meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **19 June 2024, 2 pm – 5 pm** at Carseview House, Stirling, and hybrid via MS Teams

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

AGENDA

1.	Welcome and Apologies	
2.	Notification of Substitutes	
3.	Declaration(s) of Interest	
4.	Draft Minute of the Integration Joint Board meeting held on 27 March 2024	
5.	Action Log	
6.	Case Study – Andy Witty	David Williams
7.	Chief Officer Update	Verbal

For Decision with Direction

8.	Financial Report	Ewan Murray
9.	Developing a Mental Health and Wellbeing Strategic Commissioning Plan for Forth Valley	Paul Smith & Nabila Muzaffer
10.	Self-directed Support Policy	Wendy Forrest

For Decision without Direction

11.	Progressing Health and Social Care Integration through the IJB in Clackmannanshire and Stirling	David Williams
12.	Draft Revised Standing Orders	David Williams
13.	IJB Strategic Risk Register	Ewan Murray
14.	Integrated Performance Framework	Wendy Forrest
15.	ADP Annual Report	Wendy Forrest

Clackmannanshire & Stirling
Health & Social Care Partnership

For Consideration and Noting

16. Minutes

    a. Joint Staff Forum – 24.01.2024
    b. Strategic Planning Group – 21.02.2024

17. Date of next meeting

    07 August 2024

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on 27 March 2024

For Approval

Approved for Submission by	David Williams, Interim Chief Officer
Paper presented by	N/A
Author	Sandra Comrie, Business Support Officer
Exempt Report	No

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Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 27 March 2024, at Forth Valley College, Stirling Campus and hybrid via MS Teams**

PRESENT

Voting Members
Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Kathleen Martin, 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
John Stuart, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members
David Williams, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Louise McKay, Interim Head Nurse HSCP
Robert Clark, Employee Director, NHS Forth Valley
Julie Morrison, Union Representative, Stirling

Advisory Members
Lesley Fulford, Senior Planning Manager
Nikki Bridle, Chief Executive, Clackmannanshire Council
Mhairi Miller, Resources & Governance-Legal Services, 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:

Councillor Gerry McGarvey (Vice Chair), Stirling Council
Councillor Janine Rennie, Clackmannanshire Council
Amanda Croft, Interim Chief Executive, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling
Abigail Robertson, Staff Representative, Stirling Council
Carol Beattie, Chief Executive Stirling Council
Paul Morris, Carers Representative, Clackmannanshire
Louise Murray, Carers Representative, Stirling
Andrew Murray, Medical Director, NHS Forth Valley
Lorraine Robertson, Chief Nurse HSCP
Narek Bido, Third Sector Representative, Clackmannanshire

NOTIFICATION OF SUBSTITUTES

Julie Morrison for Abigail Robertson, Staff Representative, Stirling Council
Louise McKay for Lorraine Robertson, Chief Nurse HSCP
Councillor Martin for Councillor Rennie, Clackmannanshire Council

2. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

3. DRAFT MINUTE OF MEETING HELD ON 29 NOVEMBER 2023

The draft minute of the meeting held on 29 November 2023, was approved subject to the following amendments:

- Helen McGuire amended to Service User Representative, Clackmannanshire
- Paul Morris amended to Carers Representative, Clackmannanshire

4. ACTION LOG

Mr Murray confirmed the Primary Care updates would be presented at the IJB on 19 June 2024.

5. CASE STUDY

A short film about MacMillan Cancer Support (Annie and George's story) was shared with the IJB.

Mr Williams provided an overview of George's illness and the support provided to him and his wife Annie by Jane Niblo, Community Manager Macmillan Advanced CNS Macmillan One to One.

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6. CHIEF OFFICER UPDATE

Mr Williams provided a verbal update to the IJB.

Mr Williams provided updates on the integration scheme review, the National Care Service, and new appointments within the Health and Social Care Partnership (HSCP).

The integration scheme review was being coordinated by an external facilitator and required a substantial update from the original scheme, the completion date was scheduled for Autumn 2024 and would be presented to Clackmannanshire Council, Stirling Council and NHS Forth Valley Health Board, pre-consultation, for approval. Mr Williams highlighted that a possible risk was the suggested decoupling of Clackmannanshire and Stirling Councils; therefore.

Stage one of the National Care Service review was completed in February 2024. The intention was to develop a National Care Service Board with a tripartite partnership approach, with Scottish Government, NHS Forth Valley Health Board executives and COSLA. The expected reformed IJBs would then be accountable to the National Care Service Board for activity and performance and have reformed IJB functions alongside some new ones. No timeframe had been set for completion.

Mr Williams confirmed Paul Cameron was due to commence the appointment of Head of Community Health and Care in May and Terry O'Gorman and Rachel Sinclair had been recently appointed to the Locality Manager posts.

Finally, he explained the structure of the IJB agenda had been updated with sections for papers for decision with Direction, for decision without Direction and for consideration and noting. The expectation was that there would be more papers, on the agenda, for decision with direction going forward in keeping with the role of the IJB as a decision making commissioning Body.

Mr Rennie thanked Ms Ward for her contribution and confirmed Gail Woodcock had replaced Patricia Cassidy as Chief Officer for Falkirk IJB, Neena Mahal had been appointed as NHS Forth Valley Interim Chair and the position of NHS Forth Valley Chief Executive was advertised.

7. BUDGET AND FINANCE

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

The report reflected the financial performance for the first 10 months of the financial year and set out the backdrop for considerations within the revenue

budget. Mr Murray explained that pressures and cost drivers set out were consistent with previous reports and the projected overspend of £2.076 million did not meet the minimum requirement set out by the Board. However, there had been a slight improvement which he hoped would continue for the remainder of the year.

Mr Murray confirmed he should have added an explicit recommendation in the report to improve the Directions which were appended to the report. These Directions reflected the change in the structure of the Board's agenda from today's meeting onward.

Mr Johnston asked whether the allocation for residential placements was making a difference. Mr Murray explained there continued to be an additional level of placements in Clackmannanshire and Ms Ward added that there had been an observed reduction in placements in Stirling.

The Board discussed the areas of underspends that would help with the overspends. Mr Earl suggested that having a narrative around the significant underspends in the report would help provide the Board with a better understanding.

The Integration Joint Board:

1) **Noted 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) **Noted the integrated financial report including commentary on areas of material variance from budget.**
3) **Noted that 46% of the approved savings and efficiencies programme was anticipated to be delivered in the current financial year.**
4) **Approved 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) **Approved 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.**
6) **Approved the Directions appended to the report.**

8. IJB REVENUE BUDGET 2024/25 "NEEDS LED – RESOURCE BOUND"

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

Mr Murray explained the revenue budget was a combination of many months of discussion and engagement aligned with the Strategic Commissioning Plan priorities. It reflected the rethinking and redesigning of how the services within the HSCP were planned and delivered over the coming year and future years.

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The budget was presented in the context of significant recurring financial pressures and had been the most challenging financial settlement for the IJB so far.

At a meeting on 28 February 2024, The Finance and Performance Committee considered a revised IJB business case which estimated a financial gap of £14.080 million which has now been updated to £14.041 million in relation to the Integrated Budget. Addressing the financial and service challenges of this scale required considerable change and highlighted the level of proposed savings presented to the Board at this time is five times the level projected to be delivered in 2023/24.

The budget incorporated a proposed savings programme of £10.094 million with £3.947m of reserves held to present an initial balanced budget. Mr Murray emphasised the risk in relation to the approach and specifically about reducing general reserves and the IJB were advised to expect to receive papers for decision with direction at each and every meeting going forward.

Mr Murray highlighted the three highest areas of financial risk which were the prescribing budget, learning disabilities and the ability, as a whole system, to eliminate reliance on unfunded beds. The Board would receive further proposals on decisions with Direction where required, during the financial year.

Mr Murray advised the IJB that since the publication of the budget papers, interim settlement for the year was in place for the National Care Home Contract (NCHC). This was in line with assumptions within the budget paper and a revision of the initial settlement would be required during the year once any NHS Agenda for Change pay award was agreed as this impacts the cost of care calculator for NCHC rates.

Mr Murray addressed a question raised around prescribing and provided an overview of the work which continued to be worked on including polypharmacy.

Mr Williams explained that if overspends were more than expected, recovery action discussions would commence with section 95 officers and Mr Murray. There may be a requirement to revise the Directions throughout the course of the year.

Mr Murray drew the IJB's attention to the more detailed Directions appended to the report in line with the revised Directions policy also on the agenda. It was emphasised that the approach to Directions would continue to evolve further over time as would the role of the Finance and Performance Committee and IJB in terms of monitoring performance against delivery of Directions.

It was key to have a focus on early intervention and prevention whilst learning what our needs and resources were and aligning these. Mr Murray explained the right care, right time programmes were presented at high level with the

papers and an extensive programme of work to support delivery was underway.

Mr Earl suggested the level of work undertaken with the IJB and the budget working group be noted within the report. The meeting provided a good level of assurance of how the Board should be advised of decisions.

Mr Williams suggested there may be more frequent IJB meetings as four meetings per year were probably insufficient given the responsibilities of the Board.

The Integration Joint Board:

1) **Noted the contents of the report including the background and Economic Outlook**
2) **Noted the proposed funding allocations to the IJB from NHS Forth Valley, Clackmannanshire Council and Stirling Council (Section 4) and the resultant Revenue Budget to support the delivery of the Strategic Commissioning Plan for 2024/25 of £257.384m.**
3) **Approved an initial revenue budget for 2024/25 including the proposed savings programme detailed in section 4.5 and Appendix 3.**
4) **Agreed on the proposed approach to sustaining investment in Community Link Workers as detailed in section 4.17.**
5) **Noted the recommendation from the Audit and Risk Committee and approved the Reserves Policy and Strategy (Section 9 and Appendix I)**
6) **Noted the proposed budget would fully deplete general reserves and the significant risks this placed on the IJB and the constituent authorities.**
7) **Noted the medium-term financial outlook for the IJB (Section 10).**
8) **Issued directions to Clackmannanshire and Stirling Councils and NHS Forth Valley as set out in Appendix 4.**

9. PALLIATIVE AND END OF LIFE CARE

The IJB considered the paper presented by David Williams, Interim Chief Officer

The paper proposed a route to setting out and developing a strategic commissioning plan across Forth Valley Health Board about palliative and end-of-life care. Mr Williams explained it would provide a stakeholder-engaged route using the Commissioning Consortium approach, which the Board had approved and begun to implement for dementia provision.

The report still required a decision with Direction as it required the resources from Clackmannanshire and Stirling Councils and Forth Valley Health Board to deliver. The IJB will direct the Forth Valley Health Board and Clackmannanshire and Stirling Councils to enable and facilitate staff to be

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engaged in the work. Mr Williams confirmed the paper had also been presented to the Falkirk IJB.

Mr Stuart asked whether the timeline for the work was achievable. Mr Williams explained it should be as it was a piece of work which had previously been started but never implemented.

The Integration Joint Board:

1) **Approved 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) **Issued Directions as set out in Appendix 1.**

10. REVISED CLINICAL AND PROFESSIONAL CARE GOVERNANCE FRAMEWORK

The IJB considered the paper presented by David Williams, Interim Chief Officer

Mr Williams reviewed the assurance, concerning clinical and professional care governance for the IJB, and confirmed the arrangement which had been in place since 2018 was inaccurate about the responsibilities of the IJB.

Mr Williams presented the draft revised framework, with amendments and tracked changes, which were visible in the report. He had made some changes to the responsibilities; Forth Valley Health Board were responsible for Clinical and Care Governance and Clackmannanshire and Stirling Councils were responsible for professional social work and social care governance. Terms of reference had been drafted for the Clinical and Care Governance Group with the suggestion they meet quarterly. Mr Williams confirmed he had engaged with professional leads from the local existing group and both the Medical and Nurse Directors who were comfortable with the changes.

Councillor Hamilton suggested it would be good to have a mapping exercise to align all the strategies. Mr Williams agreed to provide a summary of the groups and meetings involved. [DW1]

The Integration Joint Board:

1) **To approve the revisions to the existing Clinical and Professional Care Governance Framework**

11. STRATEGIC RISK REGISTER

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

The Strategic Risk Register was previously included in the performance reports. Mr Murray explained it would now be presented to the IJB as a standalone paper with a revised format. The purpose of the register was to ensure that practice was aligned accordingly to reduce the level of risk. The Audit and Risk Committee reviewed the Strategic Risk Register at the meeting on 21 February 2024.

Mr Murray confirmed the newly appointed Risk Manager from NHS Forth Valley would be supporting work over the next few months, looking at how to systemise the Strategic Risk Register to enhance ownership and efficiency of reporting. Updates would be reported to the June Audit and Risk Committee and IJB meetings to ensure both are content with the new format.

The Integration Joint Board:

1) **Reviewed and approved the Strategic Risk Register**

12. IJB MEMBERSHIP AND ROLES

The IJB considered the paper presented by David Williams, Interim Chief Officer.

Mr Williams provided an update on the changes to membership, the voting membership, and the Audit & Risk Committee.

The Integration Joint Board:

1) **Noted Stirling Council nominated Councillor Gerry McGarvie as Chair of the IJB.**
2) **Noted NHS Forth Valley nominating Allan Rennie as Vice Chair of the IJB.**
3) **Approved Clackmannanshire Trade Union representative as a member of the IJB.**

13. REVIEW OF DIRECTIONS POLICY

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

Mr Murray explained the IJB approved the extant Directions policy in September 2021, however, the policy had not been fully implemented. The policy required a review every 2 years and would be implemented from April 2024.

The Integration Joint Board:

1) **Noted the background to the Directions Policy.**

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2) **Noted the recommendation of the Audit and Risk Committee**
3) **Noted further work was 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) **Approved the updated Directions Policy.**

14. COMMITTEE TERMS OF REFERENCE

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

Mr Murray explained that as part of the governance framework, there was a requirement to review the terms of reference for the committees on an annual basis to ensure they continue to be focussed on the IJB's priorities and the risks delegated to them.

The Integration Joint Board:

1) **Noted the review and update for both IJB Committees' Terms of Reference.**
2) **Approved the Terms of Reference and supporting workplan for both IJB Committees**

15. STRATEGIC COMMISSIONING PLAN-STRATEGIC DELIVERY PLAN

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

The IJB previously requested to see an annual report against the Strategic Delivery Plan. Ms Forrest confirmed that the Strategic Delivery Plan aligned directly with the revenue budget paper. Ms Forrest confirmed it had been updated, improved, and linked with the Directions Policy, as the Strategic Delivery Plan required Directions to the constituent authorities to implement.

The Integration Joint Board:

1) **Approved the updated Strategic Delivery Plan and asked 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) **Sought 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 the Integration Joint Board.**

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16. QUARTER THREE PERFORMANCE REPORT (OCTOBER TO DECEMBER 2023)

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

The report aligned with the Strategic Commissioning Plan which outlined performance and activity across the HSCP delegated services. Ms Forrest confirmed that the next report, going to the June IJB, would fully reflect a framework for reporting against all delegated services as well as hosted services. There had been a request at the Finance and Performance Committee, on 28 February 2024, that information on Medically Assisted Treatment Standards be included in the updated report.

The Integration Joint Board:

1) **Reviewed and considered 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) **Approved Quarter 3 (October to December 2023) report (Appendix 1) and Executive Summary (Appendix 2).**
4) **Sought for officers to present a revised format for the Annual Performance Report 2024 - 2025 at the Integration Joint Board June 24 and an integrated performance framework to fully reflect all delegated services as well as hosted services and specific areas of policy e.g. Medically Assisted Treatment Standards.**
5) **Sought 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".**

17. DELIVERING THE COMMISSIONING CONSORTIA

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

Ms Forrest provided a progress update and explained there were still areas which needed to be worked on, including palliative and end-of-life care. She explained the report contained key elements of work undertaken and the progress made against them.

An update on the delivery of a Consortia approach across carers, dementia, the alcohol and drug partnership and the third sector partnership was presented to the Strategic Planning Group on 15th February 2024 and was agreed in principle alongside people with lived experience, carers, providers,

Third Sector Interface and workers from across HSCP services. Ms Forrest confirmed that people with lived experience were influencing the delivery of policy and the direction of how to deliver care and support.

The Integration Joint Board:

1) **Noted the activity across care groups linked to the commissioning of care and support services.**
2) **Agreed on the current activity and proposed activity for 2024 - 2025 based on a consortia model of commissioning care and support.**

18. CLACKMANNANSHIRE AND STIRLING CHIEF SOCIAL WORK OFFICERS' REPORT 2022-23

The IJB considered the paper presented by Marie Valente and Sharon Robertson, Chief Social Workers

Mr Williams introduced both Clackmannanshire and Stirling Council Chief Social Work Officer reports explaining that the reports provided 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.

Mr Fairbairn suggested that going forward some commentary on the reports would provide a clearer understanding of why they were being presented. Mr Williams explained that as the IJB commissioned all the adult social work social care provisions, it was important that the reports were visible to the Board for noting.

The Integration Joint Board:

1) **Noted the Chief Social Work Officers' Annual Reports.**

19. COMMITTEE ANNUAL ASSURANCE STATEMENTS FOR THE IJB 2023-24

The IJB considered the paper presented by Councillors Wendy Hamilton and Martin Earl.

Councillor Hamilton explained the work of the Finance and Performance Committee was to provide substantial assurance to the IJB about the financial governance and scrutiny of annual budgets and efficiency and savings proposals. She confirmed there would be a focus on the Directions going forward.

Mr Fairbairn suggested the link to Directions work be included in the terms of reference for both Committees.

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Councillor Earl explained the role of the Audit and Risk Committee was to provide substantial assurance to the IJB about a wide range of governance issues including risk management and potential internal control weaknesses. He thanked all members for their continued support.

The Integration Joint Board:

1) **Noted the Substantial Assurance provided by the Audit and Risk Committee Annual Assurance Statement**
2) **Noted the Substantial Assurance provided by the Finance & Performance Committee Annual Assurance Statement**

20. TRANSITIONS POLICY

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

The Transitions Policy for young people moving from Education and Children's Services to Adult Services was developed in partnership with colleagues within education services, children's services and adult services and had been approved by Clackmannanshire Council. Ms Forrest highlighted the good work carried out by Self-Directed Support Forth Valley and the families and carers centres involved. She confirmed the same process was currently underway for Stirling Council and that there was an ongoing commitment for adults from both Councils and NHS to support people in transition.

Mr Clark asked whether the policy covered children with learning difficulties and Councillor Earl asked who the owner of the policy was. Mr Williams confirmed it would cover children with learning difficulties and Ms Forrest confirmed the owners of the policy was Clackmannanshire Council and it had been developed with people with lived experience to cover all areas.

The Integration Joint Board:

1) **Considered 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) **Noted that a process of engagement with Stirling Council is already underway.**

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21. FOR NOTING

21.1 Decision Log

Noted

21.2 Minutes

Noted

a. **Finance and Performance Committee – 01/11/2023**
b. **Joint Staff Forum – 30/11/2023**
c. **Strategic Planning Group – 14/12/2023**
d. **Clinical and Care Governance Group – 16/11/2023**

23. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

24. DATE OF NEXT MEETING

19 June 2024

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Clackmannanshire & Stirling
Health & Social Care Partnership

Meeting Date	Report Title/Number	Action	Responsible Officer	Timescale	Progress/Outcome	Status
27 March 2024	4. Action Log	Primary Care Updates	Judith Proctor	June 2024	The newly appointed Head of Primary Care is planning a joint IJB development session on PC.	Complete
27 March 2024	7. Budget and Finance	1) Add recommendation to the report "to improve Directions" 2) Add more narrative in the report about the significant overspends	Ewan Murray Ewan Murray	June 2024 June 2024		In progress In progress
27 March 2024	8. IJB Revenue Budget 2024/25	More information is to be added around the level of work undertaken and the budget working group.	Ewan Murray	June 2024		In progress
27 March 2024	10. Revised Clinical and Professional	Provide a summary of the groups and meetings involved	David Williams	w/c 17 June 2024		In progress

Clackmannanshire & Stirling Health & Social Care Partnership

	Care Governance Framework					
27 March 2024	11. Strategic Risk Register	1) Risk 10 to be updated 2) Audit and Risk Committee to be kept up to date with any substantive changes	Ewan Murray Ewan Murray	June 2024 Ongoing		In progress Ongoing
27 March 2024	13. Review of Directions Policy	Direction Policy to be implemented from April 2024	Ewan Murray	April 2024		Complete
27 March 2024	16. Quarter Three Performance Report (October to December 2023)	In the recommendations, replace seek with ask, going forward	Wendy Forrest	June 2024		In progress
27 March 2024	19. Committee Annual Assurance Statements for the IJB 2023/24	A Link to the Directions policy should be included in the terms of reference for both Committees	Ewan Murray	June 2024		In progress

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 8

2023/24 Year End Financial Report & Budget Update

For Assurance

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 Gregor Dewar, Management Accountant
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To provide the Integration Joint Board with an overview of financial performance and outturn for 23/24 financial year subject to statutory audit

Recommendations:	The Integration Joint Board is asked to: 1) Note the overspend on the Integrated Budget of £2.616m and overspend on the set aside budget of £3.981m for financial year 2023/2024, subject to statutory audit. 2) Note the approved use of reserves to meet the overspend on the Integrated Budget by the IJB Chair and Vice Chair and the reserves balances held at 31 March 2024 3) Note the integrated financial report including commentary on areas of material variance from budget. 4) Note the budget update and the likely requirement to bring forward further budget recovery options for consideration to the August IJB. 5) Issue the directions appended to this report.

Key issues and risks:	*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.* *Based on best available information the IJB is at substantial risk of overspend for the 2024/25 financial year unless further significant corrective action is taken and/or additional funding support is forthcoming.*

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.

2. Overview of Outturn

2.1. The projections summarised below at Month 12 (subject to statutory audit) continued to set out a deeply concerning position despite ongoing efforts across the system to reduce expenditure levels.

	£m
Overspend on Integrated Budget after consideration of budget recovery actions approved by IJB	(2.616)
Overspend on Set Aside Budget for Large Hospital Services	(3.981)
Overspend on Strategic Plan Budget	**(6.597)**

A negative figure in brackets illustrates an overspend.

2.2. There are several key areas or drivers of financial pressure, and these are common with several 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
- Lack of 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

2.3. The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and 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 continuing development in future reports to supporting the IJBs accountabilities.

2.4. The residual overspend on the Integrated Budget requires to be met from IJB reserves in 2023/24 and, in line with delegated authority agreed at the IJB in March 2024, the IJB Chair and Vice Chair have approved utilisation of reserves to meet these costs. The agreement was concluded on 15 May 2024. This further and significantly limits financial flexibility in 2024/25. The utilisation of reserves agreed to meet this overspend are detailed in the table below.

Reserve Utilised	£m	Notes/ Impact
General Reserve reduce to minimum £2.6m	1.798	Maintains integrity of Revenue Budget
Balance of Current Year SG Allocation	0.431	Further reduces 24/25 flexibility
Further Reduce Transformation & Leadership Fund Earmarked Reserves	0.376	Further reduces 24/25 flexibility
Utilise Earmarked Reserve with no Expenditure Plan	0.011	n/a
Total	**£2.616**	

3. Integrated Financial Report

3.1. 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.

3.2. This format has the benefit of examining the IJB budget on a service and care group basis rather than along organisational silos supporting the IJBs accountability for achieving maximum benefit from public resources at its disposal.

3.3. The outturn on the integrated budget was £0.540m worse than forecast and the reasons for the movement are summarised below:

	£'000
Prescribing	(197)
Adult Social Care – impact of 2 High Tarriff Learning Disability packages	(618)
Other net movements across Integrated Budget	275
Net Movement Month 10 to Month 12	(540)

3.4. With specific regard to the 2 high tariff LD packages of care the Chief Officer and Chief Finance Officer have reviewed the circumstances leading to this including why intelligence wasn't previously available to ensure they were incorporated in financial projections and review of care plans. Appropriate steps have been taken to ensure such circumstances will not recur in future and the control and authorisation environment have been further tightened in response.

3.5. The payment from Stirling Council and subsequent direction includes costs and equivalent funding in relation to a regrading exercise for adult social work employees completed in early 2024. The council have also revised there 24/25 payment so this matter is cost neutral to the IJB budget at this point.

Financial Year 2023-24
M12

Service Area	Annual Budget £000	Expenditure £000	Variance £000
Community Nursing	5,411	5,386	25
Complex Care Adults	1,359	1,982	(624)
Community Hospitals & Bellfield	11,934	11,858	76
Palliative Care in the Community	69	77	(8)
Older People/Physical Disabilities - Residential	22,321	24,345	(2,024)
Older People/Physical Disabilities - Non Residential	22,383	24,479	(2,096)
Learning Disabilities - Residential	5,644	6,031	(387)
Learning Disabilities - Non Residential	23,534	24,886	(1,352)
Mental Health - Residential	1,900	2,929	(1,029)
Mental Health - Non Residential	8,638	8,047	590
Assessment & Care Management	9,554	8,850	704
Reablement	13,128	12,587	541
Housing Aids & Adaptations	835	835	-
Health Promotion, Health Improvement & Corporate Services	1,746	1,495	251
Addictions	3,926	3,558	368
Public Dental Service	1,308	1,336	(28)
Management & Other	2,144	1,766	378
Community Admin	1,579	1,449	130
Transformation Funds	2,634	1,966	667
Leadership Funds	(20)	(20)	-
COVID	21	21	-
Family Health Services	52,385	52,203	182
GP Out of Hours Services	2,308	1,934	374
Primary Care Improvement Plan	3,058	3,058	-
Prescribing	32,559	37,576	(5,017)
Community Pharmaceutical Services	1,877	1,877	-
Vaccinations (Woman & Children Team)	430	431	(1)
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		-	-
Review of earmarked reserves	1,303	-	1,303
ADP Savings		-	-
Integrated Budget Total	**237,301**	**239,917**	**(2,616)**
Set Aside Budget for Large Hospital Services	36,595	40,576	(3,981)
Set Aside Total	**36,595**	**40,576**	**(3,981)**
Partnership Total	**273,896**	**280,493**	**(6,597)**

Areas of Material Variance

1. Complex Care – related to costs associated with patients/ service users cared for under complex care arrangements. These are often patients who would have previously required hospital care and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient.
2. Community Hospitals and Bellfield Centre - relates to the wards at Clackmannanshire Community Healthcare Centre and Intermediate Care Beds at the Bellfield Centre. These areas experience increases in temporary workforce costs during the past year and there are additional beds open in Bellfield as part of whole systems responses to Covid and system pressure over and above beds run by acute services within the centre. These are largely offset in year by residual covid funding however this is not a sustainable solution. There has been a need to respond to staffing and care challenges in recent months at CCHC due to clinical risk which is resulting in increased staffing costs at least in the short term and there is a need to consider a sustainable and affordable bed complement for the ward on a recurrent basis.
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) has been implemented to ensure control and monitor appropriateness of placements.
4. Older People / Physical Disabilities – Non-Residential. This is predominantly Care at Home which, whilst projecting an overspend is interdependent with hospital and residential care. Care at home is generally more cost effective than residential care and is, often, the place of choice for service users.
5. Mental Health Residential – this relates to social care residential placements. Inpatient hospital mental health sits within the Set Aside budget.
6. Learning Disabilities – this includes impact of lack of traction on savings delivery and significant additional cost of care packages transitioning from Childrens 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.

