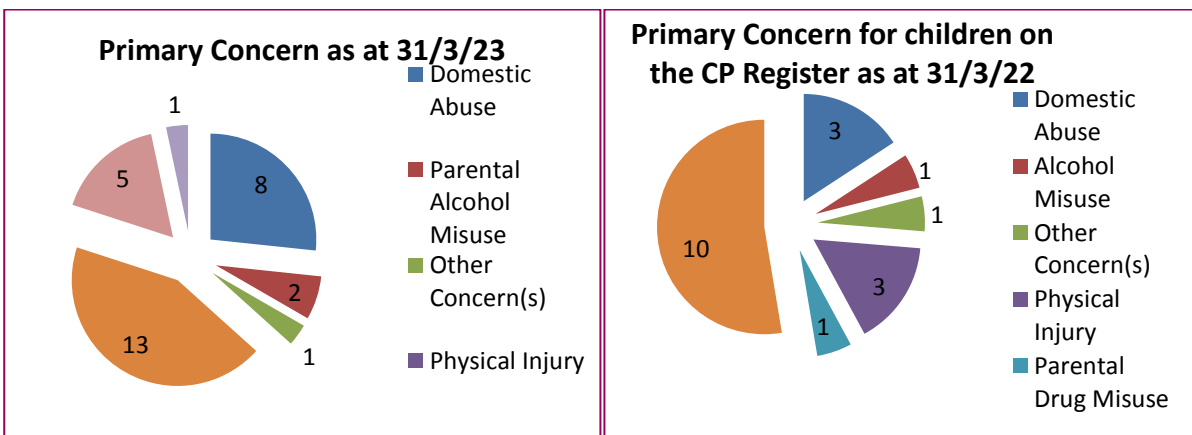
Age of Children at the point of Registration



The last 12 months on the chart (academic quarters) present a total of 52 new registrations, 33% are aged 0-4, 27% are aged 5-11 years with 12 – 15 years accounting for 23% and unborn babies 15% of new registrations. The previous year there were 35 new registrations, 40% unborn babies, 31% 0-4 years and 26% 5-11 years and 2.85% age 12-15 years.

Primary Concern of children on the child protection register as at 31st March 2023

The Children’s Social Work Statistics 2021/22⁴ showed that of all concerns identified across Scotland, the highest proportion of concerns recorded for children registered was: domestic abuse (46%); neglect (43%); parental substance misuse (42%); parental mental health problems (41%); and emotional abuse (37%). In Clackmannanshire, neglect and domestic abuse were the highest registered concerns for children on the register for both 2021/22 and 2022/23.



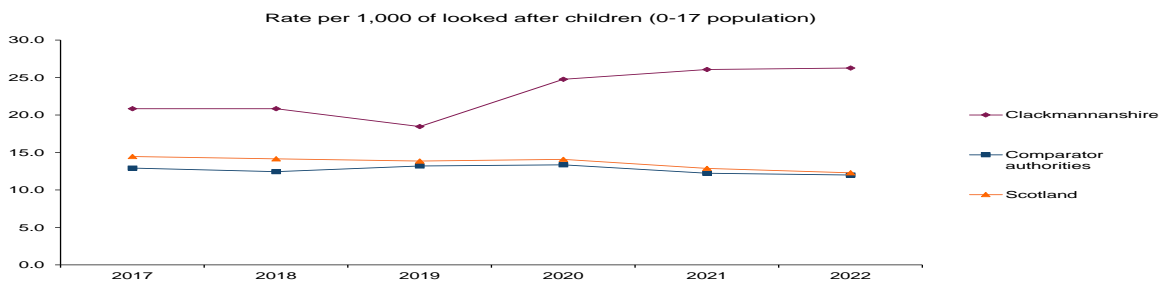
⁴<https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/documents/>

Referrals to Children’s Reporter

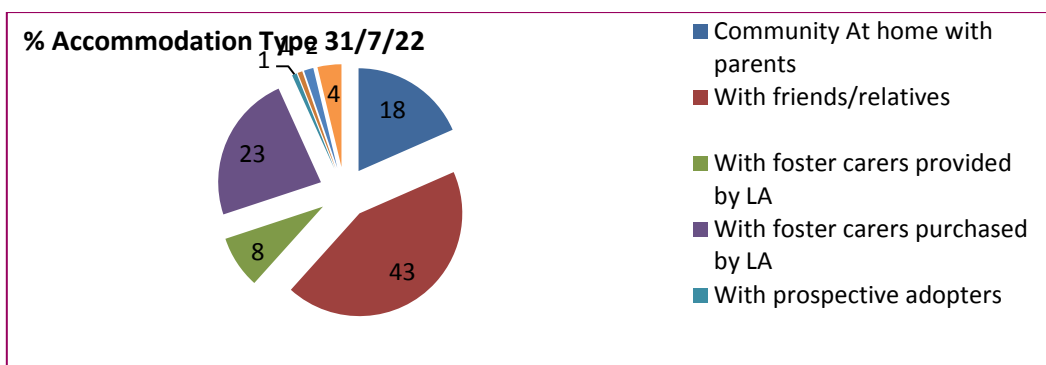
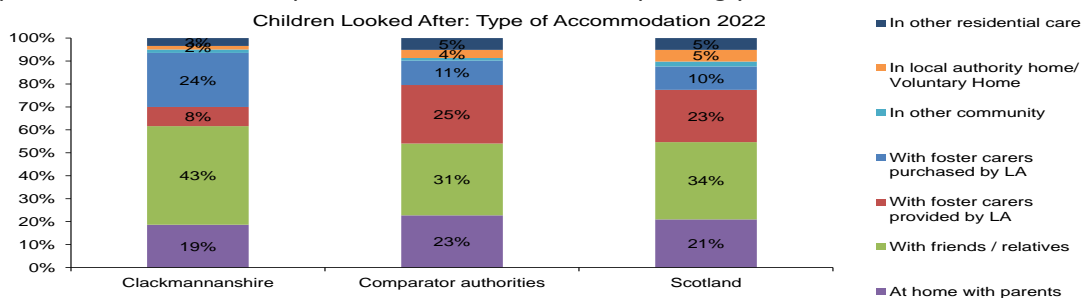
In 2022/23, **118** children were referred to the Children’s reporter compared to 161 in 2021/22, a reduction of **27%**. The highest proportions of referrals were from Police (65%). The proportion of referrals was in relation to parental care/neglect which accounts for 25% of the referrals followed by committed an offence (20%) and experienced domestic abuse (10%). This mirrors the National picture for Scotland where 80% of referrals were received from Police and the highest referrals were in relation to parental care/neglect (30%), committed an offence (24%) and then experienced domestic abuse (19%)(source: SCRA website).

Care Experienced Children and Young People

The number of care experienced children and young people across Clackmannanshire as of 31st July 2022 was **266**; 26.3% of the 0 to 17 year population; which is similar to the previous year figure of 270 children (26.1%) although higher than the Scotland rate of 12.3% of the 0-17 year population. Of those care experienced children and young people “starting to be looked after during 1 August 2021 to 31 July 2022” 16% were children aged less than 5 years.



The largest proportion of our care experienced children and young people in 2022/23 continue to be looked after by friends/relatives, 43% (46% 2021/22); this is higher than the Scotland percentage of 34%. Kinship families play a vital role in providing stable, nurturing homes for children who are unable to live with their parents. Clackmannanshire has a much higher use of external foster care provision for care experienced children and young people at 24% compared to the Scottish average of 10%. The table and chart below provides a breakdown of the types of accommodation for Clackmannanshire’s care experienced children compared to Scotland for the reporting year 2022.



Appendix Two - Adult Support and Protection performance data 2022/23

Total number of referrals between 1 April 2022 and 31 March 2023 was **768**.

Source of referrals	Number of referrals
NHS	65
GPs	8
Scottish Ambulance Service	17
Police	52
Scottish Fire & Rescue Service	11
Office of Public Guardian	1
Mental Welfare Commission	0
Healthcare Improvement Scotland	0
Care Inspectorate	13
Other organisation	471
Social Work	27
Council	61
Self (Adult at risk of harm)	0
Family	14
Friend/Neighbour	3
Unpaid carer	0
Other member of public	1
Anonymous	4
Others	20
Total	768

Total number of investigations commenced under the ASP Act between 1 April 2022 and 31 March 2023 was **34**. Breakdown by age and gender:

Number of investigations commenced for the following age and gender				
Age Group	Number of investigations by age and gender			
	Male	Female	Not known	All adults
16-24	1	1		
25-39	1	3		
40-64	4	7		
65-69	0	0		
70-74	2	3		
75-79	3	1		
80-84	2	1		
85+	1	4		
Not known	0	0		
Total	14	20		34

Number of investigations commenced by age and ethnic group

Number of investigations by age and ethnic group							
Age Group	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not Known
16-24	2						
25-39	3	1					
40-64	10						1
65-69	0						
70-74	5						
75-79	4						
80-84	3						
85+	4						1
Not known	0						
Total	31	1					2

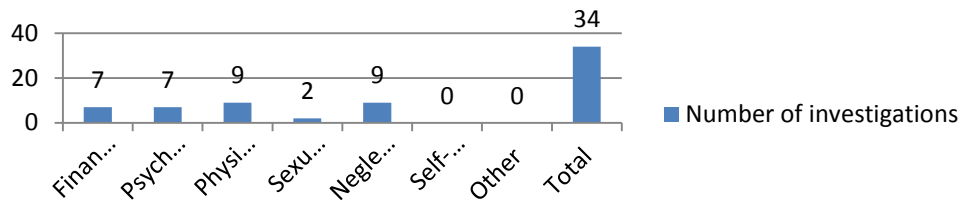
Number of investigations commenced for clients in the following primary main client group

Client groups	Number of investigations by client groups
Dementia	5
Mental health problem	2
Learning disability	5
Physical disability	15
Infirmity due to Age	3
Substance misuse	3
Other	1
Total	34

Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April 2022 and 31 March 2023

Type of principal harm which resulted in an investigation	Number of investigations
Financial Harm	7
Psychological harm	7
Physical harm	9
Sexual harm	2
Neglect	9
Self-harm	0
Other	0
Total	34

Type of principal harm which resulted in investigation



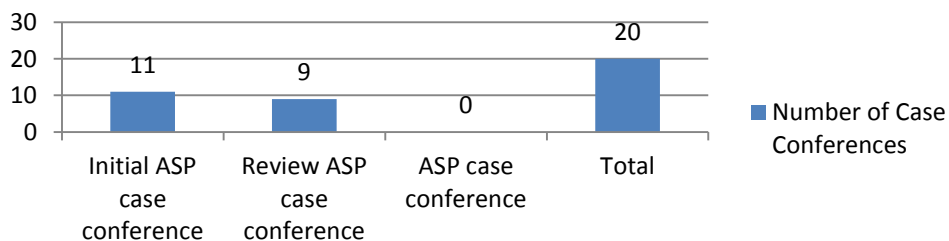
Location the principal harm take place which resulted in an investigation (as defined under the ASP Act) between 1 April 2022 and 31 March 2023

Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act
Own home	19
Other private address	1
Care home	6
Sheltered housing or other supported accommodation	0
Independent Hospital	0
NHS	3
Day centre	0
Public place	0
Not known	5
Total	34

Number of cases were subject to an ASP Case Conference between 1 April 2022 and 31 March 2023

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	11
Review ASP case conference	9
ASP case conference*	0
Total	20

ASP Case Conferences



Number of Protection Orders granted between 1 April 2022 and 31 March 2023

Types of Protection Orders	Number of Protection Orders granted
Assessment Order	0
Removal Order	1
Temporary Banning Order	0
Banning Order	1
Temporary Banning Order with Power of Arrest	0
Banning Order with Power of Arrest	0
Total	2

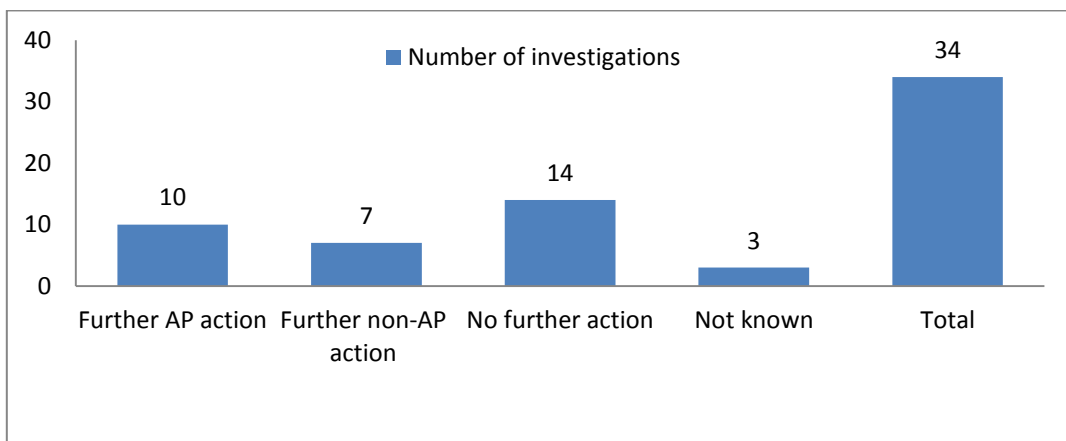
Total number of LSI between 1 April 2022 and 31 March was one.

Outcome of referrals received between 1 April 2022 and 31 March 2023

Type of Outcome	Number of referrals
Further AP action	10
Further non-AP action	7
No further action	14
Not known	737
Total	768

Outcome of investigations carried out between 1 April 2022 and 31 March 2023

Type of Outcome	Number of investigations
Further AP action	10
Further non-AP action	7
No further action	14
Not known	3
Total	34



Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 19

Committee Annual Assurance Statements for the IJB 2023-24

For Noting

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Chairs of the Committees
Author	Sonia Kavanagh, Business Manager
Exempt Report	No

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

Purpose of Report:	To consider the Annual Assurance Statements from the Audit & Risk Committee and the Finance & Performance Committee.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the Substantial Assurance provided by the Audit and Risk Committee Annual Assurance Statement 2) Note the Substantial Assurance provided by the Finance & Performance Committee Annual Assurance Statement
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Key issues and risks:	None to note
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1. Background

- 1.1 During early 2023 both Committees reviewed their Terms of Reference and agreed that workplans would be introduced to set out the areas of focus and scrutiny. These would then be reviewed again at the end of the financial year to ensure relevant assurance had been received regarding core business and specific work areas undertaken. On 29 March 2023, the IJB approved the updated Terms of Reference for both Committees and agreed an Annual Assurance Statement would be submitted to further strengthen the governance and accountability processes in place.

2. Committee Annual Assurance Statement

- 2.1 The Annual Assurance Statement is prepared by each of the Committees as part of the IJB governance framework and sets out the meeting dates, attendance and business during the financial year 2023-24.
- 2.1.1 Audit & Risk Committee - including reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners.
 - 2.1.2 Finance & Performance Committee - including financial stewardship and scrutiny of performance along with the IJB's systems of internal control and overall governance framework.

3. Conclusions

Both Audit & Risk and Finance & Performance Committees agreed a substantial assurance opinion subject to an explicit caveat in relation to directions taking due account of the limited assurance opinion contained in the Internal Audit review on Directions presented to the IJB Audit and Risk Committee on 21 February 2024 and referred to the IJB Finance and Performance Committee on 28 February 2024.

4. Appendices

Appendix 1: Audit & Risk Committee Annual Assurance Statement for 2023-24
 Appendix 2: Finance & Performance Annual Assurance Statement for 2023-24

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	None directly arising.
Other Resources:	None directly arising.
Legal:	The Committees form part the Integration Joint Boards governance structure and assists in managing and mitigation of risk.
Risk & mitigation:	Per the body of report and appended Strategic Risk Register
Equality and Human Rights:	The content of this report does not require a EQIA.
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to)

	<p>how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report does not require Fairer Duty Scotland Assessment</p>
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Appendix 1

AUDIT & RISK COMMITTEE ANNUAL ASSURANCE STATEMENT 2023-24	
Level of Assurance	Definition
Substantial assurance	Largely satisfactory risk, control, and governance systems are in place. There may be some scope for improvement as current arrangements may undermine the achievement of objectives or leave them vulnerable to error or abuse.

1. Purpose

- 1.1 This report provides an annual overview and scrutiny of the work of the Clackmannanshire and Stirling IJB's Audit & Risk Committee.
- 1.2 It reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan

2. Background

- 2.1 The Audit & Risk Committee is a key element of the governance structure and under the delegated authority of the IJB.
- 2.2 The Audit & Risk Committee's remit includes not only the financial stewardship and oversight of the audit process but also all aspects of the IJB's systems of internal control and overall governance framework.
- 2.3 The specific functions delegated to the Audit & Risk Committee by the IJB, as set out in the Terms of Reference are:
 - Assess the adequacy and effectiveness of the Integration Joint Board's internal controls and corporate governance arrangements and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated.
 - Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive regular risk management updates and reports; Regularly scrutinise the IJBs Strategic Risk Register and ensure high risks are incorporated within reporting to the IJB by exception.
 - Review and approve the Internal Audit Annual Plan on behalf of the Integration Joint Board, receive reports and oversee and review progress

on actions taken on audit recommendations and report to the Integration Joint Board on these as appropriate.

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

2.4 The Committee formally submit a copy of its approved minutes to the IJB as part of its assurance processes. These are publicly available.

IJB Audit & Risk Committee

3.1 Composition

During the financial year ending 31 March 2024, Audit & Risk Committee membership comprised of:

Voting Members:

Councillor Martin Earl, Stirling Council (Chair)
Martin Fairbairn, NHSFV Non-Executive (Vice Chair)
Cllr Janine Rennie, Clackmannanshire Council
Cathie Cowan, NHSFV Chief Executive

Non-voting Members:

Narek Bido, Recovery Scotland

Attendance record for the meetings is attached at Appendix A.

3.2 Meetings

The Audit & Risk Committee met on 4 occasions during the financial year 2023-24:

- 17 April 2023 (special meeting)
- 28 June 2023
- 13 September 2023

- 6 December 2023 - cancelled
- 21 February 2024

3.3 **Business**

The Schedule of Business Considered during 2023-24 is attached at Appendix B.

4. **Conclusion**

- 4.1 The work of the Audit & Risk Committee provides **substantial assurance** to the IJB in relation to a wide range of governance issues including risk management and potential internal control weaknesses. This is supported by risk based internal audit annual work plan, which is targeted to the highest areas of risk to ensure focus on key areas and provide an appropriate level of assurance.
- 4.2 In addition there is an audit sharing protocol in place to ensure that any relevant issues arising in either partner organisation which may impact on the IJB is passed to the Audit & Risk Committee for consideration and action as appropriate.
- 4.3 A number of Internal Audits have been undertaken by the constituent authorities which cover the services delegated to the IJB and along with the ongoing review of the Integration Scheme the governance landscape continues to develop and further improve.
- 4.4 The Audit & Risk Committee also tasked the Chief Finance Officer to complete the CIPFA Self Assessment of Good Practice and the outcome of this along with the proposed Audit & Risk Committee workplan for 2024-25 will further enhance effectiveness.
- 4.5 Therefore through the Audit & Risk Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Audit & Risk Committee has effectively discharges its duties during 2023-24.

Appendix A: Attendance Record 2023-24

Voting Members		17/04/2 Special meeting	28/06/23	13/09/23	6/12/23 cancelled	21/02/24
Cllr Martin Earl, Stirling Council	Chair	P	P	P		P
Martin Fairbairn, NHSFV Non-Executive	Vice Chair	P	P	P		P
Cllr Janine Rennie, Clackmannanshire Council		P	P	P		A
Cathie Cowan, NHSFV Chief Executive		A	A	-		
Non-Voting Members						
Narek Bido, Recovery Scotland		-	P	P		P
Robert Clark, NHSFV Employee Director						P
Attendance						
Annemargaret Black, Chief Officer		P	P	P		
David Williams, Interim Chief Officer						P
Ewan Murray, Chief Finance Officer		P	P	P		P
Isabel Wright, Internal Audit Manager, Falkirk Council	IJB Chief Internal Auditor	P	P			A
Sarah McPhe, Senior Interanal Auditor						
Gregory Odour, Senior Audit Manager, Deloitte LLP		P	A	A		A
Fadhil Muhammad, Audit Manager, Deloitte LLP			A	P		
Peter Bent, Assistant Manager, Deloitte LLP			A			
Karlyn Watt, Senior Manager, Deloitte LLP				P		
Sandra Comrie, Business Support Officer	Minutes	P	P	P		P
Gregor Dewar, Management Accountant				P		

Key: P Present
A Apologies

Appendix B Schedule of Business Considered 2023-24

Date	Agenda Items	Noting/Decision
17 April 2023	2022/23 Annual Audit Plan	Considered/Noted/Content
28 June 2023	Minutes of previous meeting 8 March and 17 April 2023	Approved
	Matters arising/urgent brought forward by Chair	IJB Risk development workshop & Reserves policy tbc
	Internal Audit Progress Report	Noted
	Internal Audit Annual Assurance Report 2022/23	Noted
	Internal Audit Plan 2023/24	Approved
	2022/23 Draft IJB Annual Accounts	Considered/Commented/Agreed
	Strategic Risk Register and Update on Risk Management Arrangements	Reviewed/Noted/Approved
	Review of IJB Financial Regulations	Noted/Considered/Agreed
13 September 2023	Relevant National Reports	Noted
	Minutes of previous meeting 28 June 2023	Approved
	Matters arising/urgent brought forward by Chair	None
	Proposed Annual Report (AAR)	Noted
	2022/2023 IJB Annual Accounts	Recommended
	Strategic Risk Register	Approved
	Audit & Risk Committee Self Assessment	Approved
6 December 2023	Cancelled	
21 February 2024	Relevant National Report	Noted
	Minute of previous meeting 13 September 2023	Approved
	Review of Terms of Reference and Proposed Workplan	Agreed and Approved
	Review of Directions Policy	Considered and Recommended Approval to IJB
	Review of Reserves Strategy and Policy	Considered and Recommended Approval to IJB

	Progress Update on Annual Audit Report Recommendations	Noted and Assured
	Annual Audit Plan 2023/24	Considered and Approved
	Internal Audit Progress Report	
	Strategic Risk Register	Approved
	A&R Committee Annual Assurance Statement for 2023-24	Approved
	Relevant National Report	Noted

Appendix 2

FINANCE & PERFORMANCE COMMITTEE ANNUAL ASSURANCE STATEMENT 2023-24	
Level of Assurance	Definition
Substantial assurance	Largely satisfactory risk, control, and governance systems are in place. There may be some scope for improvement as current arrangements may undermine the achievement of objectives or leave them vulnerable to error or abuse.

5. PURPOSE

- 5.1 This report provides an annual overview and scrutiny of the work of the Clackmannanshire and Stirling IJB's Finance & Performance Committee.
- 5.2 It reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan

6. BACKGROUND

- 2.1 The Finance & Performance Committee is a key element of the governance structure and under the delegated authority of the IJB.
- 2.2 The Finance & Performance Committee's remit includes not only the financial stewardship and scrutiny or performance but also all aspects of the IJB's systems of internal control and overall governance framework.
- 2.3 The specific functions delegated to the Finance & Performance Committee by the IJB, as set out in the Terms of Reference are:
- Provide financial governance and scrutiny of the Strategic Commissioning Plan budget for the Integration Joint Board / Health and Social Care Partnership.
 - Review the draft annual IJB Business Case per the requirements of the Integration Scheme with recommendations to the Integration Joint Board.
 - Review the annual budgets proposals including options for service delivery and efficiency and savings proposals with recommendations to the Integration Joint Board taking into account assessed risk in relation to performance.

- Ensure that the senior management team maintain effective controls within their services which comply with financial procedures and regulations.
 - Provide oversight and scrutiny of efficiency and savings programmes and, where required, budget recovery plans including relationship with activity and performance and alignment with the Strategic Commissioning Plan priorities.
 - Consider and review the Integration Joint Board's financial strategy in support of the Strategic Commissioning Plan and recommend approval to the Integration Joint Board.
 - Receive reports in new and emerging national policy developments related to health and social care and consider any impact on the financial position.
 - Maintain and oversight and scrutiny role in relation to overall performance of the Partnership against the Strategic Plan, National Outcomes/ Local Delivery Plan / relevant national targets and the emergent locality plans.
 - Review key performance indicators and targets in respect of the scrutiny function and to assure continuous improvement in delivery of key performance indicators.
 - Receive and consider service performance reviews and, where appropriate, provide assurance on these to the Integration Joint Board.
- 2.4 The Committee formally submit a copy of its approved minutes to the IJB as part of its assurance processes. These are publicly available.

7. IJB FINANCE & PERFORMANCE COMMITTEE

7.1 Composition

During the financial year ending 31 March 2024, Finance & Performance Committee membership comprised of:

Voting Members:

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)
 Gordon Johnson, Non-Executive Board Member, NHS Forth Valley (Vice Chair)
 Councillor Martha Benny, Clackmannanshire Council
 Councillor Rosemary Fraser, Stirling Council
 Councillor Danny Gibson, Stirling Council (till June 2023)
 Councillor Gerry McGarvie, Stirling Council (from September 2023)

John Stuart, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Allan Rennie, Non-Executive Board Member, NHS Forth Valley.

7.2 Meetings

The Finance & Performance Committee met on 4 occasions during the financial year 2023-24, the planned December meeting was not quorate:

- 31 May 2023
- 6 September 2023
- 1 November 2023
- The meeting of 20 December 2023 was not quorate however a discussion on budget development and projected financial position was held.
- 28 February 2024

Attendance record is attached at Appendix A.

7.3 Business

The Schedule of Business Considered during 2023-24 is attached at Appendix B.

8. Conclusion

- 4.1 The work of the Finance & Performance Committee provides **substantial assurance** to the IJB in relation to the financial governance and scrutiny of annual budgets and efficiency and savings proposals.