4. Savings and Efficiency Programme Progress and Risk Assessment

4.1. As detailed above and throughout the financial year there has been a lack of traction in 2023/24 in delivery of the approved savings and efficiency programme. Integration Authorities financial overview reports highlight this as a common thematic across Scotland.

4.2. The table below illustrates estimated savings delivery in 2023/24 at 48% of approved savings and efficiency plans. Several elements of under or non-achievement are incorporated within the savings and efficiency plans incorporated within the 24/25 budget.

Clackmannanshire & Stirling IJB - Approved Savings and Efficiency Plan

Grip and Control	Target £m	RAG Rating	Est Saving £m	Underachievement Currently Factored into 24/25 Savings and Efficiency Programme
Workforce - Reducing Reliance on Temporary Workforce	0.359		0.200	✓
Review of Ordinary Residence Cases	0.200		0.000	x
Continence Products	0.046		0.000	x
Address/Reduce Existing Cost Pressures in Community Health Services (Complex Care/Westmarc)	0.100		0.000	✓
Strategic Approaches				
Prescribing - PC Elements of Medicines Optimisation Programme	1.700		0.667	✓
LD Coming Home	0.250		0.000	✓
Strategic Commissioning and Health Improvement	0.500		0.500	
Demand Management	1.000		0.512	✓
Charging	0.045		0.045	
Policy Options				
Review of 22/23 investments	0.192		0.192	
Total	**4.392**		**2.116**	

48% estimated achievement in year

5. Reserves Position

5.1. The year end reserves balances held at 31 March 2024 are summarised in the table below and further detail is provided within Appendix 1 to this report. The position on utilisation of reserves to meet the overspend detailed within this report will protect minimum general reserves at 1 April 2024 and

therefore the integrity of the Revenue Budget approved by the IJB in March 2024.

Reserves Category	Balance Held at 31 March 2024 (£m)
General/Contingency	£2.600
Earmarked Covid	£0.000
Other Earmarked	£7.263
Total Reserves @ 31 March 2024	**£9.863**

5.2. Most earmarked reserves are anticipated to be fully utilised for intended purposes during 2024/25 and taking consideration of the reserves held against the deficit in the 2024/25 revenue budget, it is likely that the IJBs reserves position at 31 March 2025 will be minimal unless the funding environment were to change materially. The Medium-Term Financial Outlook incorporated within the 2024/25 IJB Revenue Budget sets out the financial impact of restoring the IJBs reserves position to that set out in the reserves policy over time. Achieving this in practice will be extremely challenging.

5.3. As £3.947m of general and other reserves are held against the remaining financial gap not being met by savings there are no reserves available to meet any overspends occurring during 2024/25 therefore it is paramount services are delivered within budget.

6. 2023/24 IJB Annual Accounts

6.1. The position detailed within this report will form the financial statements and management commentary within the 2023/24 Annual Accounts. It has taken longer than planned to reach a year end position, reconcile reserves balances and receive year end assurance letters from the constituent authorities however work is ongoing to address this as far as possible to support delivery of the Annual Audit plan. Substantial audit fieldwork is being undertaken in the first two weeks of June. The Chief Finance Officer and partnership management accountant are liaising with the IJBs auditors on an ongoing basis.

6.2. The draft/unaudited Annual Accounts will be presented to the IJB Audit and Risk Committee on 26 June and published on the partnership website thereafter.

7. 2024/25 Budget Update & Directions

7.1. Early indications at Month 1 suggest the partnership budget remains under significant pressure. Whilst it relatively early in the financial year and many of the elements of the transformation programme and approved savings are anticipated to deliver increasing impact as the year progresses this is being taken very seriously.

7.2. The indicative overspend levels at Month 1 are £1.249m on the Integrated Budget and £0.668m the set aside budget for large hospital services. The NHS elements of the budget do not yet reflect a share of funding received from Scottish Government by NHS Forth Valley for the cost implications of changes to Agenda for Change terms and conditions including reduction in the working week which will have a positive effect. Nonetheless the level of overspend indicated is concerning. Key elements of this include unfunded bed capacity not yet fully exited from and associated supplementary staffing costs, Prescribing, and ongoing cost pressures in relation to Adult Social Care driven by demand levels. A full set of projections will be prepared at Month 2 and form the basis for the financial report to the IJB meeting in August.

7.3. The Chief Officer and Chief Finance Officer met with key budget managers in to discuss this situation on 22 May and, as a result of this, the Chief Officer communicated additional budget control measures to the Senior Management and Leadership Team on 23 May. This included further amending approval levels for commissioning packages of care and placements for individual service users and establishment of a Senior Resource Allocation Group (SRAG).

7.4. Despite this it appears that likely that further budget recovery options will require to be considered taking due regard of the requirements of the Integration Scheme. This may require the IJB to consider further decisions with direction and/or amendments to the directions issued in March 2024. The Chief Officer and Chief Finance Officer will bring forward further considerations in this regard to the additional IJB meeting scheduled for 7 August 2024. There will be ongoing engagement with the Chief Executives and Chief Finance Officers/Director of Finance of the constituent authorities during this period.

7.5. In relation to 24/25 Directions the National Care Home Contract (NCHC) for 24/25 was agreed between the issuing of papers for the March IJB meeting and the meeting itself. Therefore, a direction is required to Clackmannanshire and Stirling Council to implement the NCHC within the provisions made within the revenue budget. This direction is therefore appended to this report in line with the direction policy approved by the IJB in March 2024.

8. Conclusion

8.1. 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.

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

9. Appendices

Appendix 1 – Reserves Detail @ 31 March 2024
Appendix 2 – 23/24 Directions to NHS Forth Valley, Clackmannanshire Council and Stirling Council
Appendix 3 – 24/25 Direction to Clackmannanshire and Stirling Councils
Appendix 4 – 24/25 Directions Log

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☐

Implications	
Finance:	Per body of report.
Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable service planning.
Risk & mitigation:	The IJB is at high risk of overspending based in 2024/25 based on expenditure trends and significant reduction in spend on a recurrent basis is required to mitigate this risk.

	Financial resilience is scored 25, the highest possible score, in the IJBs Strategic Risk Register.
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	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: 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.

Clackmannanshire & Stirling Integration Joint Board
Financial Year 2023/24
Carry Forward Reserves as at Year Ended 31 March 2024

Reserves	Originating Constituent Authority	Carry Forward Balance £000	
General Reserves			
General Reserve	NHS Forth Valley	599	
General Reserve	Clackmannanshire Council	151	
General Reserve	Stirling Council	1,850	
General Reserves Total		**2,600**	
Earmarked Reserves			
Transformation Fund	NHS Forth Valley	1,123	
Leadership Fund	NHS Forth Valley	322	
Invest to Save Fund	NHS Forth Valley	500	
Mental Health Strategy (Action 15) Board Funding	NHS Forth Valley	-	
Primary Care Premises	NHS Forth Valley	157	
GP Out of Hours (OOH) Fund	NHS Forth Valley	466	
Alchohol & Drugs Partnership	NHS Forth Valley	275	
Drug Related Deaths Funding	NHS Forth Valley	88	
GP subcommittees for GP contract	NHS Forth Valley	39	
Mental Health Innovation Fund	NHS Forth Valley	54	
Scottish Living Wage	NHS Forth Valley	-	
Strategic Change Fund	NHS Forth Valley	237	
Community Living Change Fund	NHS Forth Valley	512	
District Nursing Posts	NHS Forth Valley	87	
Perinatal And Infant Mental Health	NHS Forth Valley	0	
Alcohol & Drugs - National Drugs Mission (Cs)	NHS Forth Valley	61	
Covid19 Further Funding (Cs)	NHS Forth Valley	-	
Mh R&R Facilities Projects (Cs)	NHS Forth Valley	102	
Mh R&R Fund - Phase 2 Dementia Post Diagnostic Services (Cs)	NHS Forth Valley	214	
Mh R&R Fund - Primary Care Services (Cs)	NHS Forth Valley	-	
Workforce Wellbeing - Primary Care And Social Care (Cs)	NHS Forth Valley	51	
Primary Care Improvement Fund	NHS Forth Valley	0	
Gp Practice Exclusion Incident Audit	NHS Forth Valley	-	
Electric Speed Adjusting Hand Pieces	NHS Forth Valley	30	
Ventilation Improvement Allowance	NHS Forth Valley	17	
Winter 300 Remobilisation Of Nhs Dental Services	NHS Forth Valley	41	
Emergency Covid Funding For Eating Disorders	NHS Forth Valley	88	
Mh R&R Fund - Psych Therapies	NHS Forth Valley	0	
Mh Support For Hospitalised With Covid19	NHS Forth Valley	-	
Primary Care Digital Improvement	NHS Forth Valley	54	
Service Pressures Reserve	NHS Forth Valley	110	
B2-4 Healthcare Support Workers	NHS Forth Valley	-	
Long Covid Support Fund	NHS Forth Valley	72	
Mh Outcomes Framework - General	NHS Forth Valley	102	
Mh Outcomes Framework - Innovation Fund	NHS Forth Valley	-	
Learning Disability Health Checks	NHS Forth Valley	80	
Winter 300 - Care @ Home Integrated Care Fund Mdt	NHS Forth Valley	-	
Global Sum & Correction Factor	NHS Forth Valley	34	
Nhs Board Funds (Pms)	NHS Forth Valley	50	
Pcip Transitional Payments	NHS Forth Valley	-	
Prescribing Hscp Invest To Save	NHS Forth Valley	200	
Primary Care Pay Earmarked Reserves	NHS Forth Valley	538	
Scottish Dental Access Initiative Grant (Sdai)	NHS Forth Valley	120	
Mh Digital Therapy Posts	NHS Forth Valley	28	
Mental Health Strategy (Action 15)	NHS Forth Valley	40	
Maternity & Neonatal Psychological Interventions	NHS Forth Valley	52	
Autism Strategy	Stirling Council	23	
Drug & Alcohol Recovery Support	Stirling Council	179	
See Hear Funding	Stirling Council	67	
Dementia Friendly	Stirling Council	27	
Appropriate Adult	Stirling Council	69	
Self Directed Support	Stirling Council	32	
Old Age Isolation	Stirling Council	27	
Service Pressures Reserve	Stirling Council	268	
MHO Training Grant	Stirling Council	32	
Drug Rehab - Adults	Stirling Council	-	
SDS Core	Stirling Council	81	
Mental Health Recovery	Stirling Council	49	
Telecare Fire Safety	Stirling Council	17	
Telecare Analogue to Digital	Stirling Council	2	
Housing - PSHG	Stirling Council	69	
Wellbeing Fund	Stirling Council	(0)	
Transformation Fund	Stirling Council	161	
Aids for Daily Living	Clackmannanshire Council	117	
Mental Health Recovery & Renewal	Clackmannanshire Council	25	
Service Pressures Reserve	Clackmannanshire Council	73	
Covid Earmarked Reserve	Clackmannanshire Council	-	
Earmarked Reserves Total		**7,263**	
Total Reserves		**9,863**	

Clackmannanshire & Stirling
Health & Social Care Partnership

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2023_24/004
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2023_24/001
Approval Date	19 June 2024
Services / functions covered	All integration functions and services as defined in Annex 2 of the Integration Scheme
Full text of Direction	Deliver integration functions in line with the Strategic Commissioning Plan priorities as approved by the IJB on 29 March 2023. These priorities being: - 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	n/a Final 23/24 Direction under previous approach

Clackmannanshire & Stirling
Health & Social Care Partnership

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2023_24/005
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB- 2023_24/002
Approval Date	19 June 2024
Services / functions covered	All integration functions and services as defined in Annex 2 of the Integration Scheme
Full text of Direction	Deliver integration functions in line with the Strategic Commissioning Plan priorities as approved by the IJB on 29 March 2023. These priorities being: - 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	£51.796m
Performance Measures	National Health and Wellbeing Outcomes
Date direction will be reviewed	n/a Final 23/24 Direction under previous approach

Clackmannanshire & Stirling
Health & Social Care Partnership

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2023_24/006
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB- 2023_24/003
Approval Date	19 June 2024
Services / functions covered	All integration functions and services as defined in Annex 1 of the Integration Scheme
Full text of Direction	Deliver integration functions in line with the Strategic Commissioning Plan priorities as approved by the IJB on 29 March 2023. These priorities being: - 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 £36.595m Payment £157.822m
Performance Measures	National Health and Wellbeing Outcomes
Date direction will be reviewed	N/a Final 23/24 Direction under previous approach

Agenda Item 9 – Appendix 3

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB – 2024_25/003
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date	19 June 2024
Services / functions covered	Care Homes
Full text of Direction	From 8 April 2024 implement the agreed settlement including revised rates for the National Care Home Contract per joint letter from COSLA, Scottish Care and Scotland Excel dated 21 March 2024 Nursing Care Rate - £948.59 per week Residential Care Rate - £825.94 per week
List of key stakeholders impacted and any specific engagement and consultation requirements	n/a
Timescale(s) for Delivery	April 2024
Direction to	Clackmannanshire Council Stirling Council
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	Budget provision has been made within the IJB 2024/25 Revenue Budget to meet this commitment.
Performance Measures	In line with the agreed Performance Management Framework of the Clackmannanshire and Stirling Integration Joint Board
Date direction will be reviewed	March 2025

Clackmannanshire and Stirling IJB
2024/25 Directions Log

Reference Number	Report Title	Direction to	Text/Summary of Direction	Services / Functions Covered	Date Issued	Status	Link to IJB paper	Most Recent Review	Planned Review Date
CSIJB-2024_25/001	IJB Revenue Budget 2024/25	NHS Forth Valley, Clackmannanshire Council, Stirling Council	Direction of IJB Revenue Budget and incorporated savings	Revenue Budget 2024-25 and Medium Term Financial Outlook	27-Mar-24	Current	IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org)	27-Mar-24	Mar-25
CSIJB-2024_25/002	Palliative and End of Life Care	NHS Forth Valley, Clackmannanshire Council, 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	All staff and services that are engaged in the planning, commissioning and provision of palliative and end of life care.	27-Mar-24	Current	IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org)	27-Mar-24	Nov-24

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 9

Developing a Mental Health & Wellbeing Strategic Commissioning Plan for Forth Valley

For Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Paul Smith, Senior Planning Manager, and Nabila Muzaffar, Associate Medical Director for Mental Health
Author	Paul Smith, Senior Planning Manager
Exempt Report	No

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

Purpose of Report:	The IJB are asked to approve the development of a Forth Valley wide Strategic Plan for Mental Health & Wellbeing, for consideration at both IJBs.

Recommendations:	The Integration Joint Board is asked to: 1) Approve the development of a Forth Valley Strategic Plan for Mental Health & Wellbeing. 2) Issue directions as set out in Appendix 1 below.

Key issues and risks:	*There is a need for a new strategic plan for Mental Health & Wellbeing that tackles existing, new, and emerging mental health needs of Forth Valley residents and their unpaid carers. Without a plan, there is a risk that these needs are not addressed effectively or consistently*

1. Background

1.1. There have been significant strategic developments for mental health at a national level, with the publication by the Scottish Government of a new Mental Health & Wellbeing Strategy for Scotland in June 2023. Supporting documents - Mental health and wellbeing strategy - gov.scot (www.gov.scot)

1.2. The Mental Health & Wellbeing Strategy is supported through a range of quality standards for mental health. These include the Core Mental Health Quality Standards, the National Specification for Psychological Therapies & Interventions, and the Child & Adolescent Mental Health Services: National Service Specification.

1.3. There is also a consultation in progress that will inform the development of the Learning Disabilities, Autism & Neurodivergence Bill. This Bill intends to make a positive difference to how neurodivergent people and people with learning disabilities are seen, supported, and treated.

1.4. Within Forth Valley, Mental Health & Learning Disabilities services have undergone recent change with the responsibility for hosting services having transitioned to Clackmannanshire & Stirling Integrated Joint Board for the whole of Forth Valley. However, responsibility for operational management of some services sits with each HSCP and with NHS Forth Valley, reinforcing the need to develop a strategic plan to ensure overall continuity across Forth Valley.

1.5. It has been identified that an overarching strategic plan is required to enable services to deliver coordinated and sustainable care and support that tackle Forth Valley's population mental health needs and improve outcomes. This will align with both the national strategic directives listed above, and the local needs of people living in Forth Valley, expressed through the Community Planning Partnerships in particular.

1.6. The strategic plan will take a life course approach and will include child & adolescent, adult and older adult mental health.

1.7. Learning disabilities will be highlighted in the strategic plan with a commitment to develop a robust strategic plan for people with Learning Disabilities and their families, which will have a broader scope beyond mental health.

1.8. The mental health and wellbeing of other specific populations will also be considered as part of the strategic development work e.g. forensic populations, people with a comorbid substance use issue.

1.9. In line with both national and local strategies, the Mental Health & Wellbeing Strategic Plan will include a central focus on improving population health and prevention, as well as on support and services for people with complex and enduring mental illness which will take a values-based approach to provision going forward.

2. Purpose

2.1. The purpose of this paper is to outline the proposed approach to the development of a Forth Valley Strategic Plan for Mental Health & Wellbeing.

3. Proposal

3.1. Clackmannanshire & Stirling HSCP, Falkirk HSCP and NHS Forth Valley will work in partnership to develop the strategic plan

3.2. A formal approach based on Healthcare Improvement Scotland's Strategic Planning: Good Practice Framework will be taken. These principles offer a systematic framework that ensures a system-wide approach is taken, engaging with the right stakeholders to co-produce a strategic plan that resonates with staff, people who use services, partners, carers and stakeholders.

3.3. A strategic planning group for Mental Health & Wellbeing will be formed with broad stakeholder representation. This group will meet regularly to both drive and oversee the development of the strategic plan.

3.4. It is proposed that the strategic plan will also include the mental health needs of older adults, including those with dementia, and of children and young people.

3.5. Key steps will be taken including:

3.5.1. Detailed analysis of Forth Valley's current position. To achieve this, a range of data and intelligence will be required. This should include Forth Valley's population mental health needs and trends, Strategic Needs Assessments from both HSCPs, service performance, quality, and clinical and care governance data. The views of people and families with lived experience will also be sought alongside carers, and staff supporting or delivering services. July - September 2024

3.5.2. Scope out existing service provision, identifying service delivery gaps and opportunities to develop while being cognisant of financial resources across all services. July - September 2024.

3.5.3. Wide stakeholder engagement including though the respective CPPs and Locality Planning Groups, gain consensus of key priorities and general direction of the strategic plan. October - November 2024.

3.5.4. High level strategic plan will be drafted for public consultation and approval. By end December 2024.

3.5.5. Consultation with all key stakeholder on draft plan. January – February 2025.

3.5.6. Presentation of the strategic plan for approval to both Integrated Joint Boards by end of March 2025.

3.6. The development and delivery of the Mental Health & Wellbeing Strategic Plan will be supported by local strategic commissioning processes across both HSCPs as appropriate.

3.7. An initial Forth Valley wide mental health strategic planning and networking event was held on 24th March 2024 involving heads of service and clinical and strategic leads from all service areas in Forth Valley. It also included members of the planning, commissioning and public health teams. The purpose of the event was to develop a shared understanding of both national and local direction and begin to explore with services how our organisations could deliver services differently to meet the needs of Forth Valley's residents. This included discussion around opportunities to improve early intervention and prevention.

3.8. The development of the strategic plan will be led by Dr Jennifer Borthwick – Director of Psychological Services/Head of Clinical Services, Dr Nabila Muzaffar – Associate Medical Director (Mental Health), and Hazel Meechan, Mental Health Lead for Public Health. They will be supported by the Mental Health & Wellbeing Strategic Planning Group and strategic planning services, with Executive Sponsorship from the Chief Officer for Clackmannanshire & 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 Direction to Health Board & both Councils

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	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	The Mental Health & Wellbeing Strategic Plan needs to demonstrate financial sustainability while addressing the needs of Forth Valley's population.
Other Resources:	
Legal:	
Risk & mitigation:	• Development of the strategic plan will enable a consistent approach across Forth Valley for mental health and learning disabilities. • Financial constraints, service provision limitations and workforce constraints may impact the implementation of the strategic plan. To mitigate this, a full understanding of the complexities of the above is required
Equality and Human Rights:	The content of this report **does not** require a EQIA at this stage. One will be required on development of the strategic plan.
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) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: 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 at this stage. It will however be required on commencement of the work.

Appendix 1

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2024_25/001?
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No If yes, provide reference here.
Approval Date	Date of IJB where approved
Services / functions covered	Child & Adolescent Mental Health Services Community Mental Health Services Mental Health Assessment and Treatment Service Substance Use Services Psychiatric Liaison Adult Inpatient Services Forensic Mental Health Services Prison Mental Health Services LD Services Older Adult Mental Health Services NHS Forth Valley Strategic Planning Services C&S strategic planning services Community Planning Services NHS Forth Valley Public Health Psychological Services Allied Health Professional Services NHS Forth Valley medical/psychiatry Commissioned services as appropriate – third sector providers. Carers

Full text of Direction	NHS Forth Valley, Clackmannanshire Council & Stirling Council are directed to support their employees to lead, coordinate and engage in the development of the Mental Health & Wellbeing Strategy as required.
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement and consultation
Timescale(s) for Delivery	March 2025
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	Production of a Forth Valley Mental Health & Wellbeing Strategy within agreed timescales.
Date direction will be reviewed	March 2025.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 10

Self-directed Support Policy

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	Emma Mitchell, SDS Lead Officer
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

Directions	
No Direction Required	☐
Clackmannanshire Council	X
Stirling Council	X
NHS Forth Valley	☐

Purpose of Report:	To present the refreshed Self-directed Support Policy document for agreement (Appendix 1). The Policy encompasses the ethos of choice and control across all delegated services to the Health and Social Care Partnership.

Recommendations:	The Integrated Joint Board is asked to: 1) Note the content of the paper 2) Agree the Self-directed Support Policy. 3) Issue directions as set out at the end of this paper to Clackmannanshire and Stirling Councils.

Key issues and risks:	There is a risk that care and support is being delivered in a way which is not compliant with the SDS legislative requirements in terms of choice and control.

1. Background

1.1. The Social Care (Self-directed Support) (Scotland) Act 2013 has been in effect since 1st April 2014. This legislation outlines local authorities duties in respect of what they must do to give access to Self-directed Support (SDS) in a way that supports people's rights to choice, independence and dignity.

1.2. As a HSCP, feedback we have received from supported people, unpaid carers, HSCP staff and key stakeholders is that, the HSCP is not where they want or need to be in their approach to Self-directed support. This was further evidenced by David Welsh (Independent Consultant) who undertook a review of Adult Social Work across the HSCP in 2020/2021. It was identified, at this time that neither Clackmannanshire Council or Stirling Council had fully aligned with the spirit of the legislation and therefore a refreshed approach would be required to ensure that both local authorities were compliant with their statutory duties.

1.3. It has been acknowledged, on a national level that the implementation of Self-directed support has been variable. The national Self-directed Support Project Team have led on the co-production of a framework of standards to support the implementation of Self-directed Support. The Self-directed Support framework of standards consists of a set of 12 standards (including practice statements and core components) written specifically for local authorities and

Health and Social Care Partnerships to provide them with an overarching structure, aligned to legislation and statutory guidance, for further implementation of the self-directed support approach and principles. As the HSCP has developed their revised approach to Self-directed Support it has been imperative to be cognisant of the national SDS Standards, as well as using them to self-evaluate and seek improvements as the approach is implemented.

1.4. In addition, there was an Internal Audit Report on delivery of Self Directed Support carried out in 2018 by Stirling Council which identified risks with the delivery of the principles of SDS. This included risks associated with:

1.4.1. The mechanism provided to help Option 2 service users monitor and manage the payments from their Individual Service budget, overpayments to service providers may not be identified. Therefore impacting on the achievement of care plan outcomes and the Council's ability to comply with guidance on verifying the validity of payments.

1.4.2. The absence of financial assessments for Option 2 service users increases the risk that the net cost of care to the Council is higher than necessary.

1.4.3. Issues identified with the format and content of the regular management information reports used by the Business & Finance Team and the Arrears Team may make them less 'user-friendly', and make it more difficult for them to manage invoicing and/or arrears recovery tasks and responsibilities.

1.5 Mitigations have been put in place to minimise the risks as outlined above with monitoring reports being developed between finance and business support. Work continues within the current systems to how this could be further developed on Easybuy or SWIFT/CCIS in a timely and cost-efficient manner. However there is a need to also review practice across business and finance to support budget management and flexibility to support an individual's right to choice and control.

2. Policy Engagement

2.1 There has been engagement across HSCP and third sector partners to develop this refreshed Policy. As well as learning from the national Self-Directed Support Practice Network, hosted by Social Work Scotland, to learn from other areas' good practice.

2.2. Following this engagement, there was consultation with staff groups also included were refresher briefings for all staff across all services within the HSCP. As well as working with third sector partners representing those with lived and living experience and their carers.

2.3. The refreshed Policy presented today therefore represents an approach focused on an asset based approach to practice, which aligns with the spirit and requirements of the SDS Act.

2.4. As part of this engagement, discussion has been commenced with regard to the HSCP supporting the development of a self-managed Stakeholder Reference Group of service users and carers involved in the receipt of SDS input and provision across Clackmannanshire and Stirling. This concept has been welcomed by the existing small scale SDS network group supported by SDS Lead. A community development response would be central to a self-advocacy approach, this may take some time to fully mature, but its central purpose will be to secure continuous and continuing engagement with the senior leadership in the HSCP as SDS is developed and embedded across Clackmannanshire and Stirling.

3. Conclusions

3.1 The refreshed Policy reflects significant proposed changes in operational custom and practice to better reflect person centred care and support planning within the context of individual choice and control and in line with SDS Act.

4. Appendices

Appendix 1 Direction to Clackmannanshire and Stirling Councils
Appendix 2 Self Directed Support Policy 2024-2027

Fit with Strategic Priorities:	
Prevention and Early Intervention	X
Independent Living through Choice and Control	X
Achieve Care Closer to Home	X
Supporting Empowered People and Communities	X
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	X
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	X
Data and Performance	X
Communication and Engagement	☐
Implications	
Finance:	Full and systematic implementation of Self Directed Support is a key strand of the transformation programme underpiining delivery of the IJBs Revenue Budget.
Other Resources:	
Legal:	The legal requirements in relation to Self Directed Support are set out within the Social Care (Self-Directed Support) (Scotland) Act 2013

Risk & mitigation:	Full and systematic implementation of self directed support will ensure compliance with the requirements of the Act.
Equality and Human Rights:	The content of this report **does** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: 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.