Appendix A: Attendance Record 2023-24

Voting Members		31/05/23	6/09/23	1/11/23	28/02/24
Councillor Wendy Hamilton, Clackmannanshire Council	Chair	P	P	P	P
Gordon Johnson, NHSFV Non-Executive	Vice Chair	P	P	P	P
Councillor Martha Benny, Clackmannanshire Council		P	A	P	P
Councillor Rosemary Fraser, Stirling Council		P	P	A	P
Councillor Danny Gibson, Stirling Council		P			
John Stuart, Non-Executive Board Member, NHS Forth Valley		P	P	P	P
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley		P	P	P	P
Allan Rennie, Non-Executive Board Member, NHS Forth Valley		P	P	A	P
Councillor Gerry McGarvey, Stirling Council				P	P
Attendance					
Annemargaret Black, Chief Officer		P	P	P	
David Williams, Interim Chief Officer					P
Ewan Murray, Chief Finance Officer		P	P	P	P
Wendy Forrest, Head of Strategic Planning and Health Improvement		P	P	P	P
Lesley Fulford, Senior Planning Manager		P	P	P	P
Sandra Comrie, Business Support Officer	Minutes	P	P	P	P

Key: P Present
A Apologies

Appendix B: Schedule of Business Considered 2023-24

Date	Agenda Items	Noting/Decision
31 May 2023	Minutes of previous meetings 1 March 2023	Approved
	Primary Care Improvement Plan Progress Update and wider Primary Care Sustainability Challenges	Presentation
	Local Government Benchmarking Framework	Presentation
	Financial Report for Year Ended 31 March 2023	Noted
	Annual Performance Report 2022-2023	Approved
	Relevant National Reports	Noted
	Commissioning for Care	Noted and Approved
	AOCB – Management capacity due to vacancies and update regarding National Care Home Contract following press release from Scottish Care on 24/05/23	Noted
6 September 2023	Minute of Meeting held 31 May 2023	Approved
	23/24 Budget Projections, Developing Financial Recovery Plan Options & Development of Approach to IJB Directions	Presentation
	NRS Annual Drug and Alcohol Death Statistics 2022 including Briefing Note	Presentation
	Finance Report	Discussed and Noted
	Quarterly Performance Report (April - June 2023)	Noted and Approved
	Locality Plans	Considered
1 November 2023	Update on Financial Position, Financial Recovery Options, 24/25 IJB Business Case & Budget Setting Approach and Medium-Term Financial Plan Development	Presentation
	Quarter 2 Performance Report (July to September 2023)	Noted and Approved
	Update on Developing Approach to Directions	Noted
	ADP Commissioning Consortium	Considered, to progress to IJB for agreement
	Integration Authorities Financial Overview Quarter 1 2023/24	Discussed and Noted
	Relevant National Reports	Noted

28 February 2024	Minute of Meeting held 1 November 2023	Approved
	Financial Report	Noted
	2024/25 IJB Updated Draft Business Case	Considered, Noted and Approved
	Review of Terms of Reference & Proposed Workplan	Considered and Agreed
	Annual Assurance Statement for the IJB 2023-24	Approved
	Quarter 3 Performance Report (October to December 2023)	Noted and Approved
	Strategic Commissioning Plan – Strategic Delivery Plan	Approved
	Delivering the Commissioning Consortia	Noted and Agreed
	Transitions Policy	Considered and Noted
	Item Referred from IJB Audit & Risk Committee Internal Audit Report on Directions	Noted and Discussed
	Relevant Emergent National Reports	Noted

Clackmannanshire & Stirling Integration Joint Board

27 March 2024

Agenda Item 20

Transitions Policy

For Consideration and noting

Paper Approved for Submission by:	David Williams Interim Chief Officer
Paper presented by	Wendy Forrest Head of Strategic Planning and Health Improvement
Author	Michelle Duncan Planning and Policy Manager
Exempt Report	No

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

Purpose of Report:	To present the Transitions Policy which outlines the requirements of Education Services, Children's and Adult Services across the Health and Social Care Partnership, both Councils, and NHS processes to support transitions for young people and their families.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider and note the Transitions Policy for young people moving from Education and Children's Services to Adult Services as a guide for young people, families and carers was agreed by Clackmannanshire Council and note there will be ongoing financial commitments for Council for young people moving into adult services. 2) To note that a process of engagement with Stirling Council is already underway.
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Key issues and risks:	Ongoing financial risk of demand for services outstripping the current financial spend available to the IJB. This is reflected within the financial papers being presented to the IJB.
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1. Background

- 1.1. Transition is not just one event, like leaving school, but a growing-up process that happens over several years and involves emotional, physical and mental changes. During this time, young people can take more control or responsibility, changing to different experiences, expectations, processes, places and routines. Transitions also impact on the family or those who care for the young person. This policy has been developed to reflect legal requirements and the Scottish Government's Principles of Good Transitions.
- 1.2. Focus on developing the Transitions Policy with Clackmannanshire Council area first was to reflect the needs identified within the area by parents and families. Work to engage to the same level with young people, families and carers, officers and practitioners will be conducted within Stirling to reflect the

differences in the system and process. The principles and basis of the Policy will remain the same.

2. Requirements of the Transitions Policy

- 2.1. The Education (Additional Support for Learning) (Scotland) Act 2004 provides obligations on the Education Authority on the transition of young people, with additional support needs, ceasing to receive school education. Included in the legislation are provisions to adhere to specific timelines. At 12 months the Education Authority should engage with Children's Service, the young person, carers and parents and family as well as any agencies which the Education Authority sees fit and take account of any information and the views of the young person, parents and carers.
- 2.2. No later than 6 months before the school leaving date of the young person, Education and Children's Services to provide such agency as the Education Authority thinks fit such relevant information the Education Authority considers appropriate concerning the young person on additional support needs.
- 2.3. A framework of legal rights and duties underpins the Transition Policy. These are detailed below:
 - United Nations Convention on the Rights of the Child
 - The Equality Act 2010
 - Education (Scotland) Act 2016
 - Adults with Incapacity (Scotland) Act 2000
 - Education (Additional Support for Learning) (Scotland) Act 2004
 - Carers (Scotland) Act 2016
 - Social Care (Self-Directed Support) (Scotland) Act 2013
 - NICE Transitions Guidelines N.G43
 - Getting it right for every child (GIRFEC)
 - Scottish Government National transitions to adulthood strategy for disabled young people - Statement of Intent Sept 2023
- 2.4. The Public Bodies (Joint Working) Scotland Act 2014 created the conditions for integrated community health and care services. As members are aware, adult community health and social work/care across Clackmannanshire and Stirling are managed within the delivery vehicle of the Health and Social Care Partnership.
- 2.5. This Transitions Policy provides information for families to support a smooth move from education and children's social work services into adult social work services, community health services and wider third sector supports from Children and Families Social Work services following a full assessment of need.
- 2.6. As outlined in Scottish Government's Principles of Good Transitions, there should be one overarching Transitions Plan, co-ordinated across children and adult services by a lead professional. The individual Transitions Plan should include information as part of this holistic approach to planning transitions

along with adult health and social care, further and higher education and employment sections.

- 2.7. There will be a need to review financial considerations as part of delivery of any transition between the Council's Children & Families services and Adult Social Work teams, taking account of assessed needs and the requirements of the Self-Directed Support legislation.
- 2.8. Self-Directed Support options offer choice and control to individuals around their package of care and support. These packages of care represent a life-long responsibility for the Council for young people and adults whilst they require care and support following an assessment of their needs.

3. Developing the Transitions Policy

- 3.1. The programme of engagement and consultation was key to the development of this Transitions Policy and the implementation of a refreshed approach to support young people and their families' move into Adult Social Work Services.
- 3.2. Key groups and individuals were pivotal to supporting the development of the draft Policy; parents and families, Education Services, Children and Families' Social Work, Third Sector partners, SDS Lived Experience Group as well as practitioners within Adult Services. This list recognises the scope of stakeholders and partners and the programme of engagement required to reflect the totality of interested parties within Clackmannanshire. This approach will be replicated within Stirling.
- 3.3. The programme of consultation and engagement has been developed in partnership with parents through the HSCP Self Directed Support Lived and Living Experience Group, a focus group of parents and young people using the Children with Disability Social Work service and alongside local third sector providers.
- 3.4. Throughout August and December 2023 there was a programme of consultation and engagement with an on-line consultation survey for communities, stakeholders and partners within Clackmannanshire and engagement across Stirling will commence soon.
- 3.5. Clackmannanshire officers and practitioners had the opportunity to participate in the consultation process and offer their professional expertise alongside those with a lived or living experience of transitions. Members will be aware that adult services focus on working with individual adults and meeting their outcomes, making it a different relationship between families and services, therefore the supportive role they have been used to with child services may feel more remote in adult services.
 - 3.5.1. The focus of the consultation was: "What matters to you? As parents, as young people, as practitioners and as providers of care and support.

- 3.5.2. How do we support families to meaningfully go through the transitions process?
- 3.5.3. The focus of the Transitions Policy needs to reflect choice, control and outcomes for people - how can we best ensure this happens for young people, families and carers?
- 3.5.4. The Transitions Policy needs to reflect care and support models and whether this meets the agreed assessed outcomes of young people:
 - Assessment of needs
 - Being eligible for services
 - Day Service support
 - Reviews
 - Adult Carer Support Plan
 - Respite
 - Options upon leaving school
 - Welfare Benefits
 - Welfare and Financial Guardianship
 - Continuing Care – GIRFEC / GIRFE
- 3.6. Following the feedback from this consultation process, the Transitions Policy was developed in line with the responsibilities of local authorities. It is also worth noting that involvement and participation of partners and stakeholders does not end with the publication of the Transitions Policy; but rather creates the conditions for ongoing good conversations and effective planning based on individual outcomes for young people and their families.

4. Conclusions

- 4.1. The Transitions Policy has captured the legal requirements of Education Services, Children’s and Adult Services across the Health and Social Care Partnership with both Council and NHS processes to support transitions for young people and their families. The Policy has been developed to outline the principles and to define a process for Clackmannanshire in the first instance. This process will be replicated to define the process within Stirling.

5. Appendices

Appendix 1 Draft Transitions for young people with additional support needs to adulthood Policy January 2024.

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒

Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	The Council will continue to be responsible for the delivery of care and support as part of the requirements linked to adult social care/social work, as such there will be ongoing and life-long financial commitments to the young people and their families as long as care and support is assessed as being required.
Other Resources:	None
Legal:	Need to comply with the legal framework as outlined in Section 2.
Risk & mitigation:	
Equality and Human Rights:	The content of this report does require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>



Transitions for young people with additional support needs to adulthood

January 2024

Overview

Young people with additional support needs hope for the same things as other young people; to be independent, to have a voice and a social life. It is important that the transition from Education and Children's services to adulthood is as seamless as possible. This can help ensure the young people of Clackmannanshire have positive experiences and independence as they reach a new stage in their lives. The aim of this Policy is to support young people, their families and carers to understand and participate in the process of transitions between different types of services.

Human Rights, Equality & Ecology

Human rights belong to everyone. They are relevant to many decisions that people make and experience on a day to day basis. Clackmannanshire and Stirling Health and Social Care Partnership is putting human rights at the heart of how our services are delivered.

This policy applies a human rights based approach (HRBA) which is directed to promoting and protecting human rights as a tool to empower the most vulnerable people to participate in decision-making processes and hold duty-bearers (public bodies) to account.

This approach is supported by five key principles known as [PANEL](#);

Participation	Everyone is entitled to active participation in decision-making processes which affect the enjoyment of their rights.
Accountability	Duty-bearers are held accountable for failing to fulfil their obligations towards rights-holders. There should be effective remedies in place when human rights breaches occur.
Non-discrimination and equality	All individuals are entitled to their rights without discrimination of any kind. All types of discrimination should be prohibited, prevented and eliminated.
Engagement	Everyone is entitled to claim and exercise their rights. Individuals and communities need to understand their rights and participate in the development of policies which affect their lives.
Legality	Approaches should be in line with the legal rights set out in domestic and international laws.

Children's rights and transitions

Support for service transitions should be firmly rooted in children's rights. This is achieved by placing the child at the centre, recognising them as rights-holders, and acting in their best interests while taking their views into account.

'Evolving capacities' are referred to in the United Nations Convention for the Rights of Children (UNCRC) (articles 5 and 14). Parents' rights have to be used in a way that takes account of the young person's maturity and understanding, especially as their capacity evolves. The Staying Put Scotland Guidance mentions a similar approach. These approaches should be embedded within transitions; meaning with increasing age, maturity, understanding and experience, a young person can progressively assume greater autonomy.

Additionally, the United Nations Convention on the Rights of Persons with Disabilities (UNRPD) reaffirms that all persons with all types of disabilities must enjoy all fundamental human rights, and includes specific protections for the rights of disabled people.

The Education (Additional Support for Learning) (Scotland) Act 2004 provides obligations on the Education Authority on the transition of young people, with additional support needs, ceasing to receive school education. Included in the legislation are provisions to adhere to specific timelines. At 12 months the Education Authority should engage with Children's Services, the

young person, carers and parents and family as well as any agencies which the Education Authority sees fit and take account of any information and the views of the young person, parents and carers.

No later than 6 months before the school leaving date of a young person, Education and Children's Services should provide such agency as the Education Authority thinks fit such relevant information the Education Authority considers appropriate concerning the young person on additional support needs.

The Education Authority and Children's Services will work together to ensure Adult Services receive relevant information for young people deemed eligible for assessment in Adult Care or Adult Learning Services. This enables Adult Services to have a plan in place and a budget allocated six months before a young person's school leaving date and for the relevant receiving agency/organisation(s) or placement to be given appropriate information.

A Framework of legal rights and duties underlies the Service Transition Policy. If a person is eligible to receive funding for services they will be able to choose the services or resources they want as long as they meet the assessed needs and outcomes. The process used to determine who is eligible and determine what the budget will be is described in the stages below.

[Links to Legislation, Guidance and Policy](#)

[United Nations Convention on the Rights of the Child](#)

[The Equality Act 2010](#)

[Education \(Scotland\) Act 2016](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Education \(Additional Support for Learning\) \(Scotland\) Act 2004](#)

[Carers \(Scotland\) Act 2016](#)

[Social Care \(Self-Directed Support\) \(Scotland\) Act 2013](#)

[NICE Transitions Guidelines N.G43](#)

[Getting it right for every child \(GIRFEC\)](#)

[Scottish Government National transitions to adulthood strategy for disabled young people - Statement of Intent Sept 2023](#)

Introduction

The transition to adulthood is the period when young people develop from children to young adults. This is not a single event, but a process which takes place over a number of years. It is a period of personal development which can involve changes in every area of life.

Transitions to adulthood open a number of options for young people. These changes can be exciting, but they can also be confusing and stressful. We are working together support young people and their families through this transitional period.

A young person with additional support needs may receive support for their needs throughout their time at school. When a young person is due to leave school and children's Social Work

Services, it is essential that the transition is well planned and directed around the wishes of the young person.

This policy addresses the formal process around this transition, and includes a flowchart which outlines the process for young people, their families and carers.

Who this policy is for

This policy is for young people who access additional support on ceasing to receive school education and will be transitioning from Children's and Education services into Adult Care services.

There are many reasons why children and young people may need support to help them learn, to help them flourish and reach their full potential. This transition to adulthood looks different depending on each individual.

This policy details the process and how services work together with the young person, their families and carers to support each young person into adulthood. We need to make sure the young person's capabilities, views, needs, choices and aspirations are central to their transition.

Why we need a policy

We know through our engagement that transitioning to adulthood for young people with additional support needs can include:

- Stress and uncertainty for the young person
- Difficulties transferring from children's to adult services
- Changes in eligibility for services and support arrangements
- Changes in types of support
- Lack of clear information about the transitions process
- Lack of communication and collaboration between services and partner agencies
- Stress and difficulties faced by family members relating to their young person's transition.

This policy aims to lay out clearly the procedures and actions to work towards positive transitions for all young people across Clackmannanshire.

Priorities

This policy follows the [Transitions to adulthood strategy: statement of intent](#) published by the Scottish Government in September 2023. The Principles of Good Transitions seeks to implement coordinated and joined up service delivery to achieve the outcomes disabled young people want. It puts the young person at the centre of their transition planning.

There are five priorities within the Principles of Good Transition which include:

1. Choice, control and empowerment for the young person

This priority puts the young person at the centre of planning and decision making for their future. Transition planning should start early and should allow the young person to explore their goals and aspirations for the future. Education have informal conversations with young people from the age of 12, and the formal process begins at the age of 14.

2. Clear and coherent information

Young people with additional support needs, their families and carers should be aware of their rights and entitlements, and the support and services available during the different points of transitions. The provision of national and local information will be clear and accessible.

3. Coordination of individual support and communication across sectors

Multidisciplinary and multi-agency working (health, social work, education, third sector, employment, housing etc.) will support the planning and implementation of the transition. Support from professionals and consistent relationships are key to effective support during this time. Communication across all partners to the young person and their family/carer will ensure smooth transition and a point of call.

4. Consistency of practice and support across Clackmannanshire

Professionals supporting disabled young people with additional support needs during their transition to young adult life should be given the support and guidance they need to explore and improve transitions practices and align them to practice nationally. Young people with additional support needs, their families and professionals supporting them will have access to learning opportunities to support better transitions.

5. Collection of data to measure progress and improvements

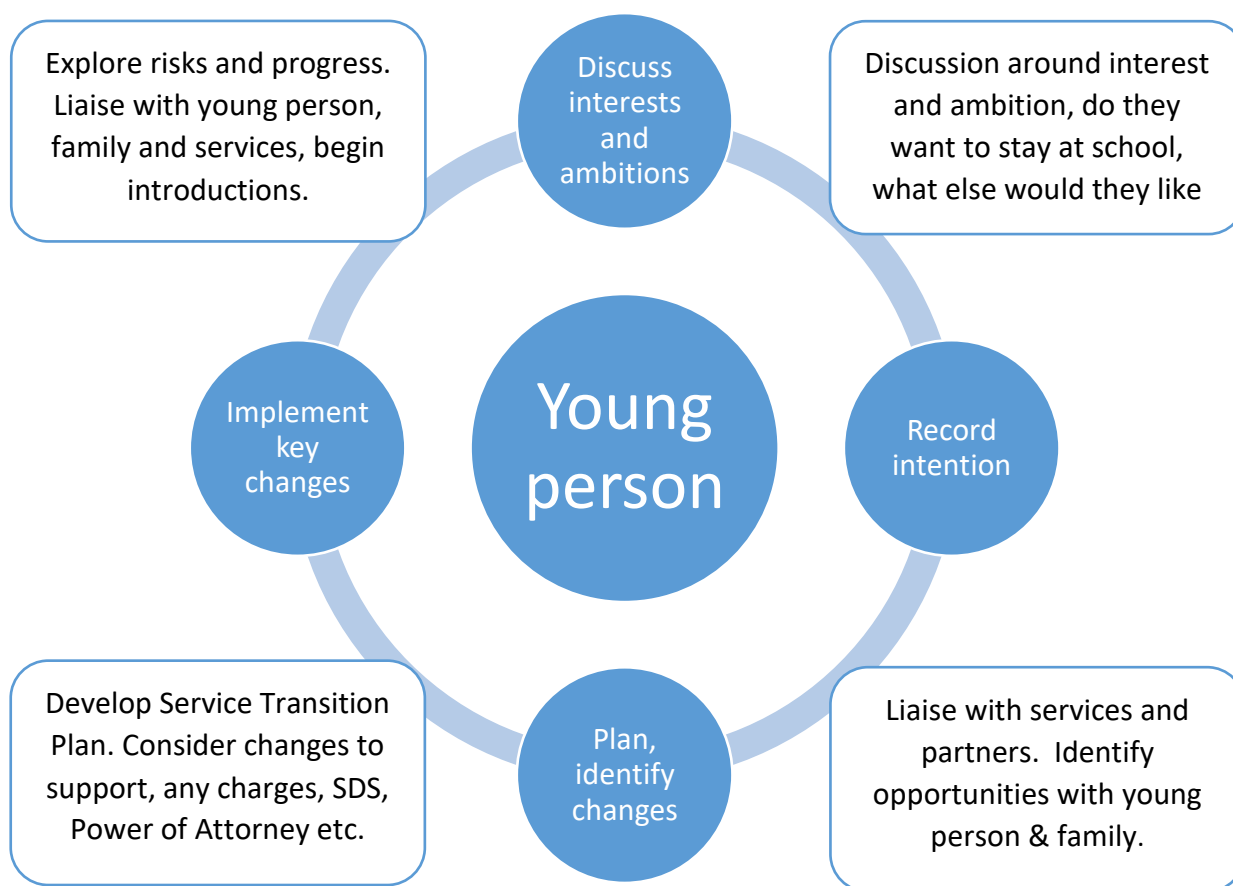
The measures of successful transitions to adulthood will consider life courses, in addition to traditionally understood positive destinations. Data relating to young people's experiences of their transitions will be collected, analysed and reported to understand the experiences of young people and their families and support network. Reviews of procedures will also help to make changes to improve transition experiences.

Process

We know that many young people with additional support needs and their parents and carers find the transition to young adult life particularly challenging, and we are working to reduce these challenges through engagement and co-designing Service Transition Plans with young people and their families.

This policy provides clear guidance around the role of professionals to plan and deliver the support for young people as they transition within:

- Paediatric and adult health
- Child and adult social work and social care
- Education – secondary, further and higher
- Employment and training
- Third sector
- Public sector services (such as housing and welfare)
- Scottish Government and Scottish Parliament.



The process is a continuous process. Conversations start early on with the young person, their families, education and social work to identify what opportunities there are and any changes to services. This is a holistic approach to support the young person to reach their full potential and look forward to their independent adult life. Good communication with the young person and their family and with services is key to positive transitions to adulthood.

When does a Transition start?

Transition is not a single event, it is a gradual process where a young person and their family are supported throughout their teenage years and into adulthood with confidence and ability to manage the care and support they need where they have capacity to do this.

Education and Children's Services staff form good relationships with the young people and through information conversations learn about the young person, their strengths, interests and aspirations. This supports the information gathered to develop the plan for the future.

The formal process should begin from age 14 and be well under way by age 16. The age however depends on each individual, depending on when they started school and their circumstances. Communication between Education, the young person and their families will help decide the right time to start planning, based on what is best for the young person.

A good transition should build on the young person's strengths and where possible work with them to plan for how they can meet their aspirations in life. Access to good information is key to helping the young person and their family to make informed decisions.

Making Plans

Throughout the transition process, five key stages should be met to ensure that all young people are supported to achieve a good transition.

- Stage 1: Every young person from age 14 should be supported to be at the centre of preparing for adulthood and the move into adulthood, whether this is with support from health and social care services or not. Their families should also be supported to prepare for their changing role.
- Stage 2: Every young person is supported to plan proactively for their future. They are involved in ongoing assessments and developing a comprehensive, holistic plan that reflects their wishes for the future.
- Stage 3: Every young person has a plan which is developed in parallel to planning for ongoing care and support in adult services or out-with adult services in their chosen education or career path.
- Stage 4: Education and Children's Services and Adult services actively work together to ensure a smooth transition.
- Stage 5: Young people are supported in adult services with a multi-agency team fully engaged in facilitating care and support. The young person and their family are equipped with realistic expectations and knowledge to ensure confidence in their care and support needs are being met in the future.

Operational Transition Group (OTG)

In Clackmannanshire, the Operational Transitions Group is a multidisciplinary team tasked with the coordination and progression of Transitions from Education and Children's services to Adult services. Members include Education, Children's Services, Adult Learning Disabilities Team and Adult Social Care Team.

Pathways to prepare for transition are discussed for each young person with input from appropriate services and a member of the group is responsible for communicating to the young person and their family/carer.

Information is also provided to families by this group to help signpost them to appropriate services and supports in the community.

This group is key to success of the transition, updating key partners, tracking progress and working with the young person and their family/carer.

Co-designing the plan in partnership

Health

For young people with complex and life threatening health conditions, their transition to adulthood will need to be underpinned by strong partnership working between Education and

Children's and Adult health services. This may involve community health, hospital and hospice care teams.

From the age of 14, healthcare professionals, the young person and their family/carer plans should formally begin to discuss the transfer to adult healthcare. Staff should be introduced to the young person and family during the transitioning process to provide opportunities to discuss what changes to expect with them.

Plans should be focused on the wishes of the young person. Having parallel plans will help meet the needs and wishes of the young person should their health stay stable, but also for times when their condition may deteriorate. These should be reviewed regularly. It is also important to check that any documented wishes the young person may have regarding treatment are in a format that is accepted by Adult services and copies are given to the GP and uploaded to the Ambulance Service. This is important in any emergency as the Ambulance services will actively treat unless written and signed instructions are seen.

Social Care & Third Sector

For many young people, their social life and relationships with friends are very important and they will need support to enable them to lead the social life they want. Adult Social Care team are responsible for ensuring that a care package is in place, should one be required and should discuss these options using the Self-Directed Support framework. A discussion around care and aspirations will assess needs in terms of care, services and/or equipment which may support them to live their life as independently as possible. Further information on Self-Directed Support will be provided to families by Children's and Adult Services during the transition process as required.

Signposting and referrals to community groups and support should be made as a primary starting point, as well as signposting to advice on housing, benefits and transport to review if any changes will affect the household. This is available from all services supporting families and information is updated regularly. In Transition events have been organised for families where agencies and services provided information to young people and parents. It is intended to continue such events and consultation with parents and young people suggests this would be welcomed.

Education

There are various choices available to young adults after 16 years of age and the young person may want to consider one of the following routes:

- Full time education, such as continuing in school, college or home education
- Work-based learning, such as an apprenticeship
- A mix of part-time education or training, employment, self-employment or volunteering
- Colleges offer tailored curricula for young adults with profound and multiple learning difficulties.