Appendix 1

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/004
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date	19.6.2024
Services / functions covered	All adult social care services except long term residential care provision
Full text of Direction	Clackmannanshire Council & Stirling Council are directed to support their employees to implement the Self-directed Support Policy as approved by the IJB on 19.6.2024. Clackmannanshire Council and Stirling Council are directed to support their employees to progress the development of a Stakeholder Participation Group involving service users and carers in receipt of SDS.
List of key stakeholders impacted and any specific engagement and consultation requirements	The Self-directed Support Policy will apply to all Adult Social Work Teams across the HSCP. On the 21st February the Strategic Planning Group there was discussion around areas for budget setting 2024/2024. This included full and systemic implementation of revised Self-directed Support provision to all adults assessed as having needs and requiring out-based support provision. The Self-directed Support Steering Group meets bi-monthly and oversees the work stream of Self-Directed support, providing a platform for key stakeholders within the HSCP and the third sector to collaborate and share practices and development. This group consists of supported people, carers, third sector providers, partners, trade union representation, HSCP senior managers, practitioners and commissioners. In the spirit of joint working, this group is co-chaired by Shubhanna Hussain (Carer

	Representative/Coalition of Carers) and Wendy Forrest (Head of Strategic Planning and Health Improvement, HSCP). Four staff briefing events were held from the 30th April 2024 to the 9th June. During this time, staff were informed of the revised approach to SDS, alongside supporting documentation. This provided an opportunity for staff to ask any questions, provide feedback and offer any suggestions as to what the HSCP can do to make ongoing improvements to their approach to SDS.
Timescale(s) for Delivery	Work undertaken to date: - SDS Lead October 2021 started - SDS Lead Officer March 2021 investment from the IJB agreed - Interviews for SDS Lead held in July 2021 - SDS Steering Group established April 2022 - SDS Project Plan signed off 2022 - Social Work Forums established 2022 - Commissioning Consortiums established 2022 - Engagement Forum established 2023 - Training delivered across HSCP social work teams Sep 2022/Feb 2023 *Self-Directed Support Lead maternity Feb 2023 - Jan 2024 - Well Worthwhile Waiting Project Pilot - May 2024 - Briefing sessions delivered to staff across the HSCP outlining revised approach to SDS - May 2024 - Self-directed Support Policy - paper to IJB 19th June 2024 Work to be completed: - Stakeholder Participation Group established - July 2024 - Public facing SDS information available on HSCP 0 September 2024 - Assessment documentation, budget model and support planning documentation rolled out and implemented in practice across HSCP - October 2024 - SDS Lead to continue to engage with SDS Community of practice and SDS practice network
Direction to	Clackmannanshire Council Stirling Council
Link to relevant IJB report(s)	IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org) IJB-Combined-Agenda-and-Papers-1-Feb-2023.pdf (clacksandstirlinghscp.org)

	IJB-Combined-Agenda-and-Papers-23-Nov-2022.pdf (clacksandstirlinghscp.org) 220921-CS-IJB.pdf (clacksandstirlinghscp.org) 00-2022.06.29-IJB-Combined-Agenda-and-Papers-FINAL-v0.3.pdf (clacksandstirlinghscp.org)
Budget / finances allocated	Commissioning budgets as detailed and directed within 2024/25 IJB Revenue Budget.
Performance Measures	
Date direction will be reviewed	Reviewed on a monthly basis

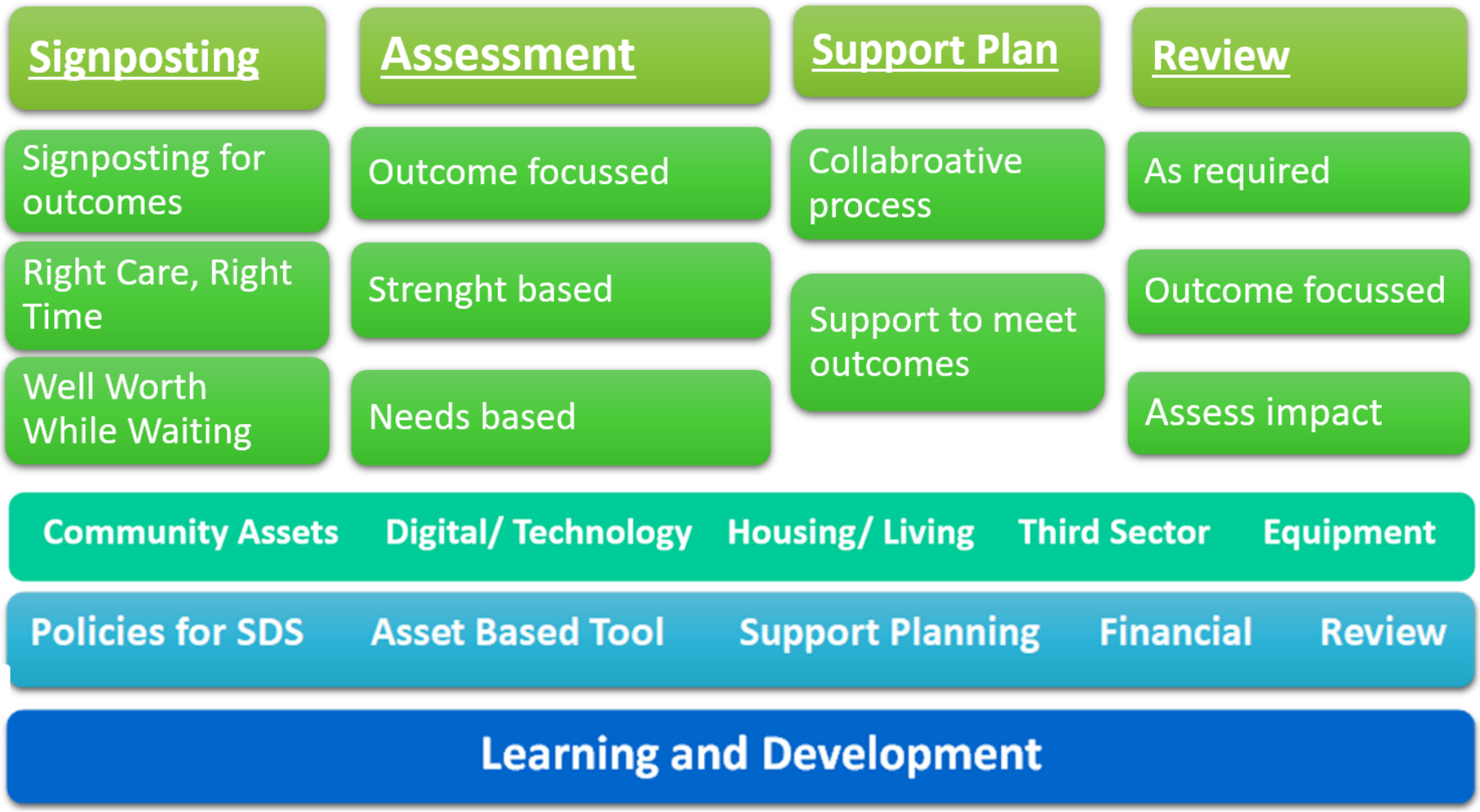
10. Appendix 2

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire and Stirling Self-directed Support Policy 2024- 2027

Policy date June 2024

Self-directed Support - Plan on a Page



Introduction

On 1 April 2014, the Social Care (Self-directed Support) (Scotland) Act 2013 came into effect. This is the law that tells local authorities what they must do to give access to Self-directed Support (SDS) in a way that supports people's rights to choice, dignity and being able to take part in the life of their communities.

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is committed to continuing to transform the way that social care support is provided within localities and communities. Ensuring a personalised approach to supporting individuals and enabling the HSCP to meet the challenges it faces regarding changing demographics and increased demands for support. This is the service delivery entity for the Local Authorities and NHS FV for integrated health and social care services.

SDS is not the name of a type of service, but a way of arranging support that is individual to you so that you can live as independently as possible. It is for everyone who needs social care services or support. This includes children, adults and unpaid carers.

Principles and Values

Self-directed Support is a principle and practice offering choice and control to individuals and their carers who are eligible to access social care services and support.

The values of Self-directed Support are respect, fairness, independence and safety. These values are supported by four principles:

Participation and dignity - the worker will respect the individual's right to dignity and will aim to support the individual's right to participate in community life.

Involvement - the individual will be supported to be as involved as they wish in the assessment and provision of support.

Informed choice - the individual will be supported to make informed choices and co-produce a support plan which will meet their outcomes.

Collaboration - the worker must collaborate with the supported person in relation to the assessment and the provision of support to meet the individual outcomes.

In March 2021 the self-directed support: framework of standards for the implementation of Self-directed Support was published. These standards have since been updated to include a 12th standard.

Social Care (Self-directed Support) (Scotland) Act 2013 tells Local Authorities that they should:

- Treat supported people with dignity and respect at all times, including when they first assess someone for support;
- Offer the four SDS options and explain what each of them mean in a balanced and impartial way, and how they would work for the supported person's unique circumstances;
- Make sure that supported people have a say in planning what their support looks like and that they have as much involvement as they want in decisions about their support;
- Make sure that supported people have enough information to understand what is available and to make the choices which are right for them. This should include information about where to find independent support to help them choose
- Make sure that supported people have opportunities to challenge and ask questions about any aspect of their support, and are given enough time to understand and participate in decisions about their support, particularly when it is being stopped or changed.

Local authorities are responsible for any charging policies for local services, and it is expected that when Councils update their charging policies that they would implement a fair and equitable eligibility criteria for all people in need for support as well as ensuring the Policy that reflects the requirements of Self Directed Support legislation.

SDS Options

It is important to understand that the Act is centred on an assets-based perspective that focuses on assessed need. As such, the four options will be offered where an assessment suggests there are eligible needs that cannot be supported solely through, personal strengths, familial supports or community resources. In these circumstances a person would not require a social work assessment, as in-depth signposting would identify options to support someone, removing the need for a social work assessment as their outcomes would have been met.

If a person does not require formal support services, the HSCP will still support them through signposting and providing information/ advice which will support that person within their community. Sometimes, someone will be able to meet the outcomes that they have articulated they need support to achieve, through accessing community groups, or by having help from friends or family with some tasks, for example shopping. If these supports that are available for anyone to access, meet a person's needs, then an assessment will not be needed at this time. However, if circumstances change and someone is unable to access community or familial supports or needs to access additional help or support then an assessment may be required.

Where a person has been assessed as being eligible for support the local authority has a duty to offer four choices in relation to how the support will be facilitated. Supported people and carers may use their budget under any one or a combination of the following options:

Option 1: Direct Payment to the supported person or carer which allows you to arrange support independently. This option gives you full choice, control and maximum flexibility.	**Option 2:** The supported person or carer decides on the support they want, and support is arrange on their behalf. This option gives you full choice and control over how your support is arranged, without the responsibility of managing the financial elements.
Option 3: Following discussion with the supported person or carer the local authority decide and arranges support. With this choice the supported person/carer has less direct choice and control over how support is arranged, however takes responsibility from finding and manage support away from the individual.	**Option 4:** Supported person or carer uses a mixture of ways to arrange their care and support. Some people will want to have direct control of how some parts of their support is arranged but not other parts. Option 4 lets the supported person/carer pick the parts they want to have direct control over and what parts they want to leave to the local authority.

To access independent advice, support or information related to SDS or any of the above four options please contact SDS Forth Valley on 01324 508794 or info@sdsforthvalley.org. Visit https://sdsforthvalley.org/.

Your Journey

Your Assessment

The support you receive could be from different places, however it is important to understand that all assessments are asset based. This means that you will be asked about the supports that may already be available to you such as assistance from family or friends or attending activities within the community. For some individuals they can achieve their outcomes and have their needs met through their own assets/community resources and therefore will not require a personalised budget.

For Self-directed Support to work well, the worker and the supported person need to have time to explore what matters in the life of the person, and to have the autonomy to develop a plan of support that lets the person have their support in the way that they prefer. Success in a relationship-based practice model has a primary focus on the support preferences of the supported person and should always include consideration of bolstering family supports, making use of community services, nurturing independence, navigating systems to get the best outcomes, and only if then needed, funded support. The benefits of relationship-based practice is that the resulting support plan is more likely to meet the supported person's needs in the way that they want, therefore is more likely to be sustainable for both the supported person and the provider of supports.

Your assessment will cover your strengths and abilities as well as your care and support needs. We will ask what you feel you are able to do as well as what you need help with.

During your assessment, you will talk about:

- What matters to you most (this could include running your home, your social life, learning activities, personal care and your safety at home and in your community)
- How this can be achieved – these are called outcomes
- What support you already have available to meet your outcomes.

Your involvement in this process is really important and the person undertaking your assessment will help you to be as involved as possible and articulate your outcomes and preferences.

Some services may involve a cost and if applicable, a financial assessment will be completed to establish what your contribution, if any, will be towards the total cost of your support.

Your Support Plan

Where an individual has been assessed as having needs that are eligible for statutory support work will begin to co-produce a support plan alongside any other relevant parties. The support plan will establish how your eligible needs and the outcomes associated with these will be met.

This will tell you:

- The outcomes we are working towards with you including consideration of when you could expect to achieve your outcomes to a level whereby you are independent in those outcomes or have achieved a greater level of independence
- SDS Option chosen
- What the support will look like, including how this will be delivered with an enablement and / or rehab approach
- Highlighting any areas of risk/how these risks will be managed
- What the actual budget is
- Contingency/emergency plan
- Timescales for review.

When your support plan is in place, we will agree with you how soon it will be reviewed.

- If your needs are complex, and your situation can change quickly, we will review your support plan more often.
- If your situation is more stable, and we are confident that the support plan will meet your needs for some time, we will review it less often.
- You should contact Social Work at any time if you feel that your support plan no longer meets your identified needs and outcomes.

Your Budget

The HSCP will adopt an asset-based approach throughout the assessment and support planning stages where your existing supports and community supports will be discussed in the first instance. If, after exploring these options, there is no suitable options, then paid supports will be considered.

As these supports will need to be purchased, a budget will be calculated by your worker in order to achieve your defined outcomes.

At this step, the HSCP is required to calculate the overall cost of the assessed needs and support package in line with the relevant Council's Eligibility Criteria policy, this is carried out for each individual, regardless of which Self-directed support options they have chosen.

As defined in the Social Care (Self Directed Support) (Scotland) Act 2013, a budget is defined as "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person".

The budget is based on an equivalency model, which means that an individual with eligible needs will be entitled to a personal budget, equivalent to the cost of arranging traditional services to meet that person's eligible needs.

The equivalency calculation is applied whichever one of the four Self-directed support options is chosen, meaning that no individuals will be placed at a disadvantage. Following completion of the joint assessment an individual will be made aware of the resources available to them. This will ensure that the individual is clear about resources as they begin the support planning process.

If you are dissatisfied with the level of resources, you have been allocated this should be discussed this with you practitioner and their manager in the first instance. If an agreement cannot be reached, you should be informed of the relevant local authority's complaints policy.

Where the purchasing of supports is required from care at home services, support provider organisations, personal assistants or any other support service, your worker will refer to the 'Schedule of Rates' to determine the most appropriate 'standard rate' based upon the support required to meet your needs.

The assessment, support plan and individual budget will be authorised by the appropriate officers who hold responsibility for budget management. The 'Schedule of Rates' is reviewed annually by the Council on behalf of the HSCP.
Defining a budget is an ongoing process, as need changes over time, and that will happen at each of your subsequent reviews.

In exceptional circumstances, the standard rate, which is the basis for calculating your budget, may be insufficient if the HSCP was to purchase a suitable service for someone with very specific needs and/or circumstances.

In such exceptional situations, the entirety of your circumstances must be considered including:

- Your assessed needs e.g. level of complexity, unpredictability of behaviour;
- Reference to the eligibility criteria in relation to critical or substantial priority/risk.
- Other relevant factors evidencing that assessed needs cannot be met by a support provider at the standard hourly rate e.g. difficulty recruiting or purchasing, need for support staff with specific additional skills who would be unavailable at the standard rates.

In the event of any deviation from the standard rate being proposed, the HSCP's Commissioning Team will be involved with you and your social worker to identify a service to a standard that will satisfy the HSCP that the individual's needs are being met, at a rate as close to the standard rate as is available.

This service will either be procured by the relevant local authority or will be used to establish an equivalent amount for the purposes of an individual budget, in line with the Social Care (Self Directed Support) (Scotland) Act 2013.

Any decision to make payments out with the standard rate must be authorised by the relevant Head of Service, who will also determine:

- The agreed rate;
- The period for which the amended rate will apply and be reviewed.

Any services arranged or used as an equivalent rate for Self-directed support that cost more than the relevant standard rate should be considered temporary. At the time of review, your needs should be reassessed, and the Commissioning Team will be re-engaged to identify a service to a standard that will satisfy the HSCP that your individual needs are being met, at a rate as close to the standard rate as is available, at that time.

Limitations to Choice

While SDS promotes choice and control, there are instances where a choice cannot be permitted, this may be because it could put the supported person at risk from physical, emotionally or financial abuse. There may also be other pieces of legislation that are breeched through a choice, such as employment law. It is important that any decisions are made in adherence to all Scottish and UK laws.

In line with the Self-directed Support (Direct Payments) (Scotland) Regulations 2014, the HSCP is not required to give individuals the option of choosing Option 1 and so far as relating to that option, Option 4 in the following circumstances:

- The Council previously terminated a Direct Payment made to the person;
- There is evidence that the provision of a Direct Payment is likely to put the safety of the person to whom the support is provided or others at risk.
- In these circumstances, the HSCP must support the person to choose an alternative SDS option.

The Regulations also state that Option 1 (Direct Payments) cannot be offered to those whose level of need would be best suited through long-term residential/nursing care.

Certain care and support services which link to multiple-occupancy or group-tenancy accommodation arrangements (often called Supported Accommodation) are not suitable for Self-directed Support Options 1 or 2 (and so far as relating to that option, Option 4). This is due to the potential impact upon the tenancy rights of other tenants and the overall coordination of care, support and safety within the accommodation.

A person is unable to access personal care from a company that is not registered with the Care Inspectorate, this is a legislative requirement to operate a care service in Scotland, however, other social care supports that do not involve personal care, may be delivered through non-registered services.

If a supported person lacks capacity and does not have a Power of Attorney or Guardianship in place, that person cannot make an informed decision about their care. Unless a Power of Attorney is in place a family member could not make a decision on the supported person's behalf. In this case, the person would access care and support via SDS Option 3.

As set out in the Self-directed Support (Direct Payments) (Scotland) Regulations 2014, a supported person can request to employ a family member in the role of Personal Assistant. The family member can only be employed when the family member, supported person is in receipt of the direct payment and the Local Authority agree.

The employment of a family member using direct payment monies will be considered where:

- The family member, direct payment user and the Local Authority agree to the family member providing the support;
- The family member is capable of meeting the outcomes identified collaboratively in the assessment.

Individual budget expenditure

As part of SDS Option 1, an individual budget is allocated to the supported person, based on their needs and outcomes. This money should be used to purchase support or equipment specifically to meet their identified outcomes. However, the legislation clearly states that budgets cannot be used in the following ways:

- Unreasonably endanger any person.
- For services or equipment that would be provided by another service or organisation.
- To fund support that can be provided by other means i.e. community assets.
- To pay for the legal costs associated with establishing a Power of Attorney or Guardian.
- To support an illegal activity.
- To fund gambling, alcohol or tobacco.
- To fund rewards or gifts for carers.
- For long-term residential/nursing care (SDS Option 1).
- To pay off debts.
- To pay for anything that other sources of income should normally cover i.e. general household expenditures, food and drink, clothes etc.
- To pay for the service user's contribution to care and support services (as per the Council's Non-Residential Contribution Policy).
- To pay for supports or services that do not contribute towards your agreed assessed needs and outcomes that have been identified in your support plan.

Termination of Funding/Financial Monitoring – Option 1

Clackmannanshire Council and Stirling Council have the power to terminate direct payments (Option 1) under the Self-directed Support (Direct Payment) (Scotland) Regulations 2014 in the following circumstances:

- Where the individual has become ineligible to receive direct payments
- Where the payment has been used for purposes other than to meet the assessed needs and outcomes (i.e. misappropriate of funds)
- Where it has been used to secure the provision of support by a family member in circumstances where no agreement has been provided by the relevant Council
- Where an individual is unable to manage funds, despite being provided with additional support and advice
- Where the relevant Council considers on reasonable grounds that the individual has breached the criminal law or a civil law obligation in relation to the support to which the direct payment relates.

When an individual is no longer eligible to receive direct payments but continues to have eligible needs the Council/HSCP will provide the opportunity to choose one of the other options to receive Self-directed support.

Clackmannanshire and Stirling Councils and the Integration Joint Board (which plans and commissions support arrangements between the health board and both local authorities with a focus on community health and social care) are accountable for public funds and will monitor direct payments made to service users. This is a duty to protect the public funds it administers, and to this end may use the information provided by direct payment users for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

To this end it is important that anybody wishing to access a direct payment (Option1) understands that they will need to sign a contract as they will be entering into a financial agreement with the council area that they live in. This will mean the supported person is accountable for spending their direct payment in a way that achieves their outcomes, as per their support plan. If funds are not spent in a way that fulfils a supported person’s agreed outcomes, then they are accountable to the funder, who would be the council.

Legislative Alignment

The Social Care (Self Directed Support) (Scotland) Act 2013 places a duty on the Councils to offer the supported people four Self-directed support options based on their assessment/ identification of eligible needs. The legal basis for assessment/ identification remains within the following core legislation:

- Social Work (Scotland) Act 1968
- Children (Scotland) Act 1995
- Carers (Scotland) Act 2016

Self-directed support legislation also contains links to other legislation:

- The Community Care and Health (Scotland) Act 2002
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Adult Support and Protection (Scotland) Act
- The Adults with Incapacity (Scotland) Act 2000

Complaints

Supported people, utilising Self-directed support options, who experience difficulties with the service that the HSCP is providing, should in the first instance, try to resolve matters with their social work practitioner and senior managers within the service. Local support organisations may have a role to play in supporting service users in clarifying the position and offering advocacy where this is possible. For further details please contact Forth Valley Advocacy on 01324 320986, or info@forthvalleyadvocacy.com.

In the event of informal discussions not resolving an issue, service users can make use of the relevant local authorities complaints policy and procedure. Supported people or their carers may make complaints about any action, decision or apparent failing of the Council and they will have recourse through the Scottish Public Services Ombudsman once all other avenues have been exhausted.

Supported people will not be able to use this route for complaints about services which they have secured from independent providers (including people they employ directly, for example a personal assistant) using Self Directed Support Option 1 (Direct Payments). However, they should address any complaints that they may have about the services they purchase to the service providers themselves and take up complaints about their personal assistants with these employees. For support in these circumstances, please contact Citizens Advice Scotland in the first instance, Stirling branch 01786 470239, or visit Stirling CAB and in Clackmannanshire 01259 219404, or visit Clackmannanshire CAB.

Alternatively, a complaint can be made to the Care Inspectorate about any registered service.

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 11

Progressing Health and Social Care through the IJB in Clackmannanshire and Stirling

For Consideration

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	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	The purpose of the report is to summarise the range of issues and factors that have impacted and/or continue to impact the effective delivery of integrated health and social care services through the Integration Joint Board in Clackmannanshire and Stirling.

Recommendations:	The Integration Joint Board is asked to: 1) Consider the content of this report.

Key issues and risks:	N/A

1. Background

1.1 The writer has been in post as Interim Chief Officer since early December having been invited to step into the role for six months by the CEO leadership in the Health Board and Councils. This invitation recognised the significant experience and knowledge base of the writer in the integrated health and social care arena across Scotland over the preceding years since 2014.

1.2 In December 2023, at a full meeting of the Stirling Council, councillors considered the updated position from the Council CEO regarding the formal revision of the Integration Scheme between the Health Board and the two councils, and it was openly discussed that the option to decouple from Clackmannanshire should be considered by Stirling Council. It should also be noted that the formal position of Clackmannanshire Council at its meeting of 10 August 2023 is a preference for a single pan-Forth Valley Integration Authority.

1.3 As such there is a basis for exploration of what it is that is perceived not to have worked or not to be working in relation to the current Partnership arrangements that may have led to such considerations, and what needs to be undertaken to address these issues.

1.4 The CEO of Clackmannanshire Council in early 2024 requested the writer produce a report outlining the areas that are considered to be in need of improvement in the Partnership arrangements. A separate paper has been

prepared for the CEOs of the Partner organisations related to operational functioning both within the HSCP and between the councils and Health Board.

1.5 The writer has, with the agreement of the Chair and Vice Chair, also presented to and facilitated discussion with IJB members in a development session on 27th March on the background to integration focussing on the role, remit and functioning of the Clackmannanshire and Stirling IJB.

1.6 It is acknowledged that everything which is undertaken in an operational context is expected to flow from the strategic planning and thereafter, the Directions issued by the IJB, this paper sets out the writer's perspective of how well or otherwise the IJB achieves this.

1.7 The writer's lived experience in the Interim Chief Officer role since early December has substantially contributed to the content of this paper.

2. Context

2.1 There are known challenges that have been experienced by the C&S Partnership since 2016.

2.2 Unquestionably, the ability of C&S IJB and the delivery of integrated health and social care provision via the HSCP resulting in improved and seamless provision to the citizens of both council areas has been materially and negatively impacted by the historical environment within which the IJB and the succession of Chief Officers have endeavoured to operate.

2.3 Not least amongst this must be an acknowledgement that the Health Board's formal escalation by the Scottish Government in late 2022 for reasons of culture, leadership and governance will have had a materially negative impact on the functioning and performance of the integration arrangements. The fact that the Health Board did not delegate significant elements of the 'must be delegated' functions and services to be integrated, to the two IJBs in its area until after escalation, has necessarily resulted in both IJBs and both HSCPs in Forth Valley operating essentially with 'one arm tied behind their backs' in endeavouring to achieve efficient whole system, integrated and collaborative working to improve the experience and outcomes of citizens in their receipt of services. Six years of not being able to function effectively.

2.4 However, within C&S it must be said there is also 'history' within the local authorities concerned. In the handful of years leading up to 2016, Clackmannanshire and Stirling Councils embarked on a single shared social work service across children and families, criminal justice, and adult social care. These arrangements were dissolved in 2015/16 by Stirling Council deciding to establish a separate children and families and criminal justice service whilst at the same time choosing to establish a single integration authority for adult social work and social care within the permissive elements of the Public Bodies Act. Stirling Council then took a further two years till 2018 to fully delegate adult social work and social care functions and services to the IJB and into the HSCP.