Employment

Options for work and/or volunteering must be considered and part of the plan. There are a range of work-based opportunities to develop work and vocational skills. These will be

considered within the Service Transition plan. Links with Skills Development Scotland and Local Authority Employability teams will be made.

Housing

There are a range of options for young people and we can work to identify the right setting for the young person that best suits them with the right support and care. This may be at the family home, in residential/supported living or living independently. We will work with Housing providers to provide information on different housing options such as, social housing, housing association accommodation, private renting, shared housing and shared ownership. Information will also include where financial and other support (personal assistant, assistive technology or modifications) to enable independent living with the right level of support.

Third Sector and community supports

Clackmannanshire has a wealth of organisations working in the area to provide people with support and care alongside traditional services provided by the Clackmannanshire and Stirling Health and Social Care Partnership. The Third Sector can support the young people and their parents/carers to find the most appropriate support. This could be a support group for peers, befriending and social groups or volunteering opportunities.

Engagement

To produce this policy we have employed a number of methods of engagement. We have met with service representatives and people involved in supporting young people and their families as well as the organisations that are linked with the transition process.

We have spoken to young people and their parents about their experiences, what they would like to know and what would help them in their transition to adulthood. We have also had an online survey open from October to December 2023.

In implementing this policy, we will engage with people with lived and living experience of the service transition process to learn about how we can improve the process in the future.

Access to Information

Throughout the engagement process, access to information has been at the forefront of conversation. People want to understand the process and help to understand what is available to them as young people with additional support needs and parents/carers of those young people..

Through this engagement, it has been identified that young people and parents/carers would benefit from a webpage dedicated to young people and their families transitioning to adulthood. This would provide a step by step of the process, things to consider, information for young people and information for parents and carers. This will also provide support for planning, details of who they can talk to and links to organisations that can assist the transition into the future. This will be developed with young people, parents and carers.

This will allow people to access the information when it suits them, but also does not take away the communication with the multidisciplinary team and the guidance and support provided face to face.

Advocacy

Independent advocacy is loyal to the people it supports and stands by their views and wishes. Independent advocacy ensures peoples' voices are listened to and their views taken into account. Independent advocacy is available through the third sector within Clackmannanshire and carers' centres can provide independent advocacy support for adult carers. Children's and Adult services staff

Guide for Parents/Carers

In Scotland, the legal age of an adult is 16 and at this point it is important to assess a young person's capacity to make decisions about their life, including their care and treatment. Where a person is unable to make decisions about their life, care and treatment, the Adults with Incapacity Act (Scotland) 2000 gives another person the legal power to make decisions on the adult's behalf.

For Looked After Children, local authorities are required to provide aftercare support until care leavers turn 19, and to assess any eligible needs for aftercare support until they are 26 (or beyond in some cases).

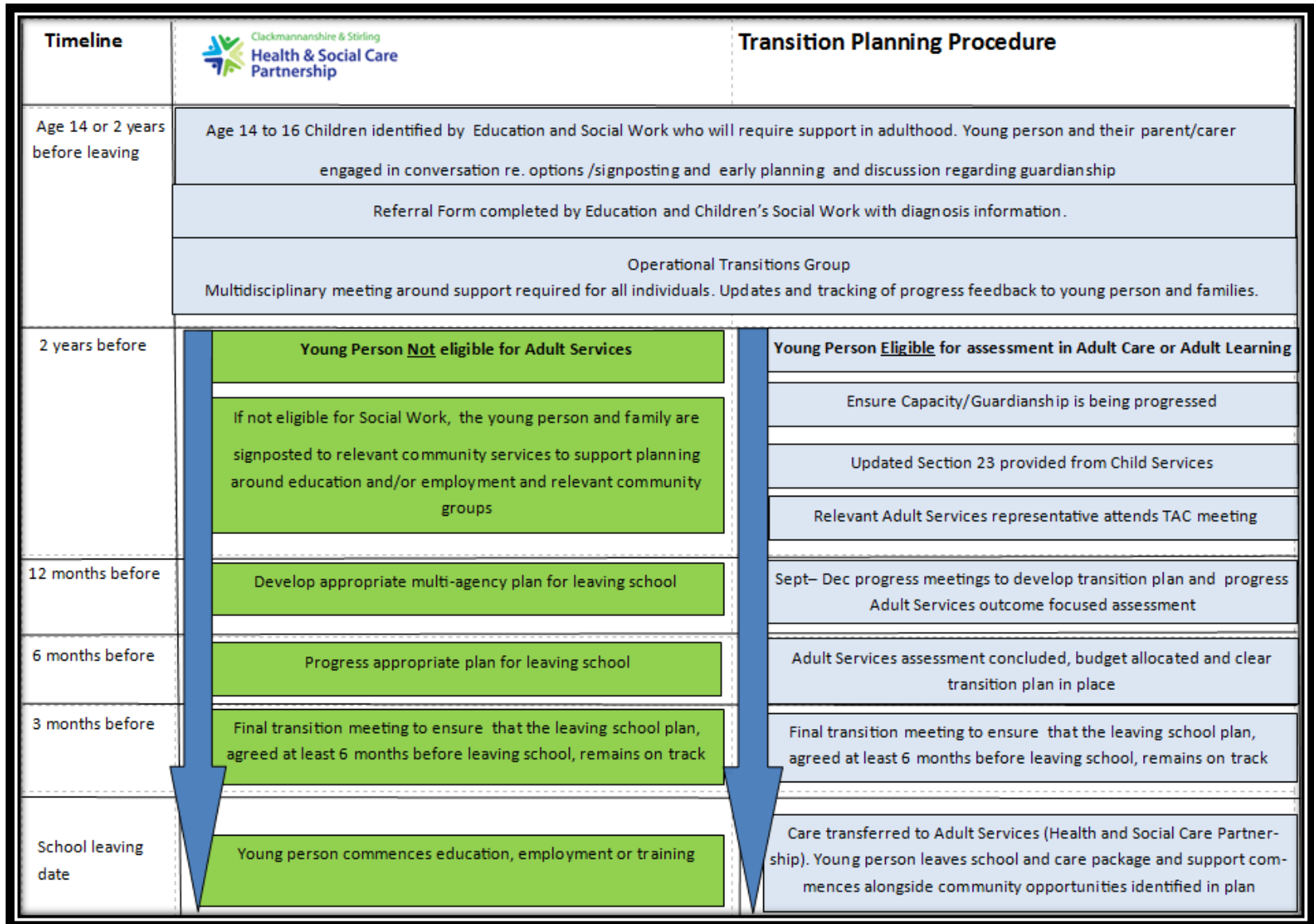
When a young person approaches adulthood, parents may wish to consider the use of Power of Attorney. A Power of Attorney could allow a person (the appointed attorney) to make certain decisions on behalf of another person including cases where there is a loss of capacity. . A Power of Attorney is a legal document and the advice of a solicitor should be obtained by both the parent and the young person on the use of a Power of Attorney. The Law Society of Scotland (<https://www.lawscot.org.uk/>) can provide assistance in referring a suitable lawyer to assist.

Guardianship

Subject to the legal due diligence, where it is believed that an adult does not have capacity to make their own decisions, then it may be possible to obtain a guardianship order. The guardianship order, if granted, would allow the guardian to handle property and financial matters, personal welfare, or a combination of these.

Where there is a young adult with capacity issues Education, Children's Services and Adult Care Services should signpost families to make application for guardianship to be in place three months before a young person's 16th birthday.

Transitions Flowchart






Process

The following section outlines the process for three possible outcomes: the young person is not eligible for Adult Social Care Services; the young person is eligible for Adult Social Care services or the young person is eligible for Adult Learning Disability Services. Steps 1-5 are the same for all young people with additional support needs.

Timescales depend on the individual and their circumstances. While the informal conversations begin when the young person starts secondary school, the formal process should start at age 14. This can then determine when the young person wishes to leave school. If they wish to leave at age 16, the process should begin at age 14. If they wish to leave at age 17, then the process should begin at age 15. If they wish to leave at age 18, then the process should begin at age 16. Factors such as the age they started Primary 1 can also impact the leaving year. Staff will support young people and families/carers to make the decision.

All young people accessing Additional Support			
Step	Process	Who	When
1	Informal conversations with young person about interests and aspirations	Young person & family Education	This normally starts age 12
2	Decision regarding whether Young people meet eligibility criteria for adult services	Education, Children's Services	Age 14
3	Referral to Operations Transition Group (OTG) made, collating key information on diagnosis and supporting information	Education Children's Services	Age 14 or 2 years before leaving
4	Completion of Referral Form for multidisciplinary OTG meeting to consider	Education Children's Services	Age 14 or 2 years before leaving
5	OTG determine eligibility and progress to relevant stage.	Education Children's Services Adult Social Work Teams	Age 14 or 2 years before leaving

		
Young Person not eligible	Young Person referred to Adult Social Care	Young Person referred to Adult Learning Disability

Process for young people not eligible for Adult Services

The following steps outline the process from the Operational Transitions Group decision for young people not eligible for Adult Services.

Although the young person is not eligible to transition to Adult Services, Education and Children’s Services support the young person and family through signposting to relevant services and organisations to help them fulfil their aspirations.

Young Person not eligible			
Step	Process	Who	When
6	Young person and family are supported with information and options open to the young person.	Young person & family, Education, Children’s Services	Age 14 or 2 years before leaving
7	Signposting to relevant supports and opportunities – Skill Development Scotland, Employability and further and higher education.	Young person & family, Education, Children’s Services	Age 14 or 2 years before leaving
8	Links with Third Sector for community support.	Young person & family, Education, Children’s Services	Age 14 or 2 years before leaving
9	Develop appropriate multi agency plan for leaving school	Young person & family Relevant organisation/s	Age 14 or 2 years before leaving
School leaving date Young person leaves school and enters employment/training or higher or further education with access to community supports relevant to their aspirations			

Process for young people eligible for Adult Social Care services

The following steps outline the process from the Operational Transitions Group decision for young people who are eligible for Adult Social Care services and the steps towards school leaving date.

Young Person referred to Adult Social Care			
Step	Process	Who	When
6	Ensure diagnosis is completed and available	Young person & family, Education, Children's Services	Age 14 or earlier
7	Family advised about Guardianship and changes in relationship	Young person & family, Education, Children's Services	Age 14
8	Updated Section 23 Assessment form provided	Children's Services	2 years before leaving
9	Young Person added to Transition list for allocation to complete outcomes focussed assessment	Young person & family, Children's Services, Adults Social Care	12 months before leaving
10	Discussion with Young person and family around options and outcome focussed assessment	Young person & family, Education, Children's Services, Adult Social Care	12 months before leaving
11	December Progress Meeting held	Education, Children's Services, Adult Social Care	6 months before leaving
12	Six months before school leaving date, adult assessment will be concluded, budget allocated and clear transition plan agreed.	Education, Children's Services, Adult Social Care	6 months before leaving
13	Final progress meeting to ensure everything is in place for young person, as planned.	Education, Children's Services, Adult Social care	3 months before leaving
14	Young person transferred to Adult Social Work and closed to Children's Social Work	Adult Social Care,, Children's Services	School leaving date
15	Links to Third Sector and community supports	Young person & family Third Sector	School leaving date
School leaving date			
Young person leaves school and Care Package commences alongside any community supports identified in the Plan.			

Process for young people eligible for Adult Learning Disability services

The following steps outline the process from the Operational Transitions Group decision for young people who are eligible for Adult Learning Disability services and the steps towards school leaving date.

Young Person referred to Adult Learning Disability Team			
Step	Process	Who	When
6	Ensure diagnosis is completed and available	Young person & family, Education, Children's Services	Age 14 or earlier
7	Family advised about Guardianship and changes in relationship	Young person & family, Education, Children's Services	Age 14
8	Updated Section 23 Assessment form provided to Adult Learning Disability Team	Children's Services	2 years before leaving
9	Young Person added to Transition list for allocation to complete outcomes focussed assessment.	Young person & family, Children's Services Adult Learning Disability Team	12 months before leaving
10	Discussion with Young person and family around options and outcome focussed assessment	Young person & family, Education, Children's Services, Adult Learning Disability Team	12 months before leaving
11	December Progress Meeting held	Education, Children's Services, Adult Learning Disability Team	6 months before leaving
12	Six months before school leaving date, adult assessment will be concluded, budget allocated and clear transition plan agreed	Education, Children's Services, Adult Learning Disability Team	6 months before leaving
13	Easter: Final progress meeting to ensure everything is in place for young person, as planned.	Education, Children's Services, Adult Learning Disability Team	3 months before leaving
13	Young person transferred to Adult Social Work and closed to Children's Social Work	Adult Learning Disability Team Children's Services	School leaving date
School leaving date			
Young person leaves school and Care Package and support commences alongside community opportunities that are identified in Plan.			

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 01 November 2023 at 2 pm at Carseview House, Stirling and hybrid via MS
Teams**

Present:

Councillor Wendy Hamilton, Clackmannanshire Council (Chair)
Councillor Martha Benny, Clackmannanshire Council
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
John Stuart, 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
Sandra Comrie, Business Support (Minutes)

Councillor Gerry McGarvey was in attendance to observe the meeting.