2.5 The role and responsibility of an IJB can be summarised as:

- Develop a Strategic Plan to deliver integrated health and social care provision in the defined area,
- Commission by Direction the delivery of services to be integrated with which to deliver the Strategic Plan, and this responsibility recognises that an IJB is a decision-making Body and a change agent,
- Monitor the performance against the Directions issued.

2.6 The integration of health and social care was unequivocally expected to be a fundamental change to the way that health and social care services are planned, delivered, received, and experienced.

2.7 The demographics, health indices, anticipated financial and workforce pressures that were evident in 2014 created the need for fundamental change in the planning, delivery, receipt and experience of health and social care.

2.8 Maximising the potential and resource availability within the public sector alongside the voluntary and independent sector and the strengths contained within communities was expected to become a norm.

2.9 This clearly set out expectation necessarily requires a will to do and be different by all parties, within the IJB and the HSCP, but also within the councils and the Health Board. Intentional and genuine collaborative, partnership working is necessary for this joint venture to work.

2.10 Key Principles were set out within the Public Bodies Act about what was expected to happen. These were:

- That all Parties would be working towards achieving nationally agreed outcomes
- That there would be joint and equal accountability within a local area
- That the budget of the IJB would be utilised as an integrated budget
- That there was a strengthened role for clinicians, care professionals and third and independent sectors in the planning and delivery of health and social care services.
- That locality planning would be a central focus of endeavour to give meaning to genuine partnership and maximising the assets in local communities.

2.11 Achieving this can only be achieved through collaborative leadership and a commitment to building and sustaining relationships; recognising and valuing integrated finances and financial planning; putting in place agreed governance and accountability arrangements; creating an ability and willingness to share information and establishing meaningful and sustained engagement.

2.12 This endeavour requires a genuine and felt, shift in culture working towards achieving a removal of an approach where the starting point is “we’ve always done it this way”. It is expected to be a wide ranging and long-term change

agenda embracing innovation and moving away from risk aversion, debilitating duplication, and bureaucracy.

2.13 The extant policy of both councils and NHS FV is to have in place a single integration authority for the two council areas via the Integration Joint Board model. Taking account of the three summarised functions of an IJB (strategic planning; commissioning by Direction; monitoring the performance against Directions), it follows that the C&S IJB would be expected to singularly strategically plan, singularly commission and singularly monitor delivery across the partnership area.

2.14 In 2019, the MSG Review of Progress of Integration across Scotland resulted in all 31 Partnerships to undertake a self-assessment of performance against the six areas and sub-areas identified as contributing to integration across Scotland not being at the level that Scottish Government expected by 2019. This Review was undertaken due to recognised under achievement and under delivery against the ambitions of the Public Bodies legislation.

The six areas where it was recognised that across Scotland much work needed to be progressed were:

- Collaborative Leadership and Building Relationships
- Integrated Finances and Financial Planning
- Effective Strategic Planning for Improvement
- Agreed Governance and Accountability Arrangements
- Ability and Willingness to Share Information
- Meaningful and Sustained Engagement

2.15 An improvement plan was developed in the Autumn of 2019, and submitted to Scottish Government as required. In March 2020, the COVID-19 pandemic struck, and this improvement work has not been revisited since as the emphasis in all systems has been on recovery.

3. Clackmannanshire and Stirling Integration Joint Board

3.1 The Clackmannanshire and Stirling IJB as a decision-making body, can demonstrably be shown to have not acted substantially as a decision-making body leading to action that has resulted in major change to the way that health and social care is planned, delivered, received and experienced. In the four full years 2019-22, approximately 60% of all decisions taken by the IJB were simply to ‘note’ the content of papers presented to it. This trend has quite probably seen no difference since then. It should be noted that this issue is not exclusive to Clackmannanshire and Stirling and is equally an issue in many other IJBs.

3.2 This is an issue for IJB members regarding what they should expect to see in papers presented to them, and for officers presenting papers about how the papers are constructed to maximise IJB members’ opportunity to discharge their roles effectively.

3.2 This is in the context of a wide selection of voting and non-voting stakeholders who come together for just eight hours per year (quarterly for two hours) to decide on and commission the delivery of £257M of health and social care services to be provided to a combined population of 145,000 people. It is within these eight hours that the IJB is also expected to monitor and scrutinise the performance of the Health Board and two councils in the integrated delivery of their respective services. This includes oversight and scrutiny of the financial wellbeing of the Partnership which in 2023/24 was overspent by some £5.7M.

3.3 There is a committee structure in place to support the work of the IJB which involves a Finance and Performance Committee and an Audit and Risk Committee. A review of some of the matters considered by either or both committees would indicate a level of duplication of papers considered first in the committee(s) and then subsequently at the IJB. In contrast, the Dundee and Glasgow City IJBs have just one committee that addresses the issues of these two committees.

3.4 Only 1% of decisions that were taken in this period resulted in Directions being issued by the IJB and on every occasion this was only at the start of the financial year and in general terms stating something akin to an ‘allocation to Partner Organisation to provide the relevant services’ (the writer’s paraphrase). This despite approving a revised Directions policy in 2021 following the revision of national Guidance by the Scottish Government.

3.5 Of the decisions that were included within the c40% which involved approval or agreement by the IJB, many should be considered entirely appropriate e.g. approval of strategies, review of eligibility criteria, implementing a commissioning consortium approach, approach to locality and strategic planning etc, some of which could be considered of national importance.

3.6 By the same token, some decisions to approve/agree could not be considered material in nature e.g. agreeing to hold a workshop; ‘approving the content of the report’; awards of contracts through Scotland Excel all of which impact on the use of the valuable time available to the IJB in its meetings together.

3.7 This latter is important in that it highlights a confusion in the role and responsibility of the IJB. Scotland Excel is a commissioning body that operates on behalf of Scotland’s local authorities, and it is a matter for local authorities to award contracts through it once in receipt of a Direction from an IJB to deliver a particular type of service. IJBs do not have the authority to award contracts whether through Scotland Excel or not.

3.8 There is a process that has evolved over the years that requires the IJB to take into account the schedule of all Councils’ meetings and relevant Committees and likewise for the Health Board prior to setting dates for its own Board and Committee meetings for the subsequent year.

3.9 There is also a process that has likewise evolved in respect of the pre-agenda and approval of papers prior to being sent to IJB members and into the public domain.

3.9 Prior to pre-agenda, papers are expected to be sent to the 'Clerk' to the IJB who is the legal officer to either of the Councils in rotation. This is reported to ensure that all papers that are presented to the IJB are both legal and competent.

3.10 There is a question as to whether the Council's legal officer can undertake work on behalf of another Public Body which is expected to commission the provision of services from their employer council by Direction without it being a conflict of interest. This process is not currently set out within either the Integration Scheme or the IJB's Standing Orders.

3.11 Since the inception of the IJB in 2016, the Health Board CEO has been a voting member of the IJB, the rationale throughout being that there are insufficient non-Executive Directors in NHS FV to accommodate a non-Executive Director only cohort. The CEOs for both Councils also routinely attend and are listed in the membership as 'Advisory Members', this even though neither the Integration Scheme nor the IJB Standing Orders references the requirement or agreement for any CEO to be members of the IJB.

3.12 It is the writer's view that it is a clear conflict of interest for the Accountable Officer of the Health Board to be a voting member of the IJB. The legislation makes provision for Executive members of the Health Board's senior management team who are also executive members of the Health Board to be nominated as IJB voting members in exceptional circumstances. It appears that this is not an option that has hitherto been considered by the Board. Similarly, it is the writer's view that there is a question as to what a Council CEO can advise the IJB on that the Chief Officer cannot in either their capacity as Chief Officer of the IJB, or Director of Adult Social Care Services in both Councils, or that the CSWO or CFO equally cannot.

3.13 Arguably these examples reflect a place of subsidiarity for the IJB as opposed to recognising the status of the IJB as a legally independent and autonomous Public Body in its own right.

3.14 Linked to the issues outlined above is an issue of openness and transparency of the IJB, one of the tacit expectations set out for Integration Authorities and linked to a good governance agenda. For instance, the papers for the Finance and Performance Committee are not published on the HSCP website in the way that the papers for the Audit and Risk Committee are. Moreover, the IJB has previously approved (as indicated in 3.5 above) under section 50A (4) of the Local Government (Scotland) Act 1973, that the public be excluded from the meeting in a setting where members of the public as unpaid carers and service user representatives are members of the IJB.

3.15 Conversely there is an argument to suggest that in some areas, the IJB is too transparent insofar as at most of its meetings there are published minutes of joint staff forum meetings that occur between operational management and trade unions on matters that relate solely to NHS and Council workforces. There will inevitably be occasions and issues considered at such meetings

which are employer-only related and as such may not be appropriate for public presentation.

3.16 The HSCP is the operating vehicle across Clackmannanshire and Stirling that is expected to achieve the integration of health and social care provision commissioned by Direction by the IJB. Within the HSCP are the workforces of three employer organisations, NHS FV and both Councils who work under the single joint leadership and management of the Chief Officer in that officer's operational capacity and accountability to the respective three CEOs.

3.17 Importantly, the HSCP is not a distinct and separate organisation, nor is it an operational vehicle of the IJB, **it is** the Health Board and both councils. This is the importance of the HSCP to the IJB. If the HSCP is working well there is a greater likelihood that the IJB's strategic plan can be worked on and delivered. If it doesn't work well, the opposite is the case.

3.18 As indicated, the policy of both Councils and the Health Board is that there is a single integration authority for the Clackmannanshire and Stirling council areas. It follows logically from this that there should be a single vehicle for the delivery of services that flows from the single Integration Authority, hence the HSCP. However, in the writer's opinion, whilst there is a single HSCP with a single Chief Officer and a senior leadership team of just four individuals within integrated job-titled posts working to the Chief Officer, there is very little within the HSCP that is integrated, what we have is non-integration.

3.19 There is not a 'once for Clackmannanshire and Stirling' approach, and the adherence to a primacy of 'what's right for' Clackmannanshire Council, Stirling Council or NHS FV as organisations substantially impacts the ability of the IJB to evidence that it is successfully delivering on the nine National Health and Wellbeing Outcomes for the citizens of the two council areas.

3.20 As indicated in 1.4, a separate paper on the operational functioning of the HSCP and the partnership between the councils and the Health Board has been prepared for the respective CEOs.

4. Conclusion

4.1 It is acknowledged that the content of this report may make a challenging read for many parties within the IJB.

4.2 However, the integration arrangements within Clackmannanshire and Stirling are at a critical point, they are not optimal and performance and impact on citizens across both council areas who require the right care at the right time is not where it needs to be. At the same time, one of the Parties has openly discussed the option of decoupling the Partnership. This at a time when the formal review of the Integration Schemes is currently underway across the Health Board and all three councils (including Falkirk).

4.3 What this paper is intending to highlight is that whether there is one or two IJBs in Clackmannanshire and Stirling going forward, significant change is

required in the approach and commitment to collaborative and integrated health and social care provision by all parties at every level to what has gone before.4.4 Certainty about the future of integration across Clackmannanshire and Stirling is required and soon, and once this clarity is provided, there is a need to fully commit. As Dietrich Bonhoeffer wrote, 'not to speak is to speak, not to act is to act'.

5. Summary of Actions for the IJB to consider

Area for consideration	Vehicle for consideration	Timeframe
Review of the 25.9.2019 MSG improvement plan	IJB development session?	September 2024
IJB to review frequency of its meetings	Draft Revised Standing Orders Paper	19.6.24
IJB to review Committee structure	Draft Revised Standing Orders Paper	19.6.24
IJB to increase the issuing of Directions beyond 1% all decisions taken in each year	Agenda and content of papers for IJB meetings	Annual review of activity in 1.4.25
Schedule of IJB and Committee meetings to be set for subsequent years by August of each year.	Paper to August IJB	7.8.24 IJB
IJB meeting pre-agenda process to be reviewed	Draft Revised Standing Orders Paper	19.6.24
Membership of the IJB to be reviewed	Draft Revised Standing Orders Paper	19.6.24
Review of IJB policy on meeting papers to be published	Draft Revised Standing Orders Paper	19.6.24

6. Appendices

None

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	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒

Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	There are no financial implications
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	
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) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: 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.

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 12

Draft Revised Standing Orders

For Approval

Paper Approved for Submission by:	David Williams
Paper presented by	David Williams
Original Author(s)	Lindsay Thomson
Exempt Report	No

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

Purpose of Report:	To seek Board approval to amend Standing Orders.

Recommendations:	The Integration Joint Board is asked to approve the amended Standing Orders set out at appendix 1.

1. Background

1.1. The Integration Joint Board (IJB) last reviewed its Standing Orders in March 2020

1.2. The Interim Chief Officer has identified a number of issues that require consideration by the IJB by way of suggested revisions to the existing Standing Orders and these are presented at appendix 1.

2. Considerations

2.1. The principle changes that are proposed in the Standing Orders relate to:

2.2. Membership
2.3. Chairperson and Vice Chairperson
2.4. Special Meetings
2.5. Public Access
2.6. Attendance
2.7. Conduct of Meetings
2.8. Agenda Setting
2.9. Conflict of Interest
2.10. Decision making
2.11. Dispute Resolution
2.12. Alterations to Standing Orders
2.13. Establishment of Committees

3. Conclusions

3.1. It is good practice to regularly review Standing Orders to ensure that they support the operation of the IJB. These proposed changes make improvements to reflect developing practice and to improve the governance process. They also ensure that meetings will run as smoothly as possible including if held by video conference.

4. Appendices

Appendix 1 – draft Standing Orders with track changes

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

Implications	
Finance:	None directly arising however financial implications.
Other Resources:	None
Legal:	The proposed changes comply with legislative requirements and the Integration Scheme
Risk & mitigation:	None
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) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2 The content of this report **does not** require Fairer Duty Scotland Assessment

STANDING ORDERS

1. TITLE AND INTERPRETATION

1.1. These are the Standing Orders of the Clackmannanshire and Stirling Health and Social Care Integration Joint Board (hereinafter called "the IJB").

~~1.2. The Interpretation Act 1978 will apply to the interpretation of these Standing Orders as it applies to the interpretation of an Act of Parliament.~~

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2. COMMENCEMENT

2.1. These Standing Orders will apply from and including 25 November 2020 and reviewed by the IJB as required.

~~2.1.~~2.2. Latest review date: 19 June 2024

3. INTRODUCTION AND GENERAL PRINCIPLES

3.1. The IJB has been established by order made under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. These Standing Orders regulate the procedure and business of the IJB and its committees. All meetings of the IJB and its committees will be conducted in accordance with these Standing Orders.

3.2. The following general principles will be given effect to in the application of these Standing Orders:

3.2.1. that the role of the Chairperson is to ensure that the business of the meeting is properly dealt with and that clear decisions are reached

3.2.2. that the Chairperson will seek to promote and identify consensus among the voting members of the IJB

3.2.3. that the Chairperson has a responsibility to ensure that the view of all participants are expressed including the advice of officers when this is necessary to inform the decision, and

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~~3.2.4.~~ that meetings are conducted in a proper and timely manner with all members sharing responsibility for the proper and expeditious discharge of business.

4. DEFINITIONS

4.1. "Confidential Information" means –

4.1.1. (a) information provided to the IJB or any of the Constituent Authorities by a Government department upon terms (however expressed) which forbid the disclosure of the information to the public; and

4.2. (b) information, the disclosure of which to the public is prohibited by or under any enactment or by the order of a court.

4.3. "Constituent Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET and Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW or any of them as the context admits.

4.4. "Exempt Information" has the meaning ascribed to it in Appendix 1.

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4.5. "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 as amended or substituted from time to time.

4.6. "Local Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, and Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET or either of them as the context admits.

4.7. "NHS FV" means Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW.

4.8. "Professional Members" means the non-voting members of the IJB as defined in Standing Order 5.2.

4.9. "Stakeholder Members" means the non-voting members of the IJB as defined in Standing Order 5.3.

5. MEMBERSHIP

5.1. The voting members of the IJB are:

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5.1.1. three Councillors appointed by Clackmannanshire Council,

5.1.2. three Councillors appointed by Stirling Council,

5.1.3. six Directors of NHS FV of who should ~~m four shall~~ be non-Executive Directors ~~and~~ but in exceptional circumstances may include a smaller number of ~~two shall be~~ Executive Directors, subject always to Standing Order 10.

5.2. The non-voting members of the IJB are

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~~5.2.1. the Chief Social Work Officer for one of the Local Authorities,~~

~~5.2.2.~~5.2.1. the Chief Officer of the IJB,

5.2.2. the Proper Officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973,

5.2.3. Professional Advisers

~~5.2.3.~~5.2.4. the Chief Social Work Officer for one of the Local Authorities

~~5.2.4.~~5.2.5. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS FV in accordance with regulations made under section 17P of the National Health Service (Scotland) Act 1978,

~~5.2.5.~~5.2.6. a registered nurse who is employed by NHS FV or by a person or body with whom NHS FV has entered into a general medical services contract,

5.2.7. a registered medical practitioner employed by NHS FV and who is not providing primary medical services.

5.2.8. The IJB may wish to make additional professional appointments as appropriate and relevant to its business

~~5.2.6.~~5.2.9. Stakeholder members

~~5.3. The additional members, also non-voting, are such additional members as the IJB have seen fit to appoint (not being a Councillor of either of the Local Authorities or a Non-Executive Director of NHS FV) and at least one member appointed by the IJB in respect of each of the following groups:~~

~~5.3.1.~~5.2.10. a representative of staff of the P~~p~~arties engaged in the provision of services provided under the Integration Functions,

~~5.3.2.~~5.2.11. a representative of Third Sector Bodies carrying out activities related to health and social care for the areas of the Constituent Authorities.

~~5.3.3.~~5.2.12. A Service User~~s~~ residing in the area~~s~~ of the boundary of the IJB ~~the Local Authorities,~~

5.2.13. A person~~s~~ providing unpaid care in the area~~s~~ of the boundary of the IJB ~~Local Authorities, together with:~~

5.2.14. A patient of the Health Board residing in the area of the boundary of the IJB

5.2.15. The IJB may wish to make more than one appointment in these categories and additional appointments appropriate and relevant to its business

~~5.3.4.~~

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~~5.3.5. the Chief Social Work Officer for one of the Local Authorities.~~

~~5.4.~~5.3. Subject to Standing Orders 5.~~4~~5 all members of the IJB are appointed to serve for a period of three years and may be reappointed for one further term of office. Exceptional circumstances may lead to a further term of office being proposed and secured only by agreement by the IJB.

~~5.5.~~5.4. Members will be removed from the IJB in accordance with Article 10 of the Integration Joint Board Order.

Voting members will be deemed to have their appointment to the IJB withdrawn if they no longer meet the criteria set out in Standing Order 5.1.

If a voting member resigns from the IJB, the appointing party will be entitled to appoint another representative to the IJB pursuant to Standing Order 5.1.

6. CHAIRPERSON AND VICE-CHAIRPERSON

6.1. The Chairperson appointed to serve ~~from 1 April 2016~~ for a period of two years shall be appointed by the Local Authorities and the Vice-Chairperson shall be appointed by NHS FV to serve for the same period.

6.2. The appointment of subsequent Chairpersons and Vice-Chairpersons must alternate between NHS FV and the Local Authorities in accordance with Article 6 of the Integrated Joint Board Order and the IJB's Integration Scheme. In each respective Local Authority appointing period, which the Integration Scheme provides shall last for two years, the Local Authorities will alternate in appointing a Chairperson for the full two year period subject to any alternative arrangement reached by the Local Authorities as to how the Chairperson appointment should be arranged in any Local Authority appointing period. The Local Authorities will alternate in appointing a Vice-Chairperson for the full two period, subject to any alternative arrangement reached by the Local Authorities as to how the Vice-Chairperson appointment should be arranged in any Local Authority appointing period.

6.3. NHS FV and the Local Authorities may only appoint the Chairperson and Vice-Chairperson from the voting members of the IJB subject to the further proviso that NHS FV may only appoint a voting member who is a Non-Executive Director to these positions.

6.4. Subject to Standing Order 6.3, any Constituent Authority may change the person appointed by them as Chairperson or Vice-Chairperson during their term of office. The relevant Constituent Authority will provide written notice to the Chief Officer and to the Chief Executives of each of the other two Constituent Authorities confirming the name and position of the new appointment of Chairperson or Vice-Chairperson and confirmation of when

that individual's appointment as Chairperson or Vice-Chairperson will take effect. Such notice is to be provided 21 days before that appointment of Chairperson or Vice-Chairperson takes effect, any such appointment may take effect earlier than 21 days from any such notice if by agreement of all the Constituent Authorities. The same notification procedure shall be followed when the Local Authority reach an alternative agreement on the appointment of the Chairperson or Vice-Chairperson in accordance with Standing Order 6.2.

6.5. The Chairperson shall have discretion, with or without discussion, to determine all questions of procedure where no specific provision is made under these Standing Orders.

~~6.5.~~6.6. The decision of the Chairperson on all matters within his/her jurisdiction as set out in these Standing Orders shall be final. Deference shall at all times be paid to the authority of the Chairperson and Members shall address the Chairperson while speaking.

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7. CALLING MEETINGS

Ordinary meetings

7.1. The IJB will operate a ~~quarterly~~ cycle of bi-monthly meetings from 2025 and will keep its meeting frequency under review. All meetings will be held on the days, at the times and in the places fixed by the IJB and as then published in its Programme of Meetings.

Special meetings

7.2. The Chairperson, with the agreement of the Vice Chair, may call an extraordinary meeting of the IJB should there be an urgent need for the IJB to meet outwith the meetings cycle.~~at such other times as he or she sees fit~~.

7.3. A request from other members of the IJB for a meeting of the IJB to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the Chairperson and Vice Chair.

7.4. If a request is made under Standing Order 7.3 and the Chairperson and Vice Chair refuse~~s~~ to call a meeting, or do~~es~~ not call a meeting within 7 days after the making of the request, the members who signed the requisition may call a meeting.

7.5. The business which may be transacted at a meeting called under Standing Order 7.3 is limited to the business specified in the requisition.

8. NOTICE OF MEETINGS

8.1. Before each meeting of the IJB, or a committee of the IJB, a notice of the meeting specifying the time, place and business to be transacted at it signed by an officer authorised by the Chairperson, together with a copy of the agenda and any reports to that meeting, is to be sent electronically to every member of the IJB or sent to the usual place of residence of every member of the IJB so as to be available to them at least five clear working days before the meeting.

8.2. A failure to serve notice of a meeting, or any reports to that meeting, on a member in accordance with Standing Order 8.1 shall not affect the validity of anything done at that meeting.

8.3. In the case of a meeting of the IJB called by members the notice is to be signed by the members who requisitioned the meeting in accordance with Standing Order 7.3.

8.4. Public notice of the time and place of meetings, listing the business to be transacted, will be intimated on the websites of the Clackmannanshire and Stirling Health and Social Care Partnership at least three clear working days before the meeting. Where a special meeting is arranged less than three clear working days before the meeting convenes, the public notice will be published as soon as practicable.

9. PUBLIC ACCESS

9.1.1. Every meeting of the IJB will be open to the public and media.

9.2. except in special circumstances which are set out below:

9.2.1. the public will be excluded from a meeting of the IJB where it is likely, because of the business itself or what might be said, that Confidential Information would be given to members of the public; and/or

9.2.2. the IJB may decide, by passing a resolution at any meeting, to exclude the public when it is considering an item of business if it is likely because of the business itself or what might be said, that Exempt Information would be given to members of the public. The resolution to exclude the public will make clear which part of the proceedings of the meeting it applies to and explain why the information is exempt.

9.3. If the Chief Officer or the Proper Officer believes that it is likely that Exempt Information or Confidential Information will be given to members of the public they may exclude the whole of a report (or any part of a report) from public viewing. Every copy of any report in that category (or part of that report) will be marked “Not for Publication” and either marked “Exempt” or “Confidential”.

9.4. No member will use or disclose to any person exempt or confidential information that comes into their possession or knowledge as a result of their membership of the IJB.

Commented [DW5]: Does the IJB wish to retain these sections and the appendix 1 given the suggested narrative at 9.1.1

9.5. Copies of agendas and reports for meetings of the IJB will be available for the public from the Clackmannanshire and Stirling Health and Social Care Partnership website for three clear working days before meetings. Minutes of meetings of the IJB will also be published on the same website.

9.6. Except at the discretion of the Chairperson or where arrangements have been made to allow remote attendance at, or for the webcasting of, the meeting, the IJB will not allow the taking of photographs, use of mobile telephones, or music players during meetings, or the internet , radio or television broadcasting or tape or digital recording of meetings.

9.7. Members of the public will not be permitted to speak or take part in a meeting of the IJB. Members of the public may, at the discretion of the Chairperson, be denied access to any meeting of the IJB if they arrive after the designated meeting start time when the meeting is in session.

9.8. The Chairperson has power to exclude any member of the public from a meeting in order to prevent or suppress disorder or other behaviour which is impeding or is likely to impede the proceedings of the IJB.

10. ATTENDANCE, QUORUM AND REMOTE ATTENDANCE

10.1. If a voting member is unable to attend a meeting of the IJB, the Constituent Authority which nominated the member, is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting in place of the voting member.

10.2. If a Professional Member is unable to attend a meeting of the IJB that member will arrange for a deputy to attend the meeting. It will be for the IJB to determine whether the deputy who attends the meeting is suitable to attend the meeting as a substitute.

~~10.3.~~ If a Stakeholder Member is unable to attend a meeting of the IJB that member's named substitute is expected ~~may arrange for a suitably experienced proxy~~ to attend the meeting in their place. On appointment, a Stakeholder Member will identify the substitute ~~or substitutes~~ who~~m~~ they wish to nominate to attend in any ~~their~~ absence by them~~. It will be for the IJB to determine whether those persons are suitably experienced.~~

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10.3. The Standards Officer of the IJB is expected to attend all meetings.

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10.4. Senior officers within the HSCP who are presenting papers to the IJB for consideration will be invited to attend and speak for the paper about which they are presenting.

10.5.

~~10.4.~~10.6. A substitute attending a meeting of the IJB by virtue of Standing Order 10.1 may vote on decisions put to that meeting.

The IJB quorum is one half of the voting members. No business is to be transacted at a meeting of the IJB unless it is quorate.

~~10.5.~~10.7. If there is no quorum within 15 minutes from the designated start time for a meeting of the IJB, the Chairperson will adjourn the meeting to another date and time but no later than 4 weeks from the date of the original meeting. If the Chairperson is among those absent, the minute will record that no business was transacted because of the lack of the necessary quorum.

~~10.6.~~10.8. If during any meeting the attention of the Chairperson is called to the number of voting members present, the roll will be called and, if a quorum is not present, the meeting will immediately be adjourned.

~~10.7.~~10.9. If less than a quorum is entitled to vote on an item because of declarations of interest, that item cannot be dealt with at that meeting.

~~10.8.~~10.10. Where proper facilities are available, and at the direction of the Chairperson, a member may be regarded as being present at a meeting if he or she is able to participate from a remote location by a video or other communication link.

~~10.9.~~10.11. A voting member participating in a meeting from a remote location will be counted for the purposes of deciding if a quorum is present in accordance with Standing Order 10.10.

~~10.10.~~10.12. At the discretion of the Chairperson, a member participating in a meeting from a remote location will be excluded from the meeting when an item of business is being considered and it is likely that Confidential Information or Exempt Information would be disclosed.

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Commented [DW6]: Does the IJB wish to retain this?

11. CONDUCT OF MEETINGS

11.1. At each meeting of the IJB, or a committee of the IJB, the Chairperson, if attending the meeting, is to preside.

11.2. If the Chairperson ~~is absent from a meeting~~ of the IJB or a committee of the IJB is absent from a meeting, the Vice-Chairperson is to preside.

11.3. If the Chairperson and Vice-Chairperson are both absent from a meeting of the IJB or a committee of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting is to preside.

11.4. A substitute appointed in terms of Standing Order 10 may not preside.

11.5. If it is necessary or expedient to do so a meeting of the IJB, or of a committee of the IJB, may be adjourned to another date, time or place as set out in 10.5.

12. URGENT BUSINESS

12.1. Urgent business may be considered at a meeting of the IJB if the Chairperson and Vice Chair rules that there is a special reason why the business is a matter of urgency. The reason(s) will be stated at the meeting and recorded in the minutes.

13. AGENDA SETTING

13.1. The IJB agenda will be proposed set by the Chief Officer to the Chairperson and Vice Chair in advance of any meeting of the IJB and in accordance with the IJB's programme of business. The Chair and Vice Chair will thereafter agree the agenda with the Chief Officer.

13.2. The Chief Officer will approve all meeting papers and reports to the IJB for release before they are issued to IJB members.

13.3. Voting members of the IJB may request the inclusion of an item on any IJB meeting agenda, provided such a request is made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall agree with the Chairperson and Vice Chairdecide whether the item is to be included within the agenda for any IJB meeting.

13.4. Professional Members and Stakeholder Members may submit items for inclusion in any IJB meeting agenda if the item pertains to their particular area of operation or interest and they consider it appropriate that it be included in any such agenda. Any such requests must be made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall adecidgree with the Chairperson and Vice Chaire whether the item is to be included within the agenda for any IJB meeting.

14. ORDER OF BUSINESS

14.1. The business of the IJB will proceed in the order specified in the notice calling the meeting which will be as follows, unless circumstances dictate otherwise:

14.1.1. Notification of Apologies

14.1.2. Notification of Substitutes

14.1.3. Declarations of Interest

14.1.4. Urgent Business brought forward by the Chairperson in terms of Standing Order 12. Any such business will be intimated at the start of the meeting and discussed in the order determined by the Chairperson.

14.1.5. Minutes and Matters Arising

14.1.6. ~~Matters for noting will appear at the end of the Agenda~~.

Commented [DW(FV7]: Replication and not required

14.2. After the IJB has been sitting for two hours and not longer than two and a half hours, there will be an automatic break of at least 10 minutes. At the discretion of the Chairperson the break may be extended to not more than 30 minutes.

15. CONFLICT OF INTEREST

15.1. All members of the IJB, voting and non-voting must declare at the earliest possible stage or opportunities in the proceedings, any direct financial or non-financial interest where that interest arises in relation to an item of business to be transacted at a meeting of the IJB, or a committee of the IJB.

15.2. Where a financial or non-~~-~~financial interest is disclosed under Standing Order 15.1 a member must apply the proper test for conflict of interest. If the member applies the test and determines that they have an interest which is so substantial that it would be likely, in the view of a member of the public with knowledge of the facts, to prejudice that member's discussion or decision making on the matter under consideration, the member declaring that interest must ~~must~~ leave the meeting when the matter is being discussed. If said member does not leave the meeting~~If a member does not leave the meeting~~ the meeting must be suspended by the Chair.

15.3. When considering whether an interest fa~~i~~ils to be disclosed under Standing Order 15.1, any member (including any substitute member) must have regard to the Code of Conduct for Members of the IJB and in particular ,Sections 4 and 5 of the Code and if required seek the advice of the Chairperson or the Standards Officer.

16. DEPUTATIONS

16.1. Deputation requests must be submitted to the Chief Officer by 5pm at least 2 clear working days before the meeting of the IJB or Committee takes place

16.2. Deputations must only be from an office bearer or spokesperson of an organisation or group, unless the chairperson exercises discretion to allow a deputation which does not meet this standing order

16.3. Deputations can only concern an item on the agenda of the forthcoming meeting and the deputation request must specify the agenda item it concerns

16.4. The chairperson will ask the IJB or committee to decide whether they wish to hear the deputation. The decision will be taken in accordance with Standing order 18.

16.5. Deputations should be allowed no more than ~~up to~~ 10~~5~~ minutes to present their case to the IJB or committee, although this can be reduced by the chairperson. Members will be entitled to question the deputation subject to the general principles of these standing orders

16.6. At the end of the deputation process the deputation will return to the public seating area and will not take part in any debate, discussion or vote.

17. RECORDS

17.1. A record must be kept of the names of the members attending every meeting of the IJB or of a committee of the IJB.

17.2. Minutes of the proceedings of each meeting of the IJB or a committee of the IJB, including any decision made at that meeting, are to be drawn up and submitted to the next ensuing meeting of the IJB or the committee of the IJB for agreement after which they must be signed by the person presiding at that meeting.

18. DECISION MAKING

18.1. Where the IJB is asked to take a decision on a recommendation in papers from officers, the Chairperson will determine whether there is consensus among members on the proposed recommendation ~~decision~~. In the absence of consensus, the question will be determined by a majority of votes of the voting members attending.

18.2. ~~Where the proposed decision consists of a recommendation in a report submitted to the IJB, the recommendation may be moved and seconded by a voting member. Where no a~~Amendments to ~~a~~that recommendation may be~~is~~ moved and seconded by voting members, and~~the Chairperson~~ following discussion, the Chairperson will put the matter to the vote for or against the motion. ~~Where an amendment is moved and seconded the Chairperson following discussion will put the matter to a vote for the amendment or the motion.~~

Commented [DW8]: Not sure I understand what this means so have deleted but happy to have the discussion

18.3. Any motion relevant to the item of business under discussion may be moved by a voting member. If seconded, the motion will be dealt with in accordance with Standing Order 18.2 above.

18.4. In the event of an equality of votes, no decision may be made on that item of business at the meeting and Standing Order 198 will apply.

19. DISPUTE RESOLUTION

19.1. In the event of an equality of votes, the matter will be remitted to the Chief Officer to carry out such further work and to provide such further information as may be required to enable the IJB to reconsider the matter at the fol~~-a~~lowing IJB~~future~~ meeting and reach a majority or consensus decision.

~~20. REVOCATION OF PREVIOUS RESOLUTIONS~~

~~20.1. No motion which seeks to alter or revoke a decision of the IJB, or has that effect, will be considered or passed until at least six months after the decision was taken originally, unless no less than two thirds of members present and entitled to vote at any IJB meeting agree to reconsider the decision.~~

~~21.~~20. ALTERATIONS TO STANDING ORDERS

20.1. ~~The IJB shall have the power to alter these Standing Orders at any of its meetings or at a special meeting convened for such purpose provided due intimation of such proposed alterations shall have been sent to each member at least three clear working days before such meeting. All such alterations require to be approved by a two thirds majority of those present and voting.~~

~~21.1.~~20.2. The IJB shall have the power to alter and amend these Standing Orders at any of its meetings. Any proposed amendments should be presented in 'track' changes to the existing version for ease of sight and consideration by IJB members.

~~22.~~21. ESTABLISHMENT OF COMMITTEES

~~22.1.~~21.1. The IJB may establish committees of its members for the purpose of carrying out such of its functions as the IJB may determine. If the IJB establishes such a committee, it will:

~~22.1.1.~~21.1.1. determine the membership of that committee;

~~22.1.2.~~21.1.2. determine the terms of reference of that committee:

~~22.1.3.~~21.1.3. determine who will act as Chairperson of that committee;

Commented [DW9]: Do we need to explain what a motion is that's different from a recommendation and an amendment? Perhaps in section 4

Commented [DW10]: I think this needs to be removed because it prevents the ability of the IJB to approve amendments to Directions that might be required e.g. on budget pressures etc

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~~22.1.4.~~21.1.4. prepare and adopt a Scheme of Delegation setting out the role and remit of the committee; and

21.1.5. set out, amongst other things, the composition, quorum, programme of meetings and all other relevant matters governing the operation of the committee.

21.1.6. These Standing Orders apply equally to Committees of the IJB as they do the IJB, subject to any modification as is required to meet the terms of reference and constitution of Committees.

21.1.7. Meetings of Committees shall be routinely open to the public and media, unless the meeting has passed a motion to exclude the public and media on the grounds that publicity for any item under discussion would be prejudicial to the public interest due to the confidential nature dential nature of the business to be transacted or for other reason specified in the motion.

~~22.1.5.~~21.1.8. The Committees of the IJB as at 19 June 2024 are:

- Finance and Performance Committee
- Audit and Risk Committee

21.1.6 The Committees of the IJB as at 20 June 2024 are:

- Finance, Audit and Performance Committee

21.1.7

~~23.~~22. APPLICATION OF STANDING ORDERS

~~23.1.~~22.1. In the event that there is any inconsistency between these Standing Orders and the IJB's Integration Scheme, the IJB's Integration Scheme shall prevail.

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Appendix 1

Exempt Information

For the purpose of these Standing Orders exempt information is defined as information which is exempt from disclosure to the public and which falls under one of the categories listed in the table below.

No	Description of Exempt Information	Qualifications
1	Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the IJB or any of the Constituent Authorities.	Information relating to a person of a description specified in any of paragraphs 1 to 4 is not exempt information by virtue of that paragraph unless it relates to a person of that description in the capacity indicated by the description.
2	Information relating to any particular occupier or former occupier of, or applicant for, accommodation provided by or at the expense of the IJB or any of the Constituent Authorities.	
3	Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the IJB or any of the Constituent Authorities.	
4	Information relating to any particular applicant for, or recipient or former recipient of, any financial assistance provided by the IJB or any of the Constituent Authorities.	
5	Information relating to the adoption, care, fostering or education of any particular child or relating to the supervision or residence of any particular child in accordance with a supervision requirement made in respect of that child under the Social Work (Scotland) Act 1968.	None
6	Information relating to the financial or business affairs of any particular person (other than the IJB or any of the Constituent Authorities).	Information falling within paragraph 6 is not exempt information by virtue of that paragraph if it is required to be registered under— (a) the Companies Acts (as defined in section 2(1) of the Companies Act 2006); b) the Friendly Societies Act 1974;

No	Description of Exempt Information	Qualifications
		(c) the Industrial and Provident Societies Act 1965 to 1978; or (d) the Building Societies Act 1962.
7	Information relating to anything done or to be done in respect of any particular person for the purposes of any of the matters referred to in section 27(1) of the Social Work(Scotland) Act 1968 (providing reports on and supervision of certain persons).	None
8	The amount of any expenditure proposed to be incurred by the IJB or any Constituent Authority under any particular contract for the acquisition of property or the supply of goods or services.	Information falling within paragraph 8 is exempt information if and so long as disclosure to the public of the amount there referred to would be likely to give an advantage to a person entering into, or seeking to enter into, a contract with the IJB or any Constituent Authority in respect of the property, goods or services, whether the advantage would arise as against the IJB or any Constituent Authority or as against such other persons.
9	Any terms proposed or to be proposed by or to the IJB or any Constituent Authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.	Information falling within paragraph 9 is exempt information if and so long as disclosure to the public of the terms would prejudice the IJB or any Constituent Authority in those for any other negotiations concerning the property or goods or services.
10	The identity of the IJB or any Constituent Authority (as well as of any other person, by virtue of paragraph 6 above) as the person offering any particular tender for a contract for the supply of goods or services.	None

No	Description of Exempt Information	Qualifications
11	Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the IJB or any of the Constituent Authorities or a Minister of the Crown and employees of, or office-holders under, the IJB or any of the Constituent Authorities.	Information falling within paragraph 11 is exempt information if and so long as disclosure to the public of the information would prejudice the IJB or any Constituent Authority in those or any other consultations or negotiations in connection with a labour relations matter arising as mentioned in that paragraph.
12	Any instructions to counsel and any opinion of counsel (whether or not in connection with any proceedings) and any advice received, information obtained or action to be taken in connection with— (a) any legal proceedings by or against the IJB or any of the Constituent Authorities, or (b) the determination of any matter affecting the IJB or any of the Constituent Authorities, (whether, in either case, proceedings have been commenced or are in contemplation).	None
13	Information which, if disclosed to the public, would reveal that the IJB or any Constituent Authority proposes— (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment.	Information falling within paragraph 13 is exempt information if and so long as disclosure to the public might afford an opportunity to a person affected by the notice, order or direction to defeat the purpose or one of the purposes for which the notice, order or direction is to be given or made.
14	Any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.	None
15	The identity of a protected informant.	None

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 13

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

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To provide the Integration Joint Board to the Strategic Risk Register for review and approval.

Recommendations:	The Integration Joint Board is asked to: 1) Review and approve the Strategic Risk Register 2) Note that a draft updated Risk Management Strategy will be presented to the IJB Audit and Risk Committee on June 26

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 is a standing agenda item on the IJBs agenda rather than being an element of performance reporting as was previous practice.

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 last reviewed the Strategic Risk Register at its meeting on 21 February 2024 and will do again on 26 June 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 12 June 2024.

1.5 As a result of this review and wider discussions regarding risks the following have been decreased/increased:

HSC017 Potential Industrial Action (increased) – risk increased as a result of current position an related increased risk of industrial action.

1.6 A summary of the current 14 Strategic Risks is shown in Table 1 below, with movements in risk ratings from the March IJB meeting.

1.7 Where control actions have been updated this is highlighted by text in italics within the strategic risk register.

Table 1

Strategic Risk	Risk Direction	Previous Score March 2024	Current Score June 2024	Target Score
1. Financial Resilience	⟺	25	25	9
2. Leadership, Decision Making and Scrutiny	⟺	12	12	8
4. Performance Framework	⟺	16	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	16	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 Strategy

2.1 The recently appointed Corporate Risk Manager for NHS Forth Valley has been providing subject matter expertise to progress the update of the IJBs Risk Management Framework. A draft updated Risk Management Strategy will be presented to be June Audit and Risk Committee meeting for consideration. Subject to these considerations the Strategy will be presented 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. It is envisaged that this will be completed over the later months of 2024.

2.3 Taking due account of comments from Audit and Risk Committee and IJB members the Senior Leadership Team will conduct a review of the Strategic Risk Register over the summer with a view to informing the required structure of the register going forward, ensuring this reflects IJB risks and achieving better clarity and delineation between operational and strategic risk registers.

3. Appendices

Appendix 1 - Strategic Risk Register

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	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐
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	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: 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.

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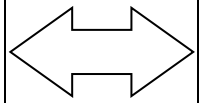
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Control /Risk Reduction Action (Timescale)	Risk Owner(s)	Notes	Risk Direction
HSCP 001	**Financial Resilience** The risk that delegated integration functions and services 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.*** *24/25 Revenue Budget Approved incorporating risk assessment (March 24)* **2.** Financial Monitoring Reports (Monthly) ***3****. Establish programme management and monitoring arrangements for transformation programme.(in place subject to further development)* ***4.*** *Draft 25/26 IJB Business Case and Development of Options for Financially Sustainable Service Delivery (Nov 24)* **5.** Agreed process for agreement and payment of contract rates including uplifts. (Annually 24/25 complete) ***6****. Implement directions policy including savings detail at constituent authority level. (from March 24)* **7.** Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (TBA)	Chief Officer / Chief Finance Officer		

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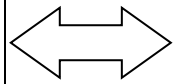
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 002	**Leadership, Decision Making and Scrutiny** The risk that leadership, decision making and scrutiny arrangements are inadequate to ensure good governance and assurance arrangements.	**1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'	Current (3) Target (2)	Current (4) Target (4)	Current (12) Medium Target (8) Low	**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.*** *Present improvement recommendations from Interim Chief Officer to IJB (June 24)* ***4****. Review and Reform SMLT working arrangements (from Feb 24)* **5.** Continue to review and reform the IJBs Governance Frameworks (ongoing) **6**. Implement revised directions policy (from March 2024) ***7****. Prepare and Monitor Governance Action Plan as part of Annual Governance Statement (June 2024)*	Chief Officer		

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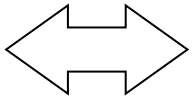
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 004	**Integrated Performance Framework** The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities.	**1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'.	Current (4) Target (1)	Current (4) Target (4)	Current (16) High Target (4) Low	***1.*** *Review and reform of Integrated Performance Framework (June 24)* ***2.*** *Subject to IJB approval work with constituent authorities to implement IPF (from June 2024)* **3.** 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) **4**. Develop workplan for Finance and Performance Committee to undertake performance review and assurance role for IJB. (Feb 24 for 24/25 plan) **5**. Development of performance measures and reporting at locality level. (ongoing) **6**. Agree Improvement Plan with NHS FV to address data issues including SMR data and ensure appropriate planning around unscheduled care (ongoing linked to set aside work)	Head Of Service (SP&HI) / Chief Officer / Chief Finance Officer	Ongoing challenges re management information systems, data and information locally and nationally.	

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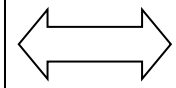
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 005	**Culture/HR/ Workforce Planning** The risk that workforce challenges are not adequately managed and adversely impact delivery of delegated integration functions	**1.** National Core Outcome 'Engaged Workforce', and 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'	Current (3) Target (1)	Current (4) Target (3)	Current (12) Medium Target (3) Low	**1.** Ensure inclusive approach to staff engagement at all levels. (Ongoing) **2**. Develop multi-disciplinary care pathways and teams. (ongoing) ***3.*** *Workforce engagement on transformation programme including practice* elements such as SDS (from March 24) **4.** Ensure consistent use of iMatter staff survey platform across the constituent authorities, and the development of reporting infrastructure against HSCP within that system. (from June 24 for new imatter survey) **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 prioritise and support workforce wellbeing. (Ongoing) **8**. Monitor implementation of the approved workforce plan (Annually)	Chief Officer	Integrated Workforce Plan approved (Nov 22)	

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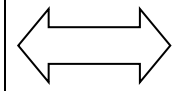
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 006	**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.	**1.** National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience'' **2.** Local Outcome 'Community Focused Supports'	Current (4) Target (2)	Current (4) Target (3)	Current (16) High Target (6) Low	**1.** Implement Participation and Engagement Strategy. (ongoing) 2. Strategic Commissioning Plan including Consultation process including Strategic Planning and Locality Planning Groups (from March 23) **3.** Processes of participation and engagement. (ongoing) 4. 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)*	Chief Officer/ Head of Service (SP&HI)		

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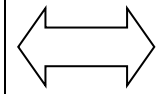
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 007	**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	**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.** 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/ user in procurement of replacement Adult Social Care information systems. (ongoing) **5.** Raise awareness of higher cyber-security threat level in relation to current global tensions and conflicts.(ongoing) **6.** 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.	Chair of Data Sharing Partnership / Heads of Service	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.	

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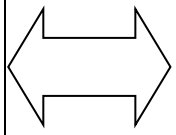
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 008	**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.	**1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'	Current (4) Target (3)	Current (4) Target (4)	Current (16) High Target (12) Medium	**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)	Chair of Data Sharing Partnership / Head of Service (SP&HI)	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.	

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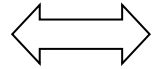
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 010	**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.	**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'	Current (5) Target (1)	Current (4) Target (4)	Current (20) High Target (4) Low	**1.** Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way (Annually) ***2.*** *Update of Clinical and Care Governance Framework (March 24)* **3.** Whole system working to minimise 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.*** *Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete (October 24)*	Chief Social Work Officers / NHS Forth Valley Medical Director / Chair of Clinical and Care Governance Group		

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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 011	**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.	1. National Outcomes 'People are Safe' 'Positive Experience' 2. Quality of Life	Current (4) Target (2)	Current (4) Target (2)	Current (16) High Target (4) Low	**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)	Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord,		⇔

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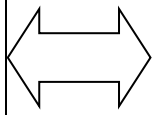
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 012	**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.	**Health and Social Care Outcomes** • 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	Current (4) Target (2)	Current (4) Target (3)	Current (16) High Target (6) Low	**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)	Head of Service, CH&C and Professional Leads		

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CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

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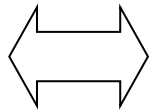
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 014 **(added 26 May 2019)**	**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.	**1.** National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (5) Target (3)	Current (4) Target (3)	Current (20) High Target (9) Medium	**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.** Governance structure for delivery (in place). **4.** Ensure strong working relationships between partners, (ongoing) *6. Development and negotiation of sustainable delivery options with tripartite (October 24)*	Health of Primary Care / Programme Manager (PCIP) / IJB Chief Officer / IJB Chief Finance Officer		

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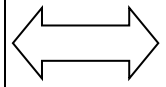
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 015 **(added 21 Feb 2020)**	**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.	9	National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (5) Target (3)	Current (5) Target (3)	Current (25) High Target (9) Medium	**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 oversight and review to ensure sustainable (ongoing) **5.** GP IT Programme Board established **6**. Pan FV Local Sustainability Group in place to advise on sustainability matters (ongoing) **7.** Joint IJB Development Session on Primary Care undertaken (Feb 24)	Associate Medical Director Primary Care / GP Clinical Leads / IJB Chief Officer/ NHS Chief Exec	Risk re-articulated alongside NHS FV & Falkirk IJB SRR including alignment of scoring.	

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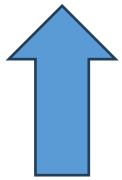
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 017	**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.	National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (4) Target (2)	Current (4) Target (3)	16 High 6 Low	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)	Chief Officer / SMLT		

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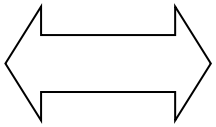
CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER AT 12 June 2024

HSC 018 **(Added March 23)**	**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.	National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (4) Target (2)	Current (4) Target (3)	16 High 6 Low	**1.** Ensure Strategic Planning is Based on robust Strategic Needs Assessment (ongoing) **2.** Manage positive arrangements with providers through providers forum (Ongoing) ***3.*** *Ensure robust data informed annual IJB Business Case is produced. (Nov 24/annually)* **4.** Use of national networks to articulate and inform future resource requirements (Ongoing) **5.** Local capacity and activity monitoring (Weekly) **6.** Ensure focus on transformation programme to maximise use of existing resources (Ongoing) **7.** Work with constituent authorities to promote partnership as a good place to work. (Ongoing)	Chief Officer	Risk added post previous discussion at Audit and Risk Committee and IJB	

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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.

NOTE: where control measures updated this is highlighted in italics.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integrated Joint Board

19 June 2024

Agenda Item 14

Integrated Performance Framework

For Approval

Paper Approved for Submission by:	David Williams, 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

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To present the Integration Joint Board with a refreshed integrated performance framework to ensure the IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets and measures included in the Integration functions as set out in the current 2023-2033 Strategic Commissioning Plan. As agreed at IJB March 2024.

Recommendations:	The Integrated Joint Board is asked to: 1) Review and consider and agree the draft IPF being presented. 2) Ask officers to ensure that the revised format of the report continues to take into account the recommendations of the 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".

Key issues and risks:	*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.* *The development of an Integrated Performance Framework is laid out in this paper to align performance reporting across all of the delegated functions of the IJB.*

1. Background

1.1 The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. This revised IPF is being presented to the Board to support the scrutiny role of the IJB in terms of delivery against its Directions through the performance of the Health and Social Care Partnership.

1.1. There have also been significant changes within the HSCP over the past five years including:

- changes in the senior management and leadership team.
- significant IJB investment to build the capacity of the senior leadership roles including Heads of Service, Locality Managers & Service Managers.
- the emergency response to the COVID-19 pandemic.
- mental health, primary care and health improvement services have been delegated into the HSCP.

1.2. As such the development of the integrated performance framework was not considered essential in line with the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The current Integrated Performance Framework has been updated during 2020-2024, and continues to be reviewed.

1.3. There are a number of considerations for the revised Integrated Performance Framework.

- Unlike other HSCP's, Clackmannanshire and Stirling HSCP have the additional challenge of working with the systems of three different organisations.
- Each of these organisations uses multiple systems and some of which require to be updated. The impact of outdated systems means that collecting, collating, analysis and reporting performance is not always efficient. Margins for error are significant and considerable effort and time is required to validate and quality assure data, this an often be a manual task. This generates a lag in time in reporting.
- Accessibility of data and reporting needs to be considered, in other words how teams and SLT and IJB can access and review data, performance and information to plan and commission demands and system pressures.
- The IJB needs to be able to monitor performance and measure impact for our communities against our strategic plan priorities and be able to share with communities and stakeholders.

1.4 This is a significant revision of the previous Framework, it reflects the need to efficiently and effectively drive service improvement, in particular,

- make best use of new technology and streamline reporting arrangements
- provide deeper insight into our service delivery
- underpin and drive service improvement
- introduce quality management self-assessment tools

1.5 This report details the proposed components of the revised Integrated Performance Framework.

2. Purpose of the Integrated Performance Framework

2.1. Engagement with operational teams and services the findings of internal and external audit and the recommendations of Inspections have led to an aspiration to make greater practical use of performance information based on the significant available data asset. We are resource bound, needs lead, and through better utilisation of the data we collect, we can better understand our resources and make better decisions linked to Best Value and good outcomes for individuals.

2.3 The Strategic Commissioning Plan 2023-2033 has five Strategic Themes,

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

2.4 All of these strategic themes and their priorities are underpinned by the enabling activities that support the work of the HSCP to achieve good outcomes for individuals. This includes the Financial planning, Workforce Planning, Commissioning Consortium, Transformation, Communication, Engagement and Participation and Data and Performance.

2.5 It is important to note that effective and integrated performance and data analysis is crucial to supporting all Enabling Activities. In other works robust data and analysis supports financial planning, workforce planning, support meaningful Commissioning Consortium, transformation and modernisation of care, support and treatment, thus improving decision making, outcomes for communities.

2.6 Monitoring performance and the activity designed to improve services is critical if the vision of the Strategic Commissioning Plan is to be achieved. This is a significant revision of the previous framework. It reflects the need to efficiently and effectively drive service improvement, in particular:

- make best use of technology
- streamline reporting arrangements
- provide deeper insight into service delivery and operational practice,
- underpin and drive service improvement and modernisation,
- use effectively management self-assessment tools and regular audit process.

2.7 Much greater detail of the benefits of the revised framework are presented in the appendix.

2.8 This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the Integrated Performance Framework presented in this report.