Chair's Welcome and Introductory Remarks

Councillor Wendy Hamilton welcomed everyone to the meeting.

1. Apologies

Allan Rennie, Non-Executive Board Member, NHS Forth Valley
Councillor Rosemary Fraser, Stirling Council

2. Declarations of Interest

None

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

4. Minute of Meeting held 06 September 2023

The draft minute of the meeting held on 06 September 2023 was approved.

5. Presentation Section

Update on Financial Position, Financial Recovery Options, 24/25 IJB Business Case & Budget Setting Approach and Medium Term Financial Plan Development

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

Mr Murray presented an update on the financial position, proposed financial recovery options, and the 2024/25 IJB business case and budget-setting approach. The presentation highlighted the challenging financial position and covered information that would be included in the month 6 finance report.

Mr Murray discussed

- the financial outlook for 2024/25,
- the significant service and financial pressures the health and social care system was under
- and the key pressure areas and drivers of material variance from budget.

Mr Murray reported he had spent considerable time preparing evidence, for Scottish Government, to retain the residual COVID funding. He confirmed an agreement in principle had been reached and secured for the set-aside budget and the integrated budget. The split was £2.370m funding support for the Integrated Budget and £2.770m funding support for the set aside budget. This would require formal approval by the IJB as part of the financial report to the November meeting. Mr Murray assured the committee that this was the best outcome that could have been achieved in the circumstances.

The Committee discussed overspends, the overall financial position, and how Clackmannanshire and Stirling Health and Social Care Partnership and the wider Forth Valley system compared to other areas. Ms Black reassured the Committee that she and Mr Murray would be discussing areas of high-cost spending and the need for service reduction to be part of sustainability planning. Several workshops were planned to discuss and develop options for service and financial sustainability for 2024/25 and beyond... After which any proposals would be presented to the Finance and Performance Committee and the IJB.

The month 6 projections were discussed, Mr Murray explained that some changes may occur before the November IJB should further information become available. There had not been material improvement at month 6 and all areas of the budget remained under pressure. Mr Murray discussed the increase in the average weekly hours for care and support at home along with the significant increases in long-term care.

Mr Murray provided his assessment of the 2023/24 recovery plan option, discussing the measures that would be likely to materially reduce spend in the short term.

The Committee discussed staffing levels in community services and Mr Murray explained the reasoning behind constituent authorities placing additional controls on some vacancies. Ms Black explained there had to be a focus on reducing the number of commissioned hours of care.

Mr Murray handed the presentation over to Ms Forrest to provide an overview of the Strategic Planning Group session on 12 October 2023.

Ms Forrest explained the role of the Strategic Planning Group was to oversee the delivery of the Strategic Commissioning Plan and to provide assurance it was delivering against the plan.

The Strategic Planning Group session was made up of facilitated groups in person and online. The session was split into 4 sections of what the group needed to prioritise which were:

- Prevention and Early Intervention
- Independent living through choice and control
- Achieving care close to home
- Empowered people and Communities

The groups were asked to consider and discuss how to measure the impact of key areas of work:

- Communication and Engagement
- Data and Performance
- Transforming Care

The groups were also asked to consider what could be offered to help deliver the plan, what should be prioritised, how the group could effectively manage demand in the system, and what the group should stop doing and disinvest in. Feedback was given by participants at the meeting around areas of priority; for materially reducing spend on service provision.

Mr Murray discussed the 2024/25 IJB business case options and development, the 2024/25 business case approach, areas considered for potential options for cost reduction, and areas to progress work on. He confirmed the review of the Medium-Term Financial Plan would go to the 28 February 2024 Finance and Performance Committee.

Mr Murray was continuing to look at intelligence from other IJB areas to see what was working well and what could be learned. The key timelines for the 2024/25 revenue budget would be discussed at the IJB on 29 November 2023.

Mr Murray presented information on value-based health and care in relation to polypharmacy which echoed the key messages of Realistic Medicine and the Chief Medical Officers recently published Value Based Health and Care Action Plan. He explained that currently 15% of Forth Valley residents were prescribed more than 8 medicines. After doing a comparison with NHS Lothian residents where this figure was 12% it evidenced that if the Forth Valley figure could be reduced to 12%, this could provide a saving of a minimum of 50k per month. In addition, reducing polypharmacy by means of polypharmacy reviews, would assist in protecting other essential services as well as reducing waste and reducing harm.

Finally, Mr Murray discussed the key reporting timelines and explained what was being asked of the Finance and Performance Committee.

The committee agreed that the budget recovery options be presented to the IJB in November.

6. Quarter 2 Performance Report (July to September 2023)

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

In addition to the information contained in the Q2 performance report, Ms Black highlighted that since the last report, there was an amendment to the falls rate. Due to technical issues with Public Health Scotland 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. Mr Johnston referred to the national data contained in the report and suggested there could be some comparisons to the Health and Social Care Partnership data, included in the report. Ms Black agreed and would suggest to Ms Forrest that, going forward, the report could have comparators built in.

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) Noted Quarter 2 July to September 2023 report (Appendix 1).**
- 4) Approve for presentation to the Integration Joint Board.**

7. Update on Developing Approach to Directions

Verbal update from Annemargaret Black, Chief Officer.

Ms Black explained that the first set of directions had not yet been presented to the IJB, as there had not been enough engagement with all the chief executives to discuss the objectives of the directions. As Ms Black attended monthly meetings with the 3 local authority chief executives and the NHS Forth Valley Chief Executive, she had agreed, with Patricia Cassidy from Falkirk Health and Social Care Partnership, that the directions should be completed and agreed upon at the monthly meetings before being presented at an IJB. This would provide assurance that all the chief executives were clear on the objectives.

8. ADP Commissioning Consortium

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

Ms Forrest provided an update on the work carried out over the last 9 months. She explained the draft tiered model of care for substance use had been developed across Clackmannanshire and Stirling through the Alcohol and Drugs Partnership

(ADP). The report related to the re-provisioning of the Tier 3 Third sector provision. Ms Forrest confirmed the ADP was reviewing and working across the whole system, with people with lived experience, bringing together a model of care that has a tiered approach to it. Strategic planning and early prevention were at the core of this model of care and treatment. The plan was to deliver a person-focused human rights-based approach to support people in our communities.

The Finance & Performance Committee:

- 1) Considered the proposed commissioning arrangements for Tier 3 service delivery;**
- 2) Sought for officers to progress to formal presentation of proposals to Integration Joint Board for agreement.**
- 3) Sought for Directions to be issued for the procurement of services if proposals are agreed.**

9. Integration Authorities Financial Overview Quarter 1 2023/24

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

Mr Murray explained the Chartered Institute of Public Finance and Accountancy (CIPFA) JB Chief Finance Officers section produces a quarterly financial overview report based on financial template returns submitted by IJB CFOs. This was a routine report highlighting the financial performance and pressures facing of IJBs across the county. He confirmed that the Clackmannanshire and Stirling IJB were sitting towards the upper end of partnerships under financial pressure. Mr Murray wanted to share the report as it would help to inform some of the discussions and difficult decisions as the IJB moves towards setting the budget for 2024/25. The Committee discussed the current financial pressures.

- 1) Noted and discussed the report.**

FOR NOTING ONLY

10. Relevant National Reports: NHS Scotland: Value Based Health and Care Action Plan

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

Mr Murray asked the Committee to note the key messages in the report.

- 1) Noted and discussed the report.**

11. AOCB

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

12. Date of Next Meeting

20 December 2023



**Draft Minute of the Clackmannanshire & Stirling IJB
Audit and Risk Committee**

held on **Wednesday 13 September, 2 pm – 4 pm** The Boardroom, First Floor,
Carseview House, Stirling and hybrid via Microsoft Teams

Present:

Voting Members

Councillor Martin Earl, Stirling Council (Chair)
Martin Fairbairn, Non-Executive Board Member (V Chair)
Councillor Janine Rennie, Clackmannanshire Council

Non Voting Member

Narek Bido, Recovery Scotland

In Attendance:

Annemargaret Black, Chief Officer
Ewan Murray, Chief Finance Officer
Gregor Dewar, Management Accountant
Fadhil Muhammad, Audit Manager, Deloitte LLP
Karlyn Watt, Senior Manager, Deloitte LLP
Sandra Comrie, Business Support Officer (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

Apologies for absence were noted on behalf of:

Isabel Wright, Internal Audit Manager, Falkirk Council (Chief Internal Auditor to IJB)
Pat Kenny, Senior Manager, Deloitte LLP

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. DRAFT MINUTE OF PREVIOUS MEETING HELD 28 JUNE 2023

The draft minute of the previous meeting held on 28 June 2023 was approved subject to the following amendments:

Mr Murray agreed to amend the wording regarding the follow-up of the recommendations in Item 7, Annual Internal Audit Report.

4. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

None

5. PROPOSED ANNUAL REPORT (AAR)

Ms Karlyn Watt, Senior Manager, and Fadhill Muhammad, Audit Manager, Deloitte LLP, presented the proposed Annual Audit Report to the Committee.

The final report from the 2022/23 audit was split into 2 key parts, the wider scope work, and the conclusions. Ms Watt confirmed that overall, subject to concluding on outstanding points, it was a clean audit opinion. She provided an overview of financial management, financial sustainability, vision leadership and governance, and the use of resources to improve outcomes.

Ms Watt provided assurance that the Integrated Joint Board (IJB) had sufficient arrangements in place to secure the best value and had a clear understanding of the areas that required further developments. Significant work was still required to make the level of lasting transformational change needed to ensure financial sustainability.

Mr Muhammad discussed with the Committee the key conclusions from the financial statements audit work. This included the key areas of the report which included quality indicators, explaining the impact these had on the execution of the audit, and significant risks identified in relation to the management override of controls.

The challenges in obtaining evidence from the relevant constituent authorities, which were required to prepare the annual accounts were noted and this had caused significant delays in the completion of the audit. The Committee discussed ways improvements could be made to improve the efficiency of the audit process and it was suggested that going forward the IJB and constituent authorities' finance officers discussed and agreed on a clear timetable for the preparation of the annual accounts and audit. The Committee agreed it would be helpful to be kept updated on the progress of this.

Mr Murray agreed there was a requirement to have more work completed in advance of the initial work required by auditors, to avoid delay, from both sides. It was important to look at ways to work with the audit team to minimise duplication going forward. Mr Murray confirmed the IJB, the constituent authorities, and Deloitte would be meeting to have a debrief on how the process could be more efficient going forward. Updates of meetings would be provided to the Committee.

For clarity, Ms Black highlighted that under vision, leadership, and governance it should have stated that it was the constituent authorities' responsibility to review the integration scheme, not the IJB. Ms Watt agreed to make this change for the final report.

Mr Earl thanked Ms Watt, Mr Muhammad, and Deloitte for the good work reflected in the report, given the challenging circumstances.

The Audit and Risk Committee:

- 1) Noted the Annual Audit Report subject to discussed further amendments.

6. 2022/2023 IJB ANNUAL ACCOUNTS

Mr Ewan Murray, Chief Finance Officer presented the 2022/2023 IJB Annual Accounts to the Committee.

Mr Murray explained that financial performance remained unchanged. There had been an adjustment between the draft and final accounts in relation to reserves, resulting in COVID reserves being reduced by £201,000. This was because of an adjustment between the closure of the IJB draft accounts and Clackmannanshire Council closing their draft accounts slightly later. The IJB was required to adjust figures in relation to payments to Social Care providers in relation to national COVID provider support arrangements.

Mr Murray confirmed the Annual Governance Statement had been updated to reflect the Annual Assurance Report, brought by the Chief Internal Auditor at the previous Audit and Risk Committee. However, due to the lateness of national information, he had not been able to incorporate the national health and wellbeing indicators annex to the Annual Performance Report. It is anticipated this will be included in

Councillor Rennie raised concerns regarding outdated IT data and information systems and asked whether measures were in place to update these. The Committee discussed and agreed that these systems required modernisation to reduce risks in the information provided for reporting purposes. Ms Black reiterated that the systems were the responsibility of the constituent authorities.

Councillor Earl questioned the fortuitous underspends wording, the visual on co-production, and the pension contributions. Following discussion Mr Murray confirmed he would amend the wording and add a short explanatory note about the employer pensions contributions for the year 2022/23.

The Audit and Risk Committee:

- 1) Considered and discussed the audited 2022/23 annual accounts.
- 2) Recommended the 2022/23 annual accounts to the Integration Joint Board for approval, signing, and publication on the IJB website subject to the amendments detailed above being made.

7. STRATEGIC RISK REGISTER

Mr Ewan Murray, Chief Finance Officer presented the Strategic Risk Register to the Committee.

Mr Murray confirmed the risk workshop had been organised to take place on 27 September, before the IJB meeting. The workshop would focus on discussions around risk appetite and tolerance and reviewing the structure and content of the strategic risk register.

Mr Murray explained there had been a 'light touch' review of the Strategic Risk Register, and the risks had not been restructured although risk controls had been updated where required.

The Committee discussed the narrative around some of the risks and reasoning for scoring suggesting reviewing other IJBs to understand what was working well for them. Councillor Earl suggested that, after the workshop on 27 September, follow-up workshops are arranged to have deep dives into specific risks.

The Audit and Risk Committee:

- 1) Reviewed and approved the Strategic Risk Register

8. AUDIT AND RISK COMMITTEE SELF ASSESSMENT

Mr Ewan Murray, Chief Finance Officer presented the Audit and Risk Committee Self-Assessment to the Committee.

Mr Murray explained he had also discussed this with Isobel Wright who agreed there was a requirement for the Committee to perform a self-assessment. As this acknowledged best practice Mr Murray confirmed he would use the CIPFA self-assessment checklist to complete a self-assessment of the Audit & Risk Committee. The committee agreed this was a worthwhile assessment.

The Audit and Risk Committee:

- 1) Noted and commented on the requirement to carry out a Self-Assessment; and
- 2) Approved and asked the IJB Chief Finance Officer to take forward plans for a Self-Assessment using CIPFA's Audit Committee Self-Assessment template and report the outcome to the next meeting.

9. RELEVANT NATIONAL REPORTS

Audit Scotland: Public Audit in Scotland 2023-28

Mr Ewan Murray, Chief Finance Officer presented the report which was of significance to the business of the IJB and asked the Committee to note the key messages within.

The Audit and Risk Committee:

- 1) Noted the report and its relevance to the operating context of the IJB as a public body and Health and Social Care Partnership as the operational construct services are delivered within.

10. ANY OTHER COMPETENT BUSINESS

Councillor Earl asked whether a date had been arranged to review the Reserves Policy. Mr Murray confirmed this had not been arranged, as he was still reviewing the policy. The Committee agreed that the matter should be discussed at the next meeting on 6 December.

In addition, it was suggested the chairs and vice chairs of the constituent authorities' Audit and risk Committees meet to discuss the ongoing IT developments and how these could support planning and delivery of integration functions going forward.

11. Date of Next Meeting

06 December 2023

**Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held on
Thursday 30 November 2023 @ 10am via Teams**

Present:

Robert Clark, Employee Director, NHS Forth Valley (RB)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP (WF)
Linda Guy, HR Manager, NHS Forth Valley (LG)
Brian Dunnachie, GMB Stirling Council (BD)
Sonia Kavanagh, Business Manager, HSCP (SK)
Julie Morrison; Unison, Stirling (JM)
Judy Stein, Locality Manager, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Branch Secretary JTUC (Chair)
Ewan Murray, Chief Finance Officer, HSCP/IJB (EM)

1. Welcome and Introductions

As Abigail Robertson & Annemargaret Black (Co – Chairs) were not available to attend the meeting. Lorraine Thomson, chaired on the group's behalf. Ewan Murray attended on behalf of Annemargaret and would provide updates on item 5, item 6 and provide any relevant information. To note that Julie Morrison will attend as the substitute for Abigail Robertson, who is currently on sick leave.

2. Apologies for Absence:

Annemargaret Black, Chief Officer, HSCP (AMB),
Jennifer Borthwick, Director of Psychology, Head of Clinical Services Mental Health & Learning Disability) HSCP (JB)
Nicola Brodie, Unison, NHS Forth Valley (NB)
Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)
Amie Drysdale, HR Business Partner, Stirling Council (AD)
Wendy Forrest, Head of Strategic Planning and Health Improvement (WF)
Kelly Higgins, Senior OD Advisor (KH)
Karren Morrison, Unison Branch Secretary FV (KM)
Fiona Norrie, HR Business Partner, Stirling Council (FN)
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
Maxine Ward, Head of Community Health, and Care (MW)

3. Minute of Meeting of 21 September 2023

This minute was approved as an accurate reflection.

4. Matters Arising

AHP Discharge to Assess Project Plan

Judy Stein advised that Pauline Beirne, AHP Director has been requested to bring together a group to discuss the re-framing and clarifying of the discharge to assess. She will be looking at this across the whole of NHS Forth Valley and the three local authorities. This will be bringing in the AHP's that sit within Clackmannanshire & Stirling, the discharge teams and reablement teams. They will be involved in discussions and the meetings will be commencing next week.

EM advised that this links directly to a piece of work that Maxine Ward is leading in terms of the transformation sustainability planning around the re-design of front door to adult social care services. It also takes in the whole intake/assessment pathways so that they are all intrinsically linked.

Action – Update to come to next meeting.

5. Management Update/Service Pressures

EM advised that we continue to be under extreme pressure as a health & social care system both locally & nationally. This is amplified in the level of financial pressures, we have both this year and a significant financial gap into next year. Focusing on transformation and sustainability and focusing on sustainability going forward. There are several workstreams associated with that, i.e. discharge to assess and how it dovetails into wider pan-forth valley work. A whole system reset which is ongoing now; which links to winter resilience and planning and improving performance and service safety. Hoping to release capacity as we rapidly go into the winter.

There are several other workstreams within that, one being medicine optimisation and there is a lot of social media work around that from NHS and the partnership media streams around getting more from our medicine. These aim to have an educational impact in terms of reducing medicines waste and improving safety for our patients and service users. There was a workshop this morning on redesign of Learning Disability Services and benchmarking information from a financial point of view we benchmark at the higher end in terms of costs as a whole system.

EM advised we have received some external support reviewing our existing transformation plans. We have more than 20 workstreams within that. There is a key lesson in terms of an implementation gap if we do too many things across a lot of bases, then we get nowhere. The approach going forward will be to align these into six key workstreams. The Integration Joint Board (IJB) as the governing board have encouraged and are supportive of this way forward. We need to get our energy behind delivering all of this.

EM had met briefly with **LT** and **RC** as trade union colleagues on the IJB yesterday around how we can appropriately and productively include staff side colleagues in all this work and planning going forward. The workforce is our best asset, so it is important to work with them. **LT** and **RC** have raised concerns regarding plans in relation to recruitment and the backfilling of posts. **LT** and **RC** have requested that they have sight of any proposed process and how posts that are not to be backfilled or recruited to are determined and impact/risk assessed. **LT** and **RC** continue to have concerns regarding this and do not agree with a recruitment freeze. **LT** and **RC** advised that there needs to be proper consultation, involvement and engagement at the earliest opportunity.

We also have several key vacancies at the moment, and we are working to fill these posts permanently. Maxine Ward is currently on an interim secondment which will end in Jan/Feb 2024. This will be a key post to fill. We have made appointments to the two locality posts in Stirling Urban and Clackmannanshire and these will be commencing in January. **EM** thanked Judy Stein for her resilience and hard work at this critical time.

6. NHS Forth Valley Board Escalation

EM advised that the updated Improvement Plan was considered by the NHS Board earlier this week and was also discussed at the Integration Joint Board. The plan is now in the public domain, and it is about delivering what is in that plan. This will help to get the whole system in a better place than before. It is wider than Forth Valley Royal and all have a valuable contribution to make. Keep as standing agenda item.

7. OD & Wellbeing Update

WF updated the group in Kelly's absence. We have capacity issues across the senior leadership Team, and we are seeking to fill these posts. **KH** has a full diary working to support the teams who were delegated in April into the Partnership. The work to deliver the Integrated Workforce Plan is continuing. This is based on the national pillars linked to wellbeing and staff wellbeing. **KH** had worked with OD & HR colleagues in the three constituent authorities on this. Our plan was submitted within time to Scot Govt and we are still awaiting feedback. We are continuing to implement this, and we have the plan in place and leads for each of the pillars of work within the plan and will continue to provide updates to this

group.

WF noted that Abigail Robertson was the TU delegate on the Integrated Workforce Plan group and asked if a new rep could be identified. Julie Morrison will be the delegate, as she is covering Abigail's sickness.

8. Service Updates

Stirling Locality & Clackmannanshire Locality

WF asked that it be noted that there are a number of vacancies at a number of levels within both these teams. Bob Barr had left in May and Caroline Robertson in November. The person who was substituting for Bob was no longer able to do this. Two locality managers will start in January. Maxine Ward has covered a lot of the operational delivery against this, and she is carrying quite a heavy load.

Mental Health, Substance Use & Learning Disability

Jennifer Borthwick has submitted apologies for today. We will make every endeavour to ensure someone attends the meeting in January, as there has been no representative or report for this area for most of 2023.

Hospital, Reablement & District Nursing

Judy Stein provided a verbal update.

Reablement Stirling – Julie Gallagher has retired after 29 years' service. Currently looking at the structure and what we need that role to look like and we are working our way through that. Agneska has taken on quite a lot of this work and is receiving additional support. The Care Inspectorate carried out an unannounced inspection and they maintained 5's for all their grades. This was a new test check inspection as they had done so well at the last inspection. This was a smaller less intense inspection to make sure they were maintaining the levels and standards.

Reablement & Mecs Clackmannanshire - The phones for reablement & mecs are on their way. The next step is to ensure we get the people safe app onto them from the lone working perspective. We are also waiting for the Care Inspectorate to come in.

Intermediate Care – Bellfield had an unannounced inspection in October. Grades had improved from the last inspection, and we received 3 5s and 2 4's. Positive and good feedback was received. The Care Inspectorate also commented that they could feel the difference in the atmosphere in the team working within the building.

CCHC – There have been several challenges at CCHC. Ward 2 has had an LSI which should be concluding shortly. They have also struggled with sickness and vacancies. Currently both senior charge nurses are on sick leave. We have people acting in the band 7 roles. Judy is supporting and professional support is also in place. They are doing a really good job working with the teams focusing on training & development. Making sure they are getting violence, aggression and manual handling figures up.

9. STANDING ITEMS

Health & Safety

Combined H & S HSCP Report

The new report is attached that the constituent H & S Advisers had pulled together. This is an excellent report. There is a lot of detail, and it is visual and encouraging and a helpful report. There are still some gaps, but it is a work in progress.

H & S Highlight Report attached

Judy had been asked to produce a highlight report from the last Health & Safety meeting. This was to include risks & opportunities to be raised at this group. Four items that we agreed at the group to raise at this meeting were.

- The Quarterly report, quite time consuming for H & S advisers.

- Risk Assessments raised on several occasions from our Clacks H & S team. Raised as a significant risk. We have honed down to the number of risk assessments in the LD & MH team. They have had significant change in management structure. Now have new management in and has been advised this is moving in the right direction.
- Violence & Aggression and Manual Handling figures. Collation of these figures go into the quarterly report and this is proving challenging for some of the LA colleagues. Clacks are able to pull from the system but are concerned around the accuracy. It is pulled from the payroll system so should not be an issue.
- Circulation lists of management and team leaders – out of date etc. **JS** will link in with Sonia to receive an update.

The next meeting of the H & S Group will be 01/02/24 and the combined report and Highlighted Report will be provided to the next available meeting of the JSF.

H & S Partnership Group Minutes - 030823

Last approved minute which is for noting. **LT** requested that Julie Morrison be invited to the H & S Group in place of Abigail.

10. AOCB

Grievances & Complaints

RC advised that there are concerns over dealing with grievances/complaints from employees in the local authorities against NHS employees and vice versa. This was a previous concern re policy to be used.

CD advised that this is an issue that she is aware of. She is not aware of any flow chart existing. The understanding is that once a complaint has been raised it should fall under the employer of the individual. That is how Clackmannanshire is working.

LG advised she agreed with Carol and that is what NHS is doing. There is nothing in writing and we generally agree what we should do. Previously there was a joint staff working framework (early 2000).

LT suggested a discussion with all Partners in HR to put a flow chart structure together and to discuss a way forward. A short life working group to be established, HR leads to take forward.

RC advised he was happy to be involved in a short life working group. Has also raised at Falkirk JSF and they are keen to be involved.

ACTION – HR Leads to take forward with Falkirk colleagues and agenda item at next meeting.

13. Date of Next Meeting(s)

Wednesday 24 January 2024 at 2pm

Strategic Planning Group

Minute of meeting held on 14 December 2023 @ 2 pm via MS Teams

Name	Position
MS Teams	
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
Ewan Murray	Chief Finance Officer, C&S Health and Social Care Partnership/IJB
Lesley Fulford	Senior Planning Manager, C&S Health and Social Care Partnership
Simon Jones	Lead Officer Alcohol & Drug Partnership, C&S Health & Social Care Partnership
Alan Clevett	Stirling Voluntary Enterprise Ltd
Hazel Chalk	Short Break coordinator, S&C Health & Social Care Partnership
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Marjory MacKay	Strathcarron Hospice, NHS Forth Valley
Liz Rowlett	Partnership Officer, SVE & CTSI
Judy Stein	Stirling Locality Manager, C&S Health & Social Care Partnership
Mathew Bunnell	Active Stirling, Head of Health & Wellbeing
James King	GP Clinical Lead and Locality Coordinator S&C HSCP
Stephen Clark	Head of Housing, Stirling Council
Helen Duncan	CEO, Town Break
Laura McKenzie	Operations Manager, Falkirk & Clackmannanshire Carers Centre
Anita Paterson	Head of Service Health Improvement C&S Health & Social Care Partnership
Janette Fraser	Head of Planning, NHS Forth Valley
Jennifer Baird	Contract & Commissioning Service Manager C&S Health & Social Care Partnership
Kelly Higgins	Senior Organisational Lead, C&S Health & Social Care Partnership
Ann Farrell	Principal Information Analyst S&C Health & Social Care Partnership
Linda Riley	Service User Representative
Colleen McGregor	Centre Manager, Stirling Carer's Centre
Bryan Dunnachie	GMB Branch Secretary Stirling Council
David Williams	Interim Chief Officer, C&S Health and Social Care Partnership/IJB
Marie Valente	Chief Social Work Officer Stirling Council
In attendance	
Fiona Norval	Minute taker / PA
Apologies	
Lorraine Robertson	Chief Nurse, Health & Social Care Partnership
Anne Knox	Stirling Voluntary Enterprise Ltd
Carolynne Hunter	Carer's Representative
Elizabeth Ramsey	Carer's Representative
Michelle Duncan	Planning & Policy Development Manager, C&S Health & Social Care Partnership
Margaret Silver	Carer's Representative
Sheila McGhee	Service User Representative, Clackmannanshire
Anthea Coulter	CTSI Third Sector Interface
Maxine Ward	Head of Community Care, 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 the meeting held on 12 October 2023

The note of the meeting held on the 12 October 2023– was approved as an accurate record.