- Senior Leadership Team
- IJB – Development Session, August 2023
- Finance, Performance & Scrutiny Committee, 15th September 2023

- IJB QPR review March 2024

2.9 Some preliminary work has been undertaken to consider how best to refresh the Integrated Performance Framework with several changes intended:

- Continuing to develop a performance culture
- Establishing a Performance and Finance Group
- Focus on and defining KPI on our new strategic outcomes.
- Developing Key Performance Indicators for each service/care group area.
- Develop the balanced scorecard approach.
- Embedding self-assessment methodology for quality improvement as part of the recovery from COVID-19.
- Using performance data alongside contextual information to develop greater practical insight for decision making and commissioning.
- Improving the efficiency of performance reporting.

2.10 By continuing to develop a performance culture, the revised Integrated Performance Framework will provide regular reporting into SMLT and IJB as well as more robustly reporting performance reporting of the Strategic Plan; the Delivery Plan; Clinical and Care Governance Framework and Risk Management.

2.11 The Performance and Finance Group will further support an integrated approach to performance culture. The Performance and Finance Group will comprise members of the Chief Finance Officer as the Chair, Heads of Service; Locality Managers; Service Managers and Performance Managers and others as required. This group will oversee all practical aspects of the alignment of performance and finance across the HSCP. Terms of Reference will be developed for the group to develop all strategic plans, service plans and transformation programmes; advising on systems to deliver performance information; and overseeing performance across the HSCP. It is intended that the group would meet bi-monthly.

2.12 All of this governance is either in development or recently revised. The Integrated Performance Framework ‘glues’ much of this together into a coherent framework while defining the overarching performance system; identifying how to more efficiently use our data assets for management; and defining how to make better use of enhanced performance analysis to improve outcomes.

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 2023-2033. This report represents the process in terms of presenting a formal performance report to the Board.

3.2. The proposed development of a revised Integrated Performance Framework will continue to drive forward a performance culture, with evidence based

decision making, service planning and response as well as supporting greater ability for scrutiny in an open and transparent environment.

3.3. Work will continue to develop and modernise the Integrated Performance Framework based on access to data for all delegated NHS and Council services following the hiatus of COVID-19 pandemic.

4. Appendices

Appendix 1 – Draft Integrated Performance Framework 2024

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	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:	Routinised collection and collation of data continues to be a risk across the three constituent organisations this integration performance framework begins to mitigate this risk
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	See 1.13. The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

	The Guidance for public bodies can be found at: 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.

Clackmannanshire and Stirling Health and Social Care Partnership

Integrated Performance Framework

June 2024

Contents

1. Introduction

Clackmannanshire and Stirling Health and Social Care Partnership vision is **enabling people in Clackmannanshire and Stirling to live full and positive lives within supportive communities by working together**. Our refreshed Strategic Commissioning Plan 2023-33 sets out the priorities and activities, but also our ambition to stay focussed on our communities and to continue improving the delivery of care, support and treatment.

Making sure we achieve this requires careful monitoring our activity and impact. This revised Integrated Performance Framework sets out how we will use available data and other information to create rich pictures and stories about what we do, how we do it and how it is experienced by people who rely on health and social care services in our area. This goes well beyond reporting and providing statistics. We have developed reporting styles that help convey key information and insights, while developing the system to create this information more efficiently and effectively.

We have attempted to minimise the use of technical language in this document. The use of acronyms are avoided (though provided in brackets or used to aid readability in the same paragraph) and a comprehensive glossary is appended. A summarised, 'easy read' version is also available containing the key messages.

This framework replaces the previous Performance Management Framework, by building upon it and using our learning post COVID-19. It is significantly different in that it sets out actions to improve how we manage performance and therefore we have an accompanying improvement plan. This includes developing an updated set of Key Performance Indicators that will evolve to reflect changes in operation and demand. This will require significant changes over time and will involve a range of stakeholders. We will continue to report on the current indicators until that work is completed.

Our approach to managing, accessing, and delivering performance information needs to be flexible, accurate and efficient. There are a range of audiences for whom the publication of data and performance information is required. This ranges from strategic insight based reporting via committees to the Integrated Joint Board (IJB); Senior Managers and others; to up to the minute reporting for operational management and demand management.

There is also a duty to make performance focussed information available to the general public, partner organisations and others. We also need to look at performance from different perspectives, such as by locality; by management portfolio; by sections of the community; by themes; service level.

Combining our performance information with contextual information, such as demographics (population information), and information about peoples lived experience, helps build richer and more insightful pictures of what we are achieving and what needs to be done to improve. This richer performance landscape provides a basis to better understand services, those who use them, change that may be required and how we might improve our service delivery.

This is a significant revision of the previous Framework, it reflects the need to efficiently and effectively drive service improvement, in particular,

- make best use of new technology and streamline reporting arrangements
- provide deeper insight into our service delivery
- underpin and drive service improvement
- introduce quality management self-assessment tools

2. What does Performance Management Include?

Almost everything we do as an organisation will touch on performance management as every part of our organisation is about delivering quality services and good outcomes for our supported people. Performance management is about demonstrating and evidencing this. Measures are usually numeric (metrics), allowing change to be measured easily; for them to be compared; and for change over time to be visualised.

These metrics are chosen to give the closest indication of what is happening in a service or function, but may only provide a part of the picture, i.e. an indication. A fuller picture is created by adding further metrics or other context such as information collected about peoples lived experience; wider population measures (demographics); and geographic information (where the function is delivered).

In an organisation as large as the Health and Social Care Partnership (HSCP), with a wide range of interconnected services, covering a large geographic area, there is a potential for the number of indicators to exceed what can be reasonably managed. We are identifying those key performance indicators (KPIs) which are most important for us to monitor. These relate to our key strategic objectives, priorities as well as indicators which are set nationally. Priority is given to these key performance indicators, but there is still a requirement for teams to be able to look at more detailed performance information relating to them and their client group. This detailed information sometimes becomes important to 'drill down' into, when for instance exploring what is happening with a key performance indicator (KPI).

Collecting and understanding all of these indicators is a major challenge in managing and handling data. This can lead to a risk where the 'data' is the focus of the performance management rather than the impacts in communities and on service users. The Health and Social Care Partnership (HSCP) has the added complexity of requiring to obtain data from multiple systems across several partner organisations, usually these are systems managing sensitive client information. Safely bringing this information together in order to be used for performance, but also for providing data returns (e.g. to Scottish Government) is a key part of this refreshed framework. Good data management is a cornerstone of good performance management.

Identifying the full set of Key Performance Indicators we will need to manage in Clackmannanshire and Stirling will be a key aspect of improving our performance approach. This Integrated Performance Framework sets out the broad requirements for these indicators, how we will use them and

manage them, using a refreshed approach to data management and improvement. How we identify these indicators will be a key part of the improvement planning for taking this framework forward.

Once indicators are identified and data obtained, it is necessary to analyse what the information is telling us. Generally, indicators are viewed over time and changes looked for. Most indicators will show some sort of variation, this can be seasonal (such as the number of people who are recorded as having a fall during the winter season or may seem completely random. It is important that these variations are not misinterpreted and to avoid this, some sort of method to allow for this variation should be built in. Comparison against targets for improvement or for minimum acceptable standards can also be used or benchmarking with other organisations. At operational level, anomalies in data are important for identifying quality issues for instance with individual cases.

Sometimes sophisticated statistical analysis is used to understand what is happening with an indicator if needed.

An important aspect of analysing an indicator is determining if it can provide assurance that not only is the performance well managed, but that the indicator shows that the service level is above acceptable levels or improving as intended. Often, as is the case in this framework, a Red- Amber – Green (RAG) traffic light approach is taken.

Further detail of criteria for these categorisations are provided later in this paper.

- Green means all is well and we could tell if it was not (i.e. performance data is available and can be compared to targets and trends identified), this is the evidence needed to provide assurance (i.e. certainty) that this indicator is well managed and performing as intended;
- Amber means that some risk is apparent but managers can be reassured (based on trust, opinion or professional expertise) that this will be remedied; and
- Red signals where there is an issue that needs to be remedied through some form of improvement action, this is usually referred to as escalation, as it will be escalated to a more senior group for consideration.

The final part of this performance picture is reporting. In some instances a simple report containing the KPIs is all that is required, at other times a well written report with case studies and context to set the indicators alongside is important.

3. Our Principles

Our principles are at the heart of our approach to performance.

1. Manage our performance information to improve outcomes for those who rely on our services.
2. Go beyond minimum statutory requirements (such as data returns) to ensure our performance system works for us, for instance the use of locality performance measures.
3. Maintain a safe environment to raise performance issues.
4. Our performance process and our measures are transparent and we will share these publicly.
5. Use objective criteria to interpret our performance measures based on trends, benchmarks and targets.
6. Where performance is compromised, a timely improvement plan will be prepared.
7. Understand our performance in terms of our service users and the communities they live in to gain deeper insight.

4. Governance and Oversight

There is a significant body of important legal (statutory) and national and local governance at the heart of performance management. This provides assurance that the Partnership is managed well and that we are doing the right things in the right way. This assurance is given not only to decision makers within our own Partnership but also our external partners; national bodies; such as the Scottish Government; and regulators, such as the Care Inspectorate and others. The legal duty to deliver Best Value underpins this, requiring that we can clearly demonstrate we are delivering the right services which gives the best value for the public funds we use and that we are making a positive impact in improving the lives of vulnerable people in Clackmannanshire and Stirling.

Health and social care integration introduced a statutory based new model of cross-sector working which determined that scrutiny of performance must be embedded in the local governance framework. External scrutiny is provided by the Care Inspectorate; the Health & Safety Executive (HSE) and; and the Mental Welfare Commission who inspect and support improvement of adult social work and social care.

Our approach to improving the quality of the services we deliver goes well beyond the statutory minimum requirements. However, it is crucial that we fulfil our duty to provide such assurance and that we can do this efficiently. In Clackmannanshire and Stirling the Integrated Joint Board is supported in carrying out its duties by The Audit & Risk Committee, the Finance & Performance Committee and the Strategic Planning Group. These committees will be provided with regular performance reports as set out in later in the paper.

4.1 Best Value, Governance & Risk

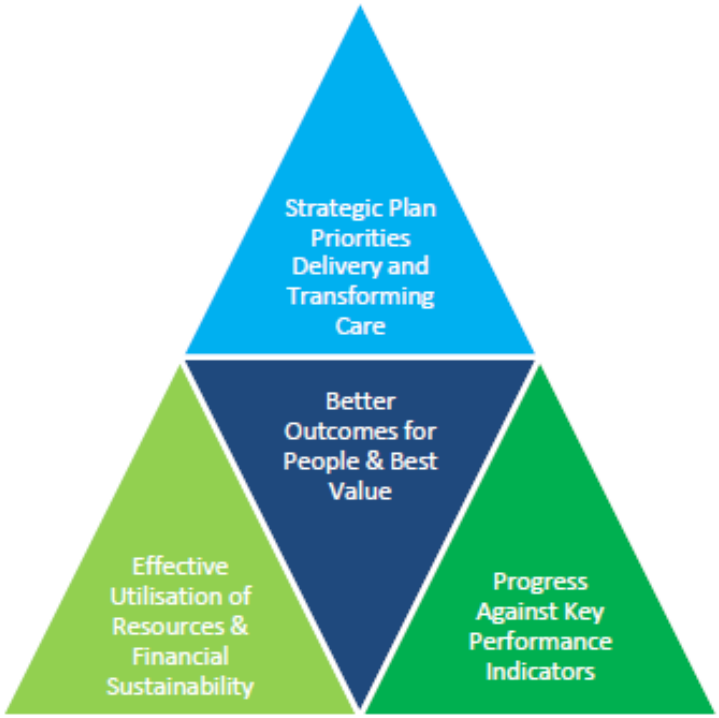
Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing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

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

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

We monitor Best Value through:

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



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

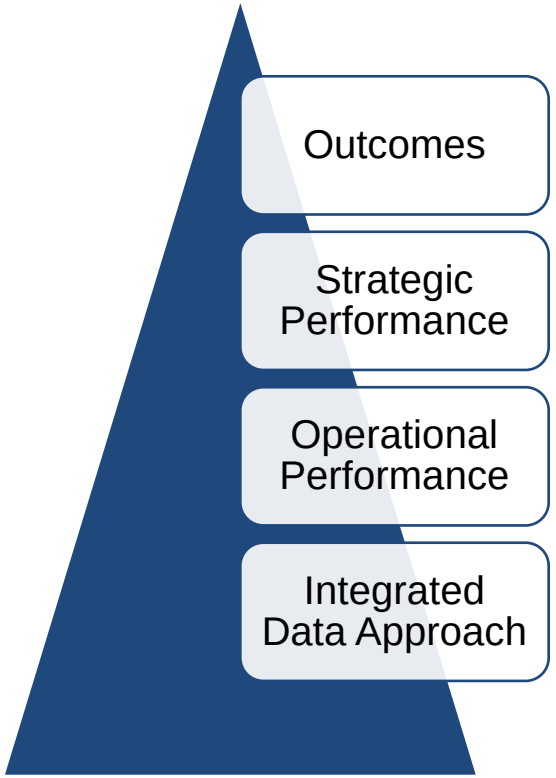
Audit and Risk Committee and Finance and Performance Committee report to the IJB through committee chairs who are voting members of the IJB. The terms of reference of the committees are reviewed periodically.

5. The Integrated Performance Framework

The Integration Scheme for Clackmannanshire and Stirling is currently under review. However, this Integrated Performance Framework will reflect the need for the IJB to continue to be responsible for monitoring and reporting in relation to the delivery of the integrated services on behalf of NHS Forth Valley, Clackmannanshire Council and Stirling Council. The framework (figure 1) is based on better integration of our data assets and builds on recent work improving information collection and management and the use of clinical and care governance quality assurance.

It is recognised that to create a high quality performance framework will require development of the measures we use and how we use them, in particular this will need wider involvement from a range of stakeholders to ensure we are capturing the right things. It would not be possible to put this in place immediately as it requires consideration and development. This is reflected in the sections below and in the accompanying Integrated Performance Framework Delivery Plan.

Figure 1: Outline of Integrated Performance Framework



Outcomes

Delivering our vision	**Levers of Control**
• Our priorities • National outcomes • Improvement	• Increased strategic insight • Understanding impact • Targeting resources

Strategic Performance (see 5.2)	**Operational Performance** (see 5.3)	
• Strategic delivery • Improvement activity • Balanced scorecard • Performance reporting • Self-assessment	Service Delivery Monitoring operations Identifying interventions Planning ahead Resource Management	Assurance Providing clinical and care assurance Governance

Integrated Data approach (see 5.5)

Data Systems	**Data Integration**	**Automation**	**Analytics**	**Perspectives**
• Multiple systems • Modular approaches	• Joining data from different systems • Adding context	• Greater efficiency • Increasing access	• Deeper insight • Cause and impact	• Locality • Demographics

5.1 Outcomes

Outcome Measures relate to our vision “Enabling people in Clackmannanshire and Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing”. These measures will gauge our progress in achieving this vision. This provides a check on whether our strategies are achieving the vision as intended.

These will be based initially on the National Health and Wellbeing Outcome Measures, which provide a framework for capturing the lived experience of people in receipt of care and support (appendix 1). To make best use of this approach, we will also develop ways to collect information more often than is available nationally with the aim of providing measures annually for these outcomes. The outcomes are shown in figure 2.

Not everything we do necessarily fits into our vision or the National Health and Wellbeing Outcome Measures, for instance important work under protective legislation. Therefore it will be important in developing our local outcome measures to ensure that critical service outcomes are included.

A key challenge in delivering these outcomes will be in reducing the need for services (prevention) or in reducing the duration of that need. Need is a combination of service delivered, those waiting for a service and unmet need (i.e. a requirement for a service which for whatever reason is not identified or requested). Simply measuring service activity levels will therefore not necessarily allow us to assure that we are achieving our objectives. We will therefore, where possible, develop and add measures for assessing the total need, including unmet need, and our success in addressing it.

We will look at the performance of the outcomes we seek alongside other strategic and operational performance information and in the context of demographics, place and other factors. This builds insight into, for instance, where services are needed, drivers (causes) of the issues we see, what works in improving service delivery, where resources are focussed, etc. This gives key information on the levers of control at our disposal. Levers of control are things we can do to effect better outcomes. These levers can include better alignment of resources, targeting of specific groups of people with new or existing services, providing protection to those who need it, changes to existing service delivery, better knowledge of what works in practice and the ability to plan for future events.

Figure 2: National Health and Wellbeing Outcomes and Our Strategic Themes

All themes and priorities are linked to the Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver. **Health and Wellbeing Outcomes**	Prevention, early intervention& harm reduction	Independent living through choice	Care Closer to Home	Supporting empowered people & communities	Loneliness & isolation
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	✓	✓	✓	✓	✓
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	✓	✓	✓	✓	✓
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	✓	✓	✓	✓	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓	✓	✓	✓	✓
5. Health and social care services contribute to reducing health inequalities.	✓	✓	✓	✓	✓
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.		✓	✓		
7. People who use health and social care services are safe from harm.	✓	✓	✓		
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Enabling Activities				
9. Resources are used effectively and efficiently in the provision of health and social care services.					

5.2 Strategic Performance

The Strategic Commissioning Plan 2023-2033 sets out a new direction and strategic themes. The revised Integrated Performance Framework aligns our performance management to the new Strategic Commissioning Plan.

To achieve our vision we continue to update and develop a range of strategies and plans. These allow us to consider what is needed to achieve our vision, the activity required, the resources needed and how we will know if we are on track. Delivery of our vision is therefore dependent on our strategies being effective.

Our Strategic Performance will be measured in an Annual Performance Report through:

- The Strategic objectives under each of our five strategic themes outlined in the Strategic Commissioning Plan 2023-2033. These will be measured as Red-Amber-Green (RAG) status for each objective.
- Key Performance Measures collated from each of the Strategic Action Plans supporting our Strategies. These will map to our five strategic themes.
- Progress against key activity required to deliver the strategies, maintained in an activity monitor and Red-Amber-Green (RAG) coded.
- These performance measures will also be used as a basis for reviewing strategies, e.g. Carers Strategy when they are refreshed.
- Tracking delivery of activity within strategies and plans is covered further in paper.

5.3 Operational Performance

We deliver a wide range of complex services often at a high volume to all parts of Clackmannanshire and Stirling including a significant area of rural locations. Performance monitoring is vital to ensure these services support people to meet their outcomes and to ensure we are achieving our aspiration to continually improve. Operational performance will be measured through a set of key performance indicators which will be in our balanced scorecard. Operational Performance will be managed through:

Key Performance Indicators (KPI's)

Monitoring service delivery is undertaken through Key Performance Indicators (KPI's). Due to the range of services, there will be a considerable number of these, organised across sets of indicators based on portfolios, operational expedience and legislative functions. These indicators will be maintained and updated as required. Generally, managing and reporting on these areas of performance will be the responsibility of services and teams, making use of self-service information. However, escalation of key areas where performance is lower will be part of this process. Key performance indicators will also include management measures such as workforce capacity and development and financial information as well as outcomes measures. Under development are outcome measures focussed on the impact of care, support and treatment for individuals.

Day to day management within teams and portfolios

This is strongly reliant on access to individual records held on a number of systems held on across the three constituent organisation and efficient access to current information on performance. We will develop a self-service approach to this, this will be improved through the integrated data approach described below. Information will be available through a range of data exploration dashboards (e.g. Microsoft Power BI) and automated reporting.

Clinical and Care Governance arrangements

Clinical and Care Governance is an important function closely allied to performance. There is a separate framework – The Health and Social Care Partnership (HSCP) Clinical and Care Governance Framework, which defines approaches and reporting.

Some of the improvements to data management proposed in the framework will assist in delivering that framework more efficiently also. The Clinical and Care Governance Group is a key part of the Health and Social Care Partnership (HSCP) Clinical and Care Governance Framework, will be the vehicle for providing operational assurance and these are being rolled out across all operational settings.

This approach includes close inspection of Key Performance Indicators (KPIs) on a weekly basis, including current trends and outliers and improvement interventions are identified as required. Clinical and Care Governance Group are focussed on giving assurance that clinical and care practices are effective. As part of this there is close regular examination of operational performance data, which is the reason these are a key part of the performance framework.

Management of services we have commissioned

Commissioned services via the third and independent sectors is a significant and important part of our service delivery. Therefore it is important to have access to performance information about these services. The usage of a Commissioning Consortia approach has made the use of local intelligence data and performance vital to the decision making process. A set of Key Performance Indicators will be developed to allow inclusion of this key delivery in our suite of performance monitoring.

The Health and Social Care Partnership (HSCP) carries out quality assurance and contract monitoring of care services for adults and older people. Commissioned services funding to third sector providers are subject to monitoring in line with Clackmannanshire Council's and Stirling Council's Monitoring and Evaluation Framework whilst our third and independent contracted providers are subject to contract monitoring via our contractual terms and conditions. Our contract monitoring ensures organisations have good governance and control systems, ensures that there is a mechanism in place to measure how well organisations are meeting their agreed objectives and provides the Partnership with a framework to demonstrate that public money is being spent efficiently and effectively.

5.4 Stakeholders and Performance

A critical test of how we are performing is the experience of supported people, key stakeholders and partners. The Partnership has invested in participation and engagement to facilitate conversations with these key groups. Ensuring we capture key information and build this into our performance arrangements as KPIs is an important aspect of this framework.

This approach to capturing stakeholder views is well embedded and will be further developed with a key perception indicators for use across the Health and Social Care Partnership (HSCP) services, in line with the National Health and Social Care Standards (appendix 1). This is likely to involve the use of Citizen's Space and Locality Planning Networks. The setting up of these engagement approaches are in the early stages and so this will be an improvement activity.

Information about protected characteristics (equalities) is a key measure of how well we are reaching people of all groups. KPIs relating to the experience of people with protected characteristics will be included in this set of indicators. This data will be subject to all proper data protection considerations.

5.5 Integrated Data Approach

The revision of our Integrated Performance Framework relies upon an integrated approach to managing, using and understanding our data. This is because driving performance is most efficiently achieved based on a sound understanding of the systems and processes involved. Analysing our data alongside listening to our supported people and other stakeholders provides the best way to do that and provides advantage in planning change, deploying preventative approaches, evidencing our functions under legislation and driving process and cost efficiency.

Due to the nature of the Partnership the data we require to report performance and analyse is held across systems in NHS Forth Valley, Clackmannanshire Council and Stirling Council, national datasets and a collection of smaller datasets across a range of wider partners.

The complexity of multiple organisations is furthered by the fact that each organisation works with multiple systems. This leads to challenges in pulling information together and making the reporting processes as efficient as possible.

As part of wider, mainly national, performance management we are required to provide a number of statutory performance data returns. It is intended through use of greater automation to improve the efficiency of this where we can. While these returns are important, with some exceptions they are not always a critical part of how we manage performance of our own services as such and are therefore a data provision function rather than performance management.

5.6 Monitoring Activity for Performance

Improvement requires we undertake and monitor a range of activities. Increasingly this is required by the Scottish Government (e.g. NHS Annual Delivery Plan, Alcohol & Drug Partnership Annual Report). However, it is important intelligence to understand the roll out of activities relating to change which should in turn be reflected as improved performance.

We have a range of activity monitors, including:

- Strategic Plan Delivery Plan
- Annual Delivery Plan
- Individual Strategy Delivery Plans (e.g. Carers Strategy)
- Winter Programme
- Transformational Programmes

Activities will be coded for current status and this will be used as the basis for higher level performance measures. These codes are explained in the section ‘Performance in Practice’ below.

5.7 Locality Performance

We are committed to delivering many of our services locally and there is variation across communities between Localities and within them. We will seek wherever possible to break performance metrics down to Localities to provide Locality Performance reporting and greater insight into the whole Clackmannanshire and Stirling picture. This allows us to understand performance as close to the locations of the people and communities we serve as possible. This enables more targeted approaches and increased intelligence led locality planning.

5.8 Self-Assessment for learning and improvement

We require assurance that we are creating the right conditions to drive a high performing, improving environment. This goes beyond reporting on performance and implies a culture which is capable of proactively driving high performance. Quality management frameworks are a useful tool for organisations to reflect on how they create the right conditions to drive excellence; to provide assurance that they are on track to do this; and to identify gaps which require improvement. Usually, these tools are developed around the concept of self-awareness. The duty of Best Value is heavily reliant on quality management approaches and demonstrating self-awareness.

The Scottish Improvement Service have adapted their Public Sector Improvement Framework (PSIF) for use to allow Integrated Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs) to assess their performance at partnership or service level against the expectations of the Public Bodies (Joint Working)(Scotland) Act (the legal instrument which created the integrated approach to Health and Social Care). These are externally facilitated giving additional assurance regarding the findings.

Use of the Public Sector Improvement Framework (PSIF) is helpful because -

- It allows the Integrated Joint Board (IJB) and Health and Social Care Partnership (HSCP) to assess their own performance against the expectations of the Public Bodies (Joint Working) (Scotland) Act
- It is mapped to frameworks used by Audit, Inspection and Regulatory Bodies
- It focusses on continuous improvement and performance
- It demonstrates organisational self-awareness
- It can if required provide external recognition

We will therefore undertake to use the PSIF Health and Social Care Self-assessment as part of our performance improvement approach.

We will initially undertake assessment at Health and Social Care Partnership (HSCP) level and Integrated Joint Board (IJB) level (two separate assessment products) with a view to moving towards portfolio assessments in time.

6. Performance in Practice

In putting our performance framework into practical use, there is a need to manage the detail of all of the different indicators, identify reporting arrangements and decide how we will identify areas of performance that require further attention or improvement.

6.1 Finance and Performance Group

The Finance and Performance Group is key to the delivery of the Integrated Performance Framework. The Finance and Performance Group will comprise members of the Chief Finance Officer as the Chair, Heads of Service; Locality Managers; Service Managers and Performance Managers and others as required will be set up to oversee all practical aspects of the alignment of performance and finance across the HSCP. This includes this Integrated Performance Framework. It will recognise the need for continual improvement with regard to performance and finance within the HSCP. Terms of Reference will be developed for the Group which will include all aspects of performance delivery in the HSCP; development of all strategic plans, service plans and transformation programmes; advising on systems to deliver performance information; and overseeing performance across the HSCP. It is intended that the Group would meet bi-monthly.

6.2 Balanced Scorecard

It is helpful when managing larger numbers of performance measures to arrange them into broad management themes. This helps to develop a higher level of all of the detail contained in the individual measures and is useful in creating themed conversations about broader areas of management.

A balanced scorecard is an established way to group performance measures to focus on an organisation as a system of interconnected parts. Such an approach reduces the risk that gaps in measures arise and helps focus performance discussions on wider management systems and approaches rather than solely on the detail of one particular indicator. Our scorecard comprises four areas of interest, or sections, (table 1), each broken down in a series of important sub-sections for measurement. Individual metrics sit within these areas.

Table 1: Structure of the Balanced Scorecard

Section	Sub-sections	Types of measure
Outcomes	National Outcomes	National Health and Wellbeing Outcome Indicators
	Local Outcomes	Local indicators reported more frequently as proxies for national term outcomes, legislative and policy drivers
Delivery	Strategic measures	Indicators within the HSCP strategies (e.g. Carers Strategy)
	Service Measures	Key Performance Indicators at service level
	Activity Measures	Progress against key activities
	Third and Independent Sector measures	Measures of external provision
Management Indicators	Finance	Key financial indicators
	Workforce	Key workforce indicators
Stakeholders	Supported People engagement	Range of engagement activity including Commissioning Consortia, Locality Planning Networks, Citizen Space, community engagement meetings, HSCP funded Third Sector engagement officer.
	Staff engagement	
	Carer engagement	
	Locality and independent sector engagement	
	Public engagement	
	Complaints and enquiries	

6.3 Performance Reporting

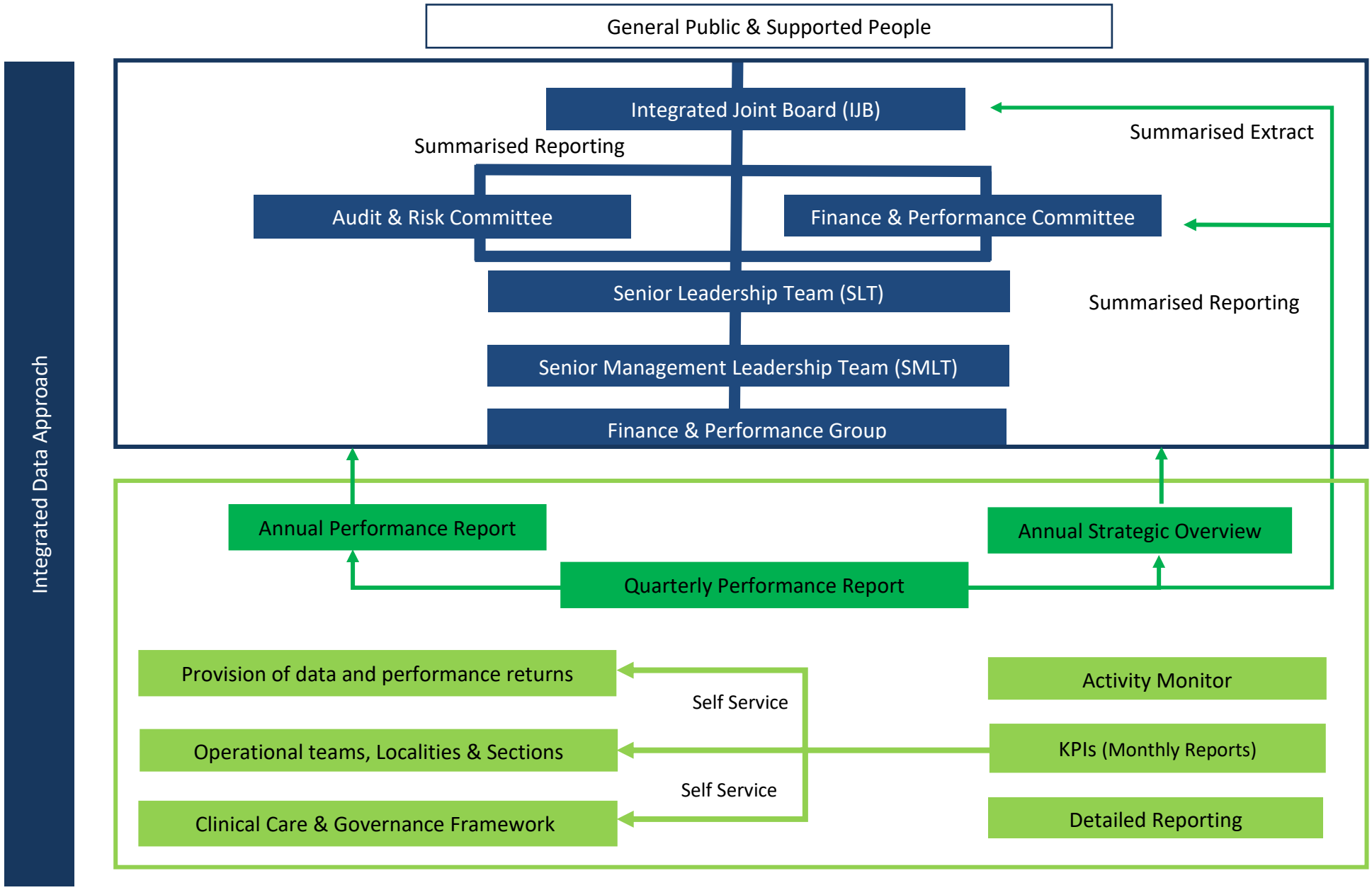
Performance reporting is the most visible part of an organisations performance arrangements. This is the mechanism by which we present performance information, explain context and submit performance information for scrutiny. This scrutiny includes internal management structures, our boards and committees, partner organisations, service users and the general public. We have well defined legal duties to provide performance reports for such scrutiny, particularly through the Annual Performance Reporting arrangements.

Table 2 shows the main reporting products and the cycles involved. This will involve discussion and development. The key pathways in the performance framework are shown in figure 3.

Table 2. Performance Management Reporting and cycles

Frequency	Format	Tool	Reported To
Three Yearly	Self-Assessment (IJB) and Health and Social Care Partnership (HSCP)	Public Sector Improvement Framework Health (PSIF) HSCP) Self-Assessment approach)	IJB; SLT (to be trialled)
Annually	Annual Performance Report	Public (Statutory Duty) Written report highlighting performance across the year, including achievements and feedback from clients.	Scottish Government; IJB; Strategic Planning Group, Finance & Performance Committee; NHS Forth Valley Board; Clackmannanshire Council; Stirling Council
	Annual Strategic & Operational Overview	Report on the balanced scorecard and key context information with assessment of whether the strategies will deliver and progress against the vision.	SLT; SMLT
	Chief Social Work Officers Annual Report	Annual assurance report by the chief social work officer	IJB; SLT; SMLT; Clackmannanshire Council & Stirling Council
Quarterly	Quarterly Key Performance Report	Narrated report highlighting actions for monthly key performance measure exceptions	IJB; SMLT; Strategic Planning Group; Performance & Finance Committee
	Adult & Older Adult Social Work and Social Care Quality and Performance Report	Narrated report highlighting actions for monthly key performance measure exceptions	IJB; Clackmannanshire Council; Stirling Council
	Clinical & Care Governance	Narrated report highlighting actions for monthly key performance measure exceptions	SLT; SMLT
	Locality Reports	Narrated report highlighting actions for monthly key performance measure exceptions	IJB; SLT; SMLT; Strategic Planning Group; Finance and Performance Group
Monthly	Monthly Key Performance Measures Report	Fully automated report without narrative, indicating exceptions etc.	Senior Managers (SLT; SMLT or ELT)
	Clinical and Care Governance	Self service via automated reports with run charts, exceptions with manual data exploration	Finance and Performance Group
Weekly	Operational reports and access to records	Self-service dashboard reporting and direct access to systems	Heads of Service; Individual Managers & Teams
Daily	Operational reports and access to records	Self-service dashboard reporting and direct access to systems	Heads of Service; Individual Managers & Teams

Figure 3: Performance Reporting Pathways



6.4 Interpreting Performance Indicators

Key to looking at performance measures is how these will be interpreted in a practical way. Normal random variation along with seasonal variation means that measures will go up and down on a monthly basis without cause for particular concern. While a lot of variation in a specific services may indicate a lack of process control, generally this type of change is best managed within operational teams. The Finance and Performance Group is also well placed to explore short term variation and take corrective action if required, providing a rigorous approach to managing and assuring this type of change. However, even at a more strategic level, we must be sure that performance of indicators has been properly interpreted and that we are not simply reacting to short term variation or random variation.

Assurance will be required for indicators that they are showing progress as intended such as improving, being on target and properly performance managed to allow change to be detected and interpreted. These are presented in Table 3 below.

Table 3: Risks to Performance

	Criteria	Risks to performance

1	Performance is being managed	• Information is reported appropriate to indicator
		• Targets are in place
		• Appropriate granularity is available, notably
		  ○ Split by locality
		  ○ Split by key demographics
		  ○ Split by protected characteristic's such as ethnicity and others

2	Improvement is occurring	• Long term (1 year plus) improvement trend is seen and/or • Improvement trend indicating an indicator will be back on target by a specified date
3	Nothing unexpected is happening with the indicator	• Any short term changes (up to 3 months) are within expected variation for this indicator, including normal variation, seasonal variation or there are no unusual events anticipated • The cause of changes can be identified including improvement activity we have undertaken, changes in policies or other changes in society

We will use a simple Red – Amber – Green (RAG) status to summarise how performance indicators are being managed. These categories are defined in Table 4.

Table 4. RAG Status definition for Performance Indicators

RAG	Definition	Action
Green	No obvious risks to performance management are evident based on criteria in table 3	None
Amber	Risks to performance management are evident but appropriately mitigated. This may include Red status indicators where appropriate mitigation has been put in place (it does not return to green until it has been shown to improve at least short term performance)	Performance Improvement Plan followed by continued vigilance
Red	Risks to performance management are present and not mitigated sufficiently to give assurance that the issues will be resolved	Immediate new Performance Improvement Plan or amend an existing one

The method of mitigating a risk for performance measures will be through a Performance Improvement Plan (Table 5) which will be triggered on an indicator turning amber or red. A plan will therefore be in place for any indicator with a RAG status anything but Green. These plans will be regularly reviewed and particularly where improvement does not occur as intended. Only once all risks to performance are removed can an indicator return to green status. For example, if an indicator requires to improve performance, there will need to be evidence of the performance beginning to improve, which will mean the short term trend improving, this could naturally take several months. This means simply having a Performance Improvement Plan is not enough to return to Green status, although it can reduce risks from Red to Amber status

Table 5. Content of Performance Improvement Plan

	CONTENTS
1	Details of the indicator
2	Reason the indicator is flagged as amber or red
3	Is this a new risk for this indicator? If not explain
4	What is proposed to mitigate risks?
5	Who will be responsible for risk mitigation?
6	When will the risk be removed and the indicator return to green status?
7	When the Improvement Plan will be reviewed

NATIONAL PERFORMANCE DRIVERS

National Health and Social Care Standards

The Health and Social Care Standards (the Standards) set out what should be expected when using health, social care, or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care

The Standards are based on five headline outcomes:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

National Health and Wellbeing Outcomes

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services and apply across all integrated health and social care services. They also form the basis of how the Scottish Government will monitor performance in relation to health and social care through the associated core suite of indicators/measures.

National Health and Wellbeing Outcomes

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home in a homely setting in the community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of service users
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9	Resources are used effectively in the provision of health and social care services, without waste.

This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers, and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make, for individuals.

Core National Indicators for Health and Social Care

1	% of adults able to look after their health very well or quite well
2	% of adults supported at home who agree they are supported to live as independently as possible
3	% of adults supported at home who agree they had a say in how their help, care or support was provided
4	% of adults supported at home who agree their health and social care services seemed to be well coordinated
5	% of adults receiving any care or support who rate it as excellent or good
6	% of people with positive experience of care at their GP practice
7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
8	% of carers who feel supported to continue in their caring role
9	% of adults supported at home who agree they felt safe

11	Premature mortality rate per 100,000 persons by calendar year
12	Emergency admission rate
13	Emergency bed day rate
14	Readmission to hospital within 28 days
15	Proportion of last 6 months of life spent at home or in a community setting
16	Falls rate per 1,000 population aged 65+
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18	% of adults with intensive care needs receiving care at home
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population
20	% of health and care resource spent on hospital stays where the patient was admitted in an emergency.

Ministerial Steering Group (MSG) Indicators

6	Balance of care: Percentage of population in community or institutional settings
1a	Number of Emergency Admissions
2a	Number of unscheduled hospital bed days
3a	A & E Attendances
4	Delayed Discharge Bed Days
5a	Percentage of last six months of life by setting

Term	Description
Activity Monitor	In the current context, a dataset of all important activities across our Strategies and Programmes
Annual Delivery Plan	A data return for the Scottish Government containing information on activity to be carried out across the coming year.
Annual Performance Report	A report outlining performance for the previous year, this is a statutory report and guidance exists regarding how it is composed.
Assurance	Where good quality evidence is used to provide a degree of certainty that what is being reported to be the case, is in fact the case.
Balanced Scorecard	A well-established way to track and manage performance across a range of important management areas of an organisation. It effectively produces a set of performance measures from the organisations strategy including the outcomes it seeks, the views of stakeholders and resource considerations such as workforce and finance.
Benchmarking	Comparing performance indicators to other similarly collected indicators, for instance comparing Fife to other regions of Scotland.
Best Value	A legal obligation on public bodies that they can demonstrate the best performance possible for the money they spend. In practice this often involves a trade-off between the funding available and the performance and range of services available.
Clinical & Care Assurance	The use of evidence, often including patient or client records, to provide a level of certainty that standards of practice are adequate and usually better.
Commissioned Service	A service obtained from an external organisation or service.
cross-sector	Work which spans the boundaries of quite different activities, examples of sectors include the public sector more generally but also health, education etc.
Culture	All of the behaviours, attitudes and views of the people in an organisation.
Dashboard	A way of displaying a range of performance information in one place. Usually now this means a digital system and allows the information to be explored further through a user interface.
Data	A broad range of information gathered into one place. This can include patient records; official statistics; financial information or text written by people making comments.
Data Assets	All of the available information, data, records, data systems, data and statistical tools, reports or similar.
Data Returns	All of the data and other information which we are required to provide to external bodies such as the Scottish Government, much of this has a statutory basis.
Demographics	Information about populations of people, the groups within the population and where they are located.
Drivers (causes)	The causes of what is being seen in performance data. Often the drivers are causes which might not be immediately obvious.
Escalation	A process where a risk or poor performance can be taken to a more senior group or body in order for decisions to be made and actions planned to remedy the situation.

Term	Description
Finance and Performance Group	Supports an integrated approach to finance and performance, consists of Chief Finance Officer, members of management, finance and performance leads.
Clackmannanshire and Stirling Health and Social Care Partnership	One of 31 Health and Social Care Partnerships in Scotland, designed to improve care and support for service users and their families by managing a range of care services previously managed by NHS Boards and Local Councils.
Geographic Information	Any information which can be attached to a location, such as addresses, postcodes, localities, regions etc.
Governance	The way in which organisations ensure things are done according to their policies and frameworks. This can include written procedures about how things should be done and rules about who can make decisions and how.
Granularity	The information which goes to make up a result reported as a performance indicator. In effect it means the ability to breakdown a result into component parts such as location, demographic, time of day/year etc.
IJB	See Integrated Joint Board
Impact	The measured change achieved as a result of doing something.
Improvement Plan	Any plan where the intention is to improve something requiring improvement. These are not restricted to where performance is poor and relate equally to efforts to achieve service excellence.
Indicator	A measure of some kind which can give a good overview of how a function is performing. It does not necessarily cover everything within that function and may not be perfect but is as close as possible to something that allows the performance to be measured over time and compared.
Insight	Anything which leads to better understanding of a situation. Often this involves bringing several strands of information together and putting these into context.
Integrated Data	Where different data is joined together to make it more useful. In practice this is a trade-off between benefits of integrating data and consideration of the complexity of systems and data protection issues such as personal privacy.
Integrated Joint Board (IJB)	The Integrated Joint Board (IJB) is responsible for the strategic planning and operationalisation of the functions delegated to it and for ensuring the delivery of those functions.
Integrated Services	Where service functions link together in such a way to seem as if part of the same service or system. This can often bring greater efficiency and be easier for service users to navigate.
Interventions	In performance management this is where actions are planned to change a performance level, usually to bring it back on target or plan against a risk that has emerged.
Key Activity	An activity which has some priority for monitoring.
Key measures	A metric used to measure how a function is performing, key measures are those deemed to have some level of importance and may be used as Key Performance Indicators or similar.
Key Performance Indicator	One of a set of indicators considered to be the highest priority for monitoring an organisation, part of it or a function.
KPI	See Key Performance Indicator

Term	Description
Levers of Control	These are things which managers can do which will effect change. These may be different things at different times. It comes from the idea that a lever is pulled and something happens.
Lived experience	Information captured from people with direct first-hand experience of something, for instance hearing directly from a service user.
Locality	One of three defined areas of Clackmannanshire and Stirling allowing more localised services to be provided (Clackmannanshire, Rural Stirling & Urban Stirling).
Locality Performance	The performance arrangements to allow us to monitor performance in each of our three Localities, to be set up as part of this framework.
Measures	Any numeric measurement of a function, such as waiting times, numbers of users or anything measurable. While these include Key Performance Measures, they may also be measures not used for performance purposes normally, but which might be looked at in order to understand what is happening to another key measure or they may be an input to a calculation for another measure.
Ministerial Steering Group (MSG)	
Modular approaches	Breaking large systems or functions down into manageable portions or modules.
National Health and Wellbeing Outcome	A set of Scottish Government performance indicators used to monitor health and social care.
Outcome	In performance this is the impact resulting from the work being done in an organisation or part of one. Outcomes do not necessarily directly match the work done. For instance an outcome may be a population with is healthier in some way, but this may be achieved though focus on something non-health sector related (such as quality of housing).
Performance	How well a function is being delivered? Usually measured in some way over time and analysed in a variety of ways including against targets and other organisations delivering similar functions.
Portfolio	One of the highest level organisational structures in Health and Social Care, these are managed by a Head of Service and spans a number of high level services and functions.
Priorities	The things that an organisation identifies it must accomplish even if at the expense of delivering other lower priority activity.
Process Control	The ability to manage a process or function to ensure that consistent, high quality results are produced in an efficient, cost effective way.
Processes	A set of actions which are carried out to achieve something. These actions can be carried out one after the other or more normally, various decisions within the process will change the required actions e.g. when assessing someone for care or treatment, the actions taken next will depend on the assessment.
PSIF	See Public Sector Improvement Framework

Term	Description
Public Sector Improvement Framework	A Quality Management Framework managed by the Scottish Improvement Service which has versions relevant to the HSCP (abbreviated to PSIF).
Quality	Used to define the standard a function is required to operate at or to evidence how the function is doing in relation to these standards.
Quality Management	The way in which everything in an organisation or parts of it are managed to ensure that objectives are achieved efficiently and to a high level (often described as 'excellent'). There are many quality management frameworks which assist in this from whole organisation management to individual functions.
RAG	The red-amber-green traffic light colour coding system for indicators, with red suggesting some action is needed to improve it, amber that there is a risk arising and green is where no issues are apparent.
Run chart	Data displayed in chart form over time, allowing changes over time to be observed and analysed in various ways.
Seasonal Variation	A general term describing variation in results caused by the different seasons, most notably due to the impact of weather and its implications for health and travel, but also can include holiday periods. Weekday, weekend and time of day variations could be viewed as a shorter term version of this.
Self-assessment	A process where an organisation evaluates itself, usually using tools which aid in making sure the results are objective and not accidentally biased.
Self-awareness	The ability of an organisation and the people in it to look at what they do, how they do it and what they achieve in an informed, honest and unbiased way across everything the organisation does.
Senior Leadership Team	The top leadership team of the HSCP comprising Heads of Service and chaired by the Director of the HSCP.
Senior Management & Leadership Team	A senior management team including the Senior Leadership Team and all Service Managers
SLT	See Senior Leadership Team
SMLT	See Senior Management & Leadership Tea
Statistical Analysis	Using mathematical methods to explore and understand data in a way which minimises problems arising from random variation or other factors.
Statutory	Having some form of legal regulation
Strategic Commissioning Plan 2023-2033	A document defining the long term and often broad ranging objectives of an organisation and the outline of the approach it will take to achieve these. In large organisations (such as the HSCP) more detailed supplementary planning will often be required to deliver the strategic plan.
Strategic Planning Group	An advisory group to the Integrated Joint Board. Remit includes the development of the Strategic Commissioning Plan and, identifying and raising issues that may impact its delivery. Members represent professional sector, Localities, people with lived and living experience, carers, third sector and independent sector. This group is open to members of the public.

Term	Description
Supported person	Anyone accessing services and supports either within the HSCP or community. Sometimes this will be expanded to include Service Users and their families where this is appropriate.
Systems	Groups of related functions which are dependent on each other. For instance providing care involves many interlinked functions to deliver, including training of carers, providing the care, paying carers, managing rotas etc. The HSCP itself is a very large system of linked functions.
Targets	A level or standard which has been set and the expectation is that a performance indicator will achieve this. These can be maximum or minimum levels or a band between two values.
Transformation Programmes	Any programme designed to change how we do something in a significant way.
Trend	The change seen in a result over time
Triggers	A set of conditions which are used to start an action. An example may be performance dropping below a target, which would trigger improvement action to occur.
Variation	All measurements are subject to a range of random factors which will influence them over relatively short periods. This can include influences of the weather, seasons, unpredictable events or genuinely random variation. Mathematical (statistics) methods are used to look at the influence of variation on performance measures as required.
Wellbeing	A general term relating to people living the most healthy, happy, comfortable lives possible for them. It can also be used more specifically, such as in mental wellbeing.
Winter Programme	A programme of activity to prepare for winter pressure on services and to manage pressures throughout the winter.
Workforce	The employees of an organisation
Workforce Capacity	The ability of the employees of an organisation to do work, the capacity includes factors such as number of people, the number trained for the job, absence levels and focus on priorities.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 15

ADP Annual Report

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	Simon Jones, Health Improvement Service Manager (ADP and Mental Health)
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To present the ADP Annual Report 2023-24 to IJB, describing progress made in the past year and requesting approval for its submission to Scottish Government.

Recommendations:	The Integration Joint Board is asked to: • Note the contents of the ADP Annual Report 2023-24 • Approve the submission of ADP Annual Report to Scottish Government • Agree for quarterly updates on work of ADP to reduce substance use harm across communities.

Key issues and risks:	ADP partners have had sight of this report and contributed to its contents, minimising the risk associated with submission. Not approving the report for submission would risk non-compliance with SG's requested timetable.

1. Background

1.1. ADP is funded by Scottish Government to coordinate the strategic delivery of national strategic planning objectives including Rights, Respect and Recovery, the Alcohol Framework and the Medication Assisted Treatment (MAT) Standards. There is a requirement each year for an Annual Report to be developed with all partners for submission to SG.

1.2. This year's annual report template has been amended from the last and was announced in late April with return requested by late June with IJB approval. The attached report was compiled by the ADP Lead Officer with contributions from partners across the system of care.

1.3. The reporting template is set out by Scottish Government, taking account of national level priorities. The volume and quality of work being undertaken by partners at the local level to reduce the harm from substance use is reported routinely through established governance channels.

2. Appendices

2.1. Draft ADP Annual Report 2023/24

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	☐
Workforce Plan	☐
Commissioning Consortium	☒
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐

Implications	
Finance:	None
Other Resources:	None
Legal:	None
Risk & mitigation:	None
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) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) This paper **does not** require a Fairer Duty assessment.

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

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

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

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

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses here. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

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

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an ‘x’. [single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- X Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

- Alcohol death review group
- Alcohol harms group
- X Drug death review group
- X Drug trend monitoring group/Early Warning System
- None
- Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

- Yes
- X No
- Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

Current processes for learning from drug deaths, and other adverse deaths, are being reviewed. The current process does not support feedback to COG. Work has started through HSCP Health Improvement team to ensure that that multiagency review of cohort studies of adverse deaths support strategic planning processes. This will be for Drug Related, Alcohol-specific and other forms of adverse death, bringing us into line with best practice recommendations and be informed by work in other areas.

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

We contribute to the RADAR Public Health Scotland System and encourage services to report to WEDINOS. Feedback from these systems is disseminated across the whole system as appropriate. Learning is also driving the rebalancing of

our system of care towards early intervention and prevention, including mobile outreach and availability of low-threshold services in multidisciplinary hub settings.

Police Scotland facilitate a Drug Trends Monitoring Group meeting which is attended by many ADP partners and support staff. Police Scotland continue to share high-quality, timely data on substance use harms which is routinely used in ADP planning.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

X Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

Naloxone is provided to people across services. Clackmannanshire Council passed its new Naloxone Policy which supports naloxone uptake as part of a wider harm reduction effort. Peer training continues to be promoted and taken up by teams across the system, and we are exploring as an ADP how this can be expanded.

We have also begun exploring how we can issue test kits for NPS related particularly to opiate use, through partnership links and commissioned services.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.75
Total vacancies (whole-time equivalent)	0.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
[open text – maximum 500 characters]

Question 7

[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
[open text – maximum 2,000 characters]

ADP Support Team members are able to work flexibly according to their needs and encouraged to make use of wellbeing supports available through HSCP.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

X Experiential data collected as part of MAT programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

Questionnaire / survey

No formal mechanism in place

X Other (please specify): Meetings with commissioned services and attendance at lived and living experience events.

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	**Family members**

Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)	Lived experience input, like families', contributes to Commissioning Consortium approach for whole system redesign.	

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

X Prerequisite for our commissioning

X Asked about in their reporting

X Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

The SG allocation for lived and living experience is granted in full to a local organisation which independently facilitates the Lived Experience Advisory Panel (LEAP). The initial cost was substantially higher than usual due to the lack of national guidance on remuneration which necessitated significant policy work to account for people's individual circumstances. We intend to consider sustainability arrangements for this work going forward through the ADP Commissioning Consortium, and would welcome SG clarity on long-term funding arrangements to support this work.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

X ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

X Community action plan

[2] The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

Drug deaths and harms prevention action plan

X MAT standards delivery plan

X Service development, improvement and/or delivery plan

None

X Other (please specify): We have actively allocated funding to our Family Support Service to improve individual and collective advocacy capacity for loved ones of people with substance use issues.

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

The development of a human rights based approach is being taken forward in ADP alongside other HSCP areas of activity. In 2022-23 this included training of over 100 people across localities in rights awareness, and support for stigma training through SDF. The ADP support team works routinely with colleagues in related Community Planning Partnerships including Community Justice and Gender Based Violence, to ensure alignment of harm reduction messaging and contribution to policy development across the whole system. Stigma reduction activity is also supported at service or project level through awareness events, visibility programmes and training. ADP has also supported the commissoned 3rd sector provider Change Grow Live to develop animated stories of people's lived experience which can be linked to on request.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

Stigma reduction is best measured through long-term data and evaluation, which has not been part of our work to date. We have discussed how some attitudes data could be gathered through experiential data gathering, however we need to consider how this can be resourced. At present we have no data which can demonstrate the effectiveness or impact of our stigma reduction activity beyond positive indications from training session evaluations.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an ‘x’. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness		X	X
People who are LGBTQI+		X	
People who are pregnant or peri-natal		X	
People who engage in transactional sex		X	
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women	X	X	X

Question 16

Which of the following education or prevention activities were funded or supported[3] by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services	X	X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions		X	X
Physical health		X	X
Planet Youth	X	X	X
Pregnancy & parenting	X	X	X
Youth activities	X	X	
Other (please specify)			

[3] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	
Drug services (NHS, third sector, council)	X	X	X	
Family support services	X			
General practices	X	X		
Homelessness services	X	X		
Hospitals (incl. A&E, inpatient departments)	X			
Justice services	X	X		
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X	X	X	
Prison	X			
Sexual health services				
Women support services				
Young people’s service				
None				
Other (please specify)		SAS		

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an ‘x’.
[multiple choice]

X Drug checking

X Drug testing strips

X Heroin Assisted Treatment

X Safer drug consumption facility

X Safer inhalation pipe provision

X Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.
[open text – maximum 500 characters]

While demand is difficult to scope for some of the above measures we would welcome support around all of them, as they are core to the provision of a low-threshold, human rights based approach to harm reduction care. Current legal and practical obstacles would require to be addressed but we would welcome the ability to implement all of the above in our area, as agreed under our harm reduction approach last year.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services	X	
Police Scotland	X	
Primary care		
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		Review of our NFO approach, and widening access to all services, is scheduled for 2024-25.