3. Action Log & Matters Arising

Action Log pick up via agenda in meeting and updated.

4. Financial Position, Presentation

Ewan Murray, Chief Finance Officer

Ewan Murray provided a verbal update, advising he will be taking a presentation around the Progress on Transformation and Sustainability Programme 2024/25 to the IJB Finance & Performance Committee on 20th December 2024.

As an Organisation we need to be more challenging and radical to meet our financial gap; – “Needs Led Resource Bound.

A Budget Working Group will be established and any feedback from the Strategic Planning Group should be forwarded on to Ewan Murray.

Budget to remain as a standing agenda item.

5. Prioritising our activity

Wendy Forrest, Head of Strategic Planning & Health Improvement

Feedback from Strategic Planning Group to Integration Joint Board

Prioritising and modernisation - key areas of activity

Wendy Forrest shared a presentation, providing feedback from the session held in October, advising, the session held contained two parts – firstly focused on Need Led and the context of the Strategic Commissioning Plan 2023-33.

Needs led looked at the Commissioning Cycle and the model of care, with the ADP as a working example.

The SPG were then given three questions to consider:-

- What we would prioritise within the Delivery Plan
- How can we measure and demonstrate impact, and
- What can the SPG offer to deliver the plan.

The discussion feedback on this question has been collated and applied to four of the strategic themes of the SCP and shared with the IJB Committee and the Finance & Performance Committee.



Colleagues within IJB and F&P are keen the active part the SPG has played in delivering the priorities and focus on this going forward. What we agreed we should we prioritise in Delivery Plan:-

- Prevention & Early Intervention
- Achieving care closer to home
- Independent Living through choice and control
- Empowered people and communities

We need to look at how we managed the demand of the 4 areas effect demand management into the system.

The feedback on this discussion fitted well with some of the enabling activities set out within the SCP. How can we measure and demonstrate the impact of key areas of work:-

- Communication and Engagement
- Data and Performance
- Transforming Care

The group were asked this as part of the Needs Led discussion, this was asked again following the financial context to see if the priorities were still the same or slightly different.

What we will prioritise within our Plan:-

- Support for Carers
- SDS
- Prevention and Early Intervention

How do we effectively manage demand into the system? Feedback form this question has links to four of the strategic themes;-

- Prevention and early intervention
- Increased community care and support
- Self-Management
- Carers

Modernisation Priorities as enablers:-

- Self-Directed Support Compliance
- Carers Act Compliance
- Specialist Housing
- Transitions Policy across complex care and Learning Disability
- Replacement Social Work Recording Systems
- SMART House
- Rapid and Care at Home
- Joint Loan Equipment Service

What you as SPG said you could offer up to help deliver the priorities? The responses to this question focused on collaborative and partnership working including closer involvement of lived and living experience. Also around reviewing and evaluating services and outcomes and greater engagement with people.



The results of presentation shows the connection between SPG and the Locality Working, re enablement care is important and there is a need for us collectively to understand when we use prevention, along with being able to address and focus our attentions on all of this. There is a broader discussion around prevent, as there needs to be a gold thread around everything we do, using our links with the community around broader prevent.

There is a need to mobilize the wider system to support early invention and prevention, take back to ADP. It was not mention within wider presentation but it is key, it sits with its own priority - There is a significant amount of work sitting within ADP, therefore at a future meeting we can go through the work within this and how we are working with the wider partnership to address early invention and prevention.

As a Partnership we need to try and get the public to understand that we need to move to prevention.

Action:	Update on work within ADP this and how we are working with the wider partnership to address early invention and prevention.
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6. **Quarterly Performance Report - Presentation**

Ann Farrell, Principal Analyst

Lesley Fulford Planning and Policy Development Manager

Lesley Fulford and Ann Farrell provided an update on the HSCP Performance Report 2023-2024 Quarter 2 (July to September), cover the 4 Strategic Themes:-

- Strategic Theme 1 Prevention, Early Intervention & Harm Reduction
- Strategic Theme 2: Independent living through choice and control
- Strategic Theme 3: Achieving care closer to home
- Strategic Theme 4: Supporting empowered people and communities

Work is under way within the services to develop related performance indicators aligning to the new Strategic Commissioning Plan, and where possible the data will be reported at a locality level to reflect and support the Locality Plan.

The HSCP Performance Report, 2023-2024 Quarter 3 (October to December) will be presented to the IJB on 27th March 2024.

Discussion took placed around benchmarking and targets around where we are against other areas and bring this to the IJB.



7. NHS Forth Valley Healthcare Strategy

Janette Fraser, Head of Planning NHS Forth Valley

Hazel Meechan Public Health Specialist, NHS Forth Valley

Janette Fraser, shared a presentation on NHS Forth Valley. Healthcare Strategy and provided an overview and summary on the current development the healthcare strategy.

As a Partnership we are working closing with colleagues in Public Health, an example is the work on going around the high levels of smoking within Clackmannanshire with this being built into our Locality Plan and how we can do focused work.

Janette Fraser advised that she would be happy for members to contact her if they wish take part around any consultations on the Healthcare Strategy.

8. National Care Service update

Allan Rennie advised that Maree Todd, Minister for Mental Wellbeing, Social Care and Sport has written to the Health, Social Care and Sport committee in response to Stage 1 of the Bill. The Ministers full letter can be read on the Scottish Parliament website:-

<https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/correspondence/2023/national-care-service-minister-response-december-2023.pdf>

<https://blogs.gov.scot/health-social-care/2023/12/06/update-to-health-social-care-and-sport-committee-on-the-national-care-service-scotland-bill/>

Discussion took place around the headlines of this briefing. David Williams offered to provide a bullet point summary of the significant points from Ms Todd letter and circulate to members of the SPG.

Action: David Williams will provide a summary of bullets of the significant points from Ms Todd letter.

9. Any other business & future agenda items

No other business was tabled.

Future Agenda items

- Budget Special
- ADP
- Loneliness Work
- What is prevent
- Transportation
- Nation Care Service

10. Date and time of next meeting

The next meeting is scheduled for 21 February 2024 @ 2 pm, Carseview House Boardroom, Castle Business Park, Stirling



Future agenda items



Minute of the Clinical and Care Governance Group meeting held on Thursday 16 November 2023, at 2.00pm, via Microsoft Teams

Present: Marie Valente, CSWO, Stirling Council (Chair)
Sharon Robertson, CSWO, Clacks Council
Judy Stein, HSCP, Locality Manager
Maxine Ward, Head of Community Health and Care
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Joanne Sweeney, Adult Support & Protection Lead
Pauline Beirne, Director of Allied Health Professionals

In Attendance: Sam Neary, Business Support Officer (Minute)

1. WELCOME AND APOLOGIES FOR ABSENCE

Marie Valente welcomed everyone to the meeting. Apologies for absence were noted on behalf of Lorraine Robertson, Kirstie Stenhouse, Dr King, Annemargaret Black, Lesley Fulford, Nicola Wood, and Sonia Kavanagh. It was agreed that Lead Nurse should also attend these meetings. Joanne Sweeney asked if Jayne Scaife, who is new NHS Public Protection, Lead Officer could be added to membership.

Marie Valente has discussed the current reduced senior manager capacity with Dr King, Sharon Robertson, Maxine Ward and Sonia Kavanagh. Further work is planned to review and refine the data/information reported at this meeting to ensure that it is concise and informative. We will move towards exception reporting in an effort to reduce the volume of reports. We will map out the information shared across other groups including the MH/LD Clinical Care Governance Group and H&S Groups to avoid duplication and ensure appropriate governance and assurance. It was agreed that although there was a lack of Senior Managers at present it was important for this meeting to continue to provide assurance.

Marie Valente stressed the importance of a Clinical and Care Governance Framework and noted this may be due for review. She had asked her PA to contact Sonia Kavanagh to add to the next agenda along with the Terms of Reference (ToR) for review.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 20 July 2023

The Clinical and Care Governance Group:

- Approved the draft minute as an accurate record.

3. MATTERS ARISING FROM THE MINUTE

None were noted.

4. CLINICAL AND CARE GOVERNANCE REPORTS

4.1 Reablement, TEC, Community Nursing & Hospital – Judy Stein

Reablement – Judy Stein provided an update and advised that Julie Gallagher, Team Lead for Stirling Reablement had now retired, therefore, the Team structure would be reviewed. Maxine Ward advised that the information was encouraging. Clackmannanshire Reablement continues to have lone working issues which are being worked on. An outstanding MECs complaint was being progressed with assistance from the legal team.

Community Nursing – High volumes of Long Term Sickness absence are causing challenges for the Team but they are managing to provide the service as normal. The continence product contract has been reviewed. However, there is uncertainty regarding the financial implications.

Bellfield Intermediate Care – the high volume of sickness was noted. The Care Inspectorate grades have improved following a recent inspection. Staff absences in the Wallace Suite continue to be challenging and therefore bank staff/agency are being used as staff do not want to do overtime. The Senior Charge Nurse (SCN) is managing this.

In response to a query regarding the high falls figure Judy Stein advised that this was linked to 8 stroke beds and the functionality of the patients' limbs.

4.2 Stirling

In the absence of a report it was noted that the new Locality Managers for Stirling and Clackmannanshire had now been appointed and HR were progressing. Thanks were noted to Judy Stein who had been supporting to cover where possible.

4.3 AHP

In the absence of a report Maxine Ward advised that Kirstie Stenhouse the new AHP Lead was now in post and split 50/50 between the HSCP and acute.

4.4 Delayed without Discharge & CCHC

Judy Stein highlighted the challenges at CCHC with both SCNs on long term sickness absence. There is a lot of recruitment going on and progressing. The Large Scale Investigation (LSI) is also on-going within Ward 2. Judy is working with Nicola Wood to provide support for CCHC. Maxine Ward provided assurance that she was aware of the gaps and was also providing support.

Leadership and training was noted as amber and therefore there was extra focus to progress. Lynda Bennie advised that there is a dashboard for falls on the NHS Forth Valley Internet now from Safeguard. Judy Stein added that this is for the

acute sector only and it would be good to have all data. Lynda Bennie will speak to Information Services.

5. ITEMS FOR OVERSIGHT AND ASSURANCE

5.1 Non-Clinical Claims report: November 2023

This report was read and noted by the group. Slip & trips have all been investigated and processed. Reassurance was given that appropriate action had taken place. This will be considered in ToR and future reports. Maxine Ward noted that this was for assurance purposes, and may be useful to just have a list of incidents and the actions taken for assurance. To be noted for the ToR update.

5.2 HSCP Complaints: NHSFV, Stirling Council, Clackmannanshire Council

Noted with no major concerns.

5.3 Standards and Reviews report: July 2023

Noted. Maxine Ward added that MH&LD had their own Clinical Care Governance Group but not all were Health issues, therefore there should be some reporting here. She had discussed this with Jennifer Borthwick. Consideration will be given to the inclusion of information to assist understanding of social work practice and performance. This will be included as part of the ToR review.

It was noted that there was opportunity for this group to escalate issues for joint discussion and mitigation from hosted services such as Allied Health Professional Services in Falkirk.

5.4 NHSFV Clinical Governance Arrangements

Noted. The group acknowledged that it was useful to see this report although it is Forth Valley wide CCG as opposed to HSCP.

5.5 Collated Health & Safety report

Noted. Judy Stein provided a brief overview of the new joint report. It was suggested that we only see areas for escalation rather than the whole report.

5.6 Delayed Discharges – code 100, August 2023

Noted – Will source new data out with meeting as this was out of date

5.7 Duty of Candour Annual Report 2022-23

Noted.

6. PROPOSED DATES FOR 2024-2025

Agreed the following dates and invites to be sent

21/03/24

16/05/24

18/07/24

19/09/24
21/11/24
20/03/25

7. AOCB
None

8. DATE OF NEXT MEETING
Thursday 18 January 2024 at 2:00pm