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

X Further workforce training required

X Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

X Workforce capacity

None

Other (please specify):

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify):

Operational level

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

X Other (please specify): Support for peer worker programme which places people with lived experience in operational roles funded by both Local Authority Justice Social Work teams.

Service level

Funded or supported:

Navigators for people in the justice system who use drugs

X Services for people transitioning out of custody

X Services in police custody suites

X Services in prisons or young offenders institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Other (please specify):

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators					
Alcohol interventions	X	X	X	X	X
Drug and alcohol use and treatment needs screening	X	X	X	X	X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills	X	X	X	X	X
Medically supervised detoxification	X	X	X	X	X
Opioid Substitution Therapy	X	X	X	X	X
Psychosocial and mental health based interventions	X	X	X	X	X
Psychological and mental health screening	X	X	X	X	X
Recovery (e.g. café, community)	X	X	X	X	X
Referrals to drug and alcohol treatment services	X	X	X	X	X
Staff training	X	X	X	X	X
None					
Other (please specify)					

[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.
[single option]

Yes

X No

Don't know

24b. If yes, please list the relevant services.
[open text – maximum 500 characters]

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area[10]? Mark with an 'x'. [single option]

X Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

People subject to DTTOs receive Oral Fluid Test (OFT) and Urine Drug Screen (UDS) via statutory Substance Use Service.

[10] We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

X Alcohol related cognitive testing (e.g. for alcohol related brain damage)

X Community alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

X Availability of aftercare

X Availability of detox services

X Availability of stabilisation services

Current models are not working

X Difficulty identifying all those who will benefit

X Further workforce training required

X Insufficient funds

Insufficient staff

X Lack of awareness among potential clients

X Lack of capacity

X Lack of specialist providers

X Scope to further improve/refine your own pathways

Waiting times

None

X Other (please specify): There are no facilities in the ADP area to support residential rehabilitation.

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

We have developed an outline process to support everyone seeking residential rehabilitation to make an informed decision about it in the context of their lives. This will involve pre and post-rehab placement support through third sector keyworking and SG funding allocation made available through an assessment process linked to SDS. This should provide greater support to people while better managing demand for residential rehabilitation, highlighted through our HIS self-assessment process.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.
[single option]

X No revisions or updates made in 2023/24

Yes - Revised or updated in 2023/24 and this has been published

Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.
[multiple choice]

X Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

X Further workforce training is needed

X Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

X Insufficient staff

Lack of awareness among potential clients

X Lack of capacity

X Scope to further improve/refine your own pathways

X Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

ADP is supporting at service and strategic planning levels to ensure there is adequate commissioned resource across the system of care to deliver outcomes in line with strategic and lived experience expectations. This includes consideration through our Commissioning Consortium of how we can better resource early intervention and prevention approaches as mandated by IJB.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	X
Employability support		X	X
Family support services			X
Information services		X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)			
Recovery communities			X
School outreach		X	X
Support/discussion groups (including 1:1)			X
Other (please specify)			

Question 31

Please list all recovery groups[11] in your ADP area that are funded or supported[12] by your ADP.
[open text – maximum 2,000 characters]

We support the Forth Valley Recovery Community to operate cafes across localities. These consist primarily of cafes run throughout the week and at weekends. Cafes change in line with local demand and interest from new areas, but have expanded to include activity for women in recovery.

[11] 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

[12] Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an ‘x’.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		
People from minority ethnic groups		
People from religious groups		
People who are experiencing homelessness		
People who are LGBTQI+		
People who are pregnant or peri-natal	X	
People who engage in transactional sex		
People with hearing impairments and/or visual impairments		
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an ‘x’. [single choice]

X Yes

No

33b. Please provide details.
[open text – maximum 500 characters]

These were submitted to PHS for scrutiny as part of our MAT Standard submission in April. Formal protocols exist to ensure that co-occurring care is offered, and work continues to ensure that lived experience reflection demonstrates implementation. Additionally there are now interface meetings between Substance Use and Mental Health teams, a forum to discuss individuals who may be being supported by both services and/or agree joint assessments and care plans where appropriate.

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

X Via provision of funding

Not applicable

X Other (please specify): ADP support staff regularly attend whole system and community planning meetings to ensure substance use advice is available and that ADP plans align with local partners.

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported[13] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

X Provision of trauma-informed spaces/accommodation

Recruiting staff

X Training existing workforce

X Working group

None

X Other (please specify): Training now aligns to MAT Standards expectations.

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

Yes

X No

Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

Yes

X No

Don't know

[13] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support		X	X
Diversionary activities		X	X
Employability support			
Family support services			X
Information services		X	X
Mental health services		X	X
Outreach/mobile services			X
Recovery communities			
School outreach		X	X
Support/discussion groups			X
Other (please specify)			

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

X Advocacy

X Commissioned services

Counselling

X One to one support

Mental health support

X Naloxone training

X Support groups

X Training

None

X Other (please specify): This year we have allocated more funding to our Family Support Service, provided by SFAD, to support greater family-inclusive practice and support opportunities for family members.

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

X Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.
[open text – maximum 500 characters]

We have recommissioned our SFAD Family Support Service who are tasked with undertaking a range of activities for family members. We intend to develop training opportunities to support the adoption of family inclusive practice across our system of care, and to improve collective advocacy for family members.This applies to all family members, regardless of their loved one's treatment status.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Family member **in treatment**	Family member **not in treatment**
Advice	X	X
Advocacy	X	X
Mentoring	X	X
Peer support	X	X
Personal development	X	X
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services		
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

X Yes

No

Don't know

42b. If yes, please provide details.
[open text – maximum 500 characters]

The ADP Lead contributes to both partnerships and ADP commissioning is aligned to CSPPs' through the Commissioning Consortium approach. We regularly share information and strategic updates across partnerships and are committed to continuing to do so.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
Statutory Substance Use Service	1854873.00
Change Grow Live	901406.00
SFAD (Family Support Service)	44400.00
Recovery Scotland (Forth Valley Recovery Community	111192.00
Resilience Learning Partnership	31000.00
Substance Use Social Work Team	
Reach Advocacy	33955.00

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

X ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Wednesday 24 January 2024 @ 2pm via Teams

Present:

Nicola Brodie, Unison Rep, NHS Forth Valley (NB)
Brian Dunnachie, GMB Stirling Council (BD
Robert Clark, Employee Director, NHS Forth Valley (RC)
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)
Kelly Higgins, Senior OD Advisor (KH)
Sonia Kavanagh, Business Manager, HSCP (SK)
Karren Morrison, Unison Forth Valley Health Branch, Branch Secretary
Emma Small, RCN Rep
Maxine Ward, Head of Community Health, and Care (MW)
Gordon Tucker, Unison Organiser GT (sub for DO'C)
David Williams, Interim Chief Officer

1. Welcome and Introductions

David Williams was attending his first meeting as Interim Chief Officer. David advised that he would be the Interim Chief Officer for the next 6 months while Annemargaret Black is on secondment with Health & Social Care Scotland. David has a background in Social Work and was the former Chief Officer of Glasgow City HSCP. He has a range of extensive & broad experience in local government & voluntary organisations. Over the past four years he has worked for the Scottish Government in a professional adviser role on health & social care integration.

2. Apologies for Absence:

Jennifer Borthwick, Director of Psychology, Head of Clinical Services Mental Health & Learning Disability) HSCP (JB)
Fiona Norrie, HR Business Partner, Stirling Council
David O'Connor, Regional Organiser, Unison (Sub Gordon Tucker)
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
Lorraine Thomson, UNISON, Stirling, Branch Secretary JTUC (Chair)

3. Minute of Meeting of 30 November 2023

This minute was approved as an accurate reflection.

4. Matters Arising

AHP Discharge to Assess Project Plan

This was being led by Pauline Beirne. MW advised that it has moved on from last meeting. This is being looked at under the wholesale review of AHP. It is being refined and MW/WF will bring and update back to the next meeting. **Agenda Item for next meeting – MW/WF**

Grievance & Complaints Update

LG advised this is in relation to complaints/grievances and how we handle them between the organisations. There were concerns raised through the Trade Unions that there was confusion on how these were handled. We were asked to come together and have a look at this and bring back a protocol for this meeting. This has not been possible yet. This was also to include Falkirk.

CD had checked with other colleagues and had been advised that a previous protocol had been produced but it had never been taken forward and adopted. CD advised they currently have a situation, and they are using a modified version of Clackmannanshire Council grievance

procedure which they explain to people at the beginning of the process so they have a full understanding of what will happen between two organisations.
KM advised that this has been an issue since the beginning of integration. It is not just a process it is the way that we communicate to colleagues. and also getting hold of the policy. It is difficult for us to manage and for staff to understand the process. We need clear guidance for staff.
RC advised there was a document produced previously when we had joint meetings with Falkirk, and we had an area wide protocol. RC proposed there should be a short life working group and a paper to come to the next meeting. A principles document is required that we can all sign up to
Agenda Item next meeting RC & HR colleagues

5. Management Update/Service Pressures

DW advised he has meet with the three Chief Executives and Leaders and he has set out three priorities. These are:

- Funding & budget
- Stability & Progress
- Clarifying and addressing some of the Integration Scheme issues

Finance & Budget we are very significantly overspent in all part of our budget.
Clackmannanshire Council budget to social work/social care is overspent significantly & disproportionately in comparison to the financial allocation from Clackmannnan to the Integration Joint Board (IJB).
Stirling Council social work/social care budget is very significantly overspent.
Forecast overspend for 23/24 including set aside budget is £15m - £3.5m Clacks, Stirling £2.5m and £2m for community based health services. This was reported to the IJB in November. We were able to cover an element of that due to underspends in other areas and the use of some reserves for this year. We are in a position that we cannot continue with this going forward, so we are in the early stages of fine-tuning proposals to go to the IJB in March for consideration. We will have a very significant budget gap for what we anticipate being allocated from the Health Board and the Councils and to last year's position.

Stability & Progress - recognition from DW that changes in leadership can create anxiety etc. The need to provide assurance & support for people working across the Partnership to enable them to do their job to the best of their ability. There is also a recognition that the world moves and not just here caretaking. A budget needs to be presented in March for the next 12 months. Agenda for change and progress in that space will need to be taken forward.

Clarifying & addressing some of the integration scheme issues. That is the formal and legally binding document between the Councils and the Health Board. This should have been reviewed at five years and is now overdue. Also recognising that the Health Board is in escalation due to culture, leadership & governance and necessarily intrinsic to that if you are in a partnership with other partner bodies this will begin to impact on the integration arrangements. We need to provide certainty & clarity on roles and responsibilities, who will do what, how does it happen, how roles will work this needs to be set out more clearly. This will be done in conjunction with Falkirk. This is not to say that it will be the same as Falkirk as they will have different priorities. It makes sense to all be included in the review.

Discussion followed and the following points to note:

- Where possible can Trade Unions be included in discussions
- Open and honest discussions with staff

Further discussion regarding respective Organisational Change policies which ties in with the Grievance & Bullying (at matters arising) principles document. Most are likely to be the same. Is

there something in the space of change management where we could think of a principals document that all the public bodies can sign up to so that the HSCP management team are enabled to do their jobs. We need to create the synergy between the three public bodies to enable us to do the job we need to do. When coming up with a plan we have to understand the co-dependencies and unintended consequences that one constituents' impacts may have on the others. How do we recognise fundamentally that there are different T & C's, culture etc. There must be some degree of synergy between it all in order that the workforce do the best that they can.

GT noted that the principles document is a good idea. Is that around how Local Govt colleagues are consulted on change and what type of documentation would be required in order to allow TU colleagues to understand and scrutinize. Would like to see a fair work element built into this.

KM advised that Health has an organisational change policy if you are health staff that is the policy we work to. We are very clear of this as we come from a culture and history of people doing what they want. Going forward absolutely would be keen that people work together.

GT advised he would want to see a fair work element built into this.

WF advised that both Councils have agreed to the fair work policy and as the Council are the procurers of the service then it is part of our commissioning and procurement. WF was not clear if the health board are part of that.

RC raised concerns around recruitment, which had been raised at the MH & LD partnership forum at lunchtime. They are finding it very difficult to navigate through all the recruitment processed. e.g they had a job that went to Stirling got though then when went to Clacks it was stalled. We need to get slicker at recruiting people.

KM also raised that in Councils they have to complete Business Case which are another step that impacts all staff. The point is that this impacts on all staff not just Council staff. Staff freezing has an impact on all services. Looking at reviewing at how long it takes to get a post filled. Looking across the board we need to look at as a whole system approach and not three separate systems.

CD & LG and an HR colleague from Stirling to get together to work on this. **Agenda Item next meeting**

6. NHS Forth Valley Board Escalation

DW asked how this has it impacted on the workforce and what do we need to know in order for us to be supportive of the workforce.

RC advised that the broad sweeping statement from the Cabinet Secretary that NHS Forth Valley's Leadership was not acceptable. All Leaders within the organisation were looking at each other going is that us right down to team leader at domestic level. All are worried about jobs and the budget situation. Has yet to hear from staff members on the ground of any significant difference in culture, leadership & governance has affected them in a positive way. Have been in escalation over a year now there seems to be apathy around this. Nobody on the ground have seen anything different.

KM advised that the biggest issue is around culture for people. We have all been aware of the problems with the Leadership team and how difficult that is and how it affects the front line. The delay in integration and the way they are spoken to and addressed. Has come from the top down. Bullying & harrassement culture is endemic and widespread in Forth Valley. Would agree with Robert that people are not aware we are still in escalation. Is aware there are lots of actions

being taken but how are they communicated to staff. Amanda Croft is always keen to understand how the actions are changing staff lives and how you evaluate that. Culture work takes a long time. People are in a bad state. Maybe not seeing the change through escalation
NB advised that nothing is coming through to clinicians. Last year was told by line management that it was nothing to do with us it was the acute hospital and we had to highlight it was the organisation as a whole. Staff at a local level are questioning it as nothing is coming down through formal channels. Had done a walk around in November around the Anti Bullying campaign. Staff were very vocal throughout that regarding their experiences. There is an ongoing challenge with culture & leadership and how it is affecting staff. People who demonstrate those behaviors do not recognise it within themselves, they think it is referring to other people. Need to do more about communicating with others.

DW thanked all for their candour.

7. OD & Wellbeing Update

KH advised she has been involved with the Culture programme for the past year. HSCP staff had problems accessing focus groups, questionnaire etc. HSCP staff had difficulty if they were not NHS employed. There was not a good representation from the partnership. Would like to see how many people were involved from both HSCP's.
There are a couple of sessions coming up with the culture change team on how we communicate the action plan and get it out to staff.
H & C Staffing Act update – We have had a lot of help from the Care Inspectorate, and they have delivered a number of sessions to SMLT, Providers Forum and Commissioning Team. We have had two ad hoc sessions which have been offered out to both NHS Managers and Council Team Leaders and Managers. We have had about 20/30 people attending and the CI have raised awareness of implementation of the act and expectations and also there was the opportunity to ask questions. There is an NHS model and a Health & Social Care model which is still to be agreed.
PDP compliance – we have got a push on NHS FV staff. We are sitting around 16% compliance across the partnership. KH has asked all team managers to make sure that their teams are up to date. People are sitting under the wrong manager and wrong reviewer. Training for managers and for Staff on how to complete the PDP. There is a lot of work going on in the background. Whistleblowing training also has very low compliance. There is a lack of awareness of how TURAS works. Training & learning is required. When finished with NHS will move on to Stirling around their PRD and then Clackmannan who have a 'good conversation'.

Strategic Workforce Plan 2022 – 2025 Still not received feedback from our year one review from Scottish government since 1st July 2023. Now in discussion around how they will be asking for feedback on taking forward. Guidance should come out March/April. We have been offered a seat at the National Workforce Planning Group.

RC 16% PDP is something we should be shocked about. If you can't speak to your staff for one hour, that is culture there. We need to look at having the right people assigned to teams. Managers etc as Imatters is fast approaching. We also need to look at mandatory training, particularly in Mental Health. Violene & aggression training is very low.

KM advised that the information is routinely available. There is a reason why the NHS have a 90% target. It can be related to recruitment & retention, wellbeing, culture, it is absolutely linked to that. We are all saying that it is not good enough.

NB wanted to back RC up. Leadership is invisible and they do not engage on a daily basis. It is really challenging in MH/LD we are prioritising patient care demands like never before. It is hard to protect time in diary and undertake tasks.

DW advised that he is rejigging the agenda and attendees for the Senior Management

Leadership Team and all these items will be on the agenda and he will be looking for updates with an expectation of improvement.

KH gave reassurance that almost all managers have come back with updated teams. TURAS have been very helpful. We are getting these embed and moving forward we will be ready for imatter.

8. Service Updates

Stirling Locality

Terry O'Gorman has recently commenced as the Locality Manager for Stirling and gave a verbal update. He has been involved in the recent workshops and undertook to speak to TU reps. There are lots of pressures out there. People have really engaged with him, and he is getting to know people and is re-assured by the people he is meeting of their commitment and passion regarding their work.

KM raised a question regarding annual leave at the Bellfield Centre – ***Introducing a maximum number of staff on annual leave at one time to deliver safer services to encourage staff to use leave throughout the year.*** **MW** advised that Judy Stein is the manager at the Bellfield and is currently absent. This has been introduced as the Bellfield does not have an erostering system, which has meant that there have been far too many staff of on annual leave at the one time. This causes problems with overpaying with bank staff, agency staff etc. The maximum AL system does not create issues with people not having annual leave. For example, it prevents five people in one ward all being off on the same week. It is a fair and even distribution of annual leave across the year. It is more unfair without that system in place because people put their leave in for the whole year and then you could have four or five staff who have not been unable to get their leave in. It is a fairer system and makes sure that all staff get fair access to their leave throughout the year. Maxine will get Judy to send the details to Karren.

Clackmannanshire Locality

Rachel Sinclair will be commencing shortly as the Locality Manager for Clackmannanshire. MW advised that the most significant issue is recruitment & capacity which has been created across the whole system.

Mental Health, Substance Use & Learning Disability

No update was provided.

Hospital, Reablement & District Nursing

Judy Stein had provided a written update.

9. STANDING ITEMS

Health & Safety

Combined H & S HSCP Report

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.

10. AOCB

Right Care Right Time Transformation Programme 1.18

MW had provided a briefing paper on the Right Care Right Time Transformation Programme. Since the beginning of the year there has been engagement session with Team Leaders and a further two sessions with front line staff.

This is an overarching programme that will cover three main areas of transformation particularly around demand management approaches: The planning and performance team will be supporting and assisting with this and to make sure we stay on track.

The three areas are:

- Transformation of the front door service
- Care at Home Review Team
- RAPID

Front Door transformation – This is twofold and is a demand management model. Secondly it is about improving practice and the staff experience. There are no clearly defined processes in place and builds on the work around the David Walsh report. Staff have been clear and have strong views that they are unhappy with the current process as it lends itself to long waiting lists. Staff are motivated and engaged with this new process.
Care At Home Review Team. A business case has gone to both Councils and has been approved. We are in the process of recruiting to that team. That team will immediately reduce the pending lists by taking the reviews of. It will also enhance our reputational risk as we are not compliant with our statutory responsibility around reviews. This is additional capacity coming.
RAPID this is supporting the discharge to assess processes and supporting our delayed discharges and making sure people are assessed at home. We get people out of hospital and back to their previous levels of independence.

Maxine will chair the programme board and there are leads attached to the projects. Terry has the Front Door and the Care at Home Review Team. Judy has the RAPID.

There was no other business.

David advised that this would be Maxine's last meeting and thanked her for her efforts over the last few months.

11. Date of Next Meeting(s)
Tuesday 30 April at 10.30

Strategic Planning Group

Minute of meeting held on 21 February 2024 @ 2pm – in person

Name	Position
MS Teams	
Allan Rennie	Integration Joint Board Chair and Chair of Strategic Planning Group (Chair)
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
Kelly Hamilton	Health Improvement Officer, C&S Health and Social Care Partnership
Alan Clevett	Stirling Voluntary Enterprise Ltd
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Liz Rowlett	Partnership Officer, SVE & CTSI
Laura McKenzie	Operations Manager, Falkirk & Clackmannanshire Carers Centre - teams
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
Linda Riley	Service User Representative
Colleen McGregor	Centre Manager, Stirling Carer's Centre
David Williams	Interim Chief Officer, C&S Health and Social Care Partnership/IJB
Dougie Porteous	Active Stirling
Anne Knox	Stirling Voluntary Enterprise Ltd
Michelle Duncan	Planning & Policy Development Manager, C&S Health & Social Care Partnership
Anthea Coulter	CTSI Third Sector Interface
Karen Garrott- Russell	Engagement Lead Stroke Association
Jennifer Rodgers	Public Health, HNS FV
In attendance	
Fiona Norval	Minute taker / PA
Apologies	
James King	GP Clinical Lead and Locality Coordinator S&C HSCP
Hazel Meechan	Public Health, NHS Forth Valley
Mathew Bunnell	Active Stirling, Head of Health & Wellbeing - Dougie Porteous sub
Marie Valente	Chief Social Work Officer Stirling Council
Lorraine Robertson	Chief Nurse, Health & Social Care Partnership
Lyndsay Macnair	Thriving Community Engagement Manager, Communities & Performance
Helen Duncan	CEO Town Break
Marjory MacKay	Strathcarron Hospice, NHS Forth Valley
Steve Irwin	Police Scotland
Elizabeth Ramsey	Carer's Representative

1. Welcome from Chair & Apologies for absence

Allan Rennie welcomed all to the Strategic Planning Group (SPG).

2. Draft Minute of the meeting held on 14 December 2023

The note of the meeting held on–14 December 2023 @ 2 pm via MS Teams 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

David William, Interim Chief Officer & Ewan Murray, Chief Finance Officer

A presentation was shared which highlighted the key messages around 2023/24 – and an update at Month 9:-

- Integrated Budget projected overspend £2.505m (after reserves)
- Hope to see begin to see some improvement over Feb/March
- Prescribing most significant risk re volatility (volatility in CPI)
- Aug £11.07 Sep £11.35 Oct £10.90
- Est savings delivery £2.008m 46% of target
- Set Aside £2.477m (after N/R covid support)
- Need for downward pressure/movement towards year end
    - Consistent messaging across partners S95s/DoF

David William provided an overview advising we need to look at reshaping how the HSCP is undertaking strategic commissioning role in planning and delivering services going forward.

Discussion took place around areas for budget setting 2024/25:-

- Full and systematic implementation of revised Self-directed Support provision to all adults assessed as having needs and requiring outcome-based support provision.
- Redesign of Social Work/Care Front Door (Right Care Right Time - Demand Management – Reviews. Emphasis on social prescribing, early intervention and prevention, Tech Enabled Care usage and redirection away from formal intervention)
- Reform of schemes of delegation and authority to commit to purchase with centralised allocation of new and revised POCs over (value? £10K?).
- Maximise care charging income (within policy)

- Parameters placed on use of long-term care for older people with emphasis on continuing to support individuals in their own homes and communities
- Removal of all unfunded provision (beds community hospitals; supplementary staffing; fixed term contracts)

- Redesign of Learning Disability Services (including Inpatients / Day Care / Coming Home (out of area) / Transitions

- Reform of Care at Home providers framework

- Family Health Services Prescribing – Technical Switches, Meds of Low Therapeutic Value, Polypharmacy Reviews

- Community Link Workers – seek to maintain current

- Review and reform of business processes

- Robust Project/Programme Management on budget and efficiencies programme implemented from 1st April.

- Implement Directions Policy

David William advised that the financial figures will be set out within the paper which will be taken Finance and Performance Committee and to Integration Joint Board in March 2024.

Engagement, communication, collaboration and locality planning are all important with this all dove tailing into our Strategic Delivery Plan.

Going forward the IJB needs to reshape care and need. There will be engagement before any changes made. This needs to link to our 10 year Strategic Plan. Going forward we need to ***spend less time on urgent and a more time on important.*** The front door work is important, making sure we provide the right care at the right time. There is a need to spend more time looking at people's needs to get best assistance in place, which in turn could free up monies.

We are clear this is the correct direction; i.e. looking at the placement within Care homes as we are currently placing 4 times more than Glasgow. Limiting places into nursing homes will have implications, therefore we need to look at each client's support requirements. This will have impacts on care homes on their businesses therefore we need to be open and transparent.

A big part of overspend is the over provision of unfunded beds, this need stop. We do need to support hospitals to look at need and support within communities in a different way. There is a need to reflect on what we have and talk to staff within these areas.

5. Commissioning Consortium – one year on
Wendy Forrest, Head of Strategic Planning and Health Improvement
Presentation and Discussion

Wendy Forrest shared a presentation providing an update on the Commissioning Consortium

The purpose of the Commissioning Consortium model is to: -

- Create, develop, maintain and grow high quality service delivery in and around Clackmannanshire & Stirling in order to service the needs of local people and communities; especially those who are most disadvantaged.

- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand.

- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

To date we have reached over 8,000 persons with our Carers Eligibility Framework consultation, working with our Third Sector Partners around the various commissioning consortiums held to date.

As a partnership we need to ensure these people have access to good information, advising them how they navigate through a complex system. Third sector role vital within this, especially for people across our communities.

We need to take time to invest in this process, with a lot of learning to date. We need to make sure we are all on the same journey, which is transparent and open and if necessary take meetings off line to ensure all are understanding the process. Understanding the resources and need for time intensive partnership work to deliver. Officers (HSCP & TSI) to offer safe spaces for discussions with all external stakeholders and internal providers however means a more robust model of care is created.

Wendy Forrest advised that an update paper will be taken to the Finance and Performance Committee and to Integration Joint Board March 24, providing and update on the approach.

6. **Commissioning Consortium**
Simon Jones, ADP Lead Officer, Presentation and Discussion
Kelly Hamilton, Senior Health Improvement Officer
Cat Tabbner, Senior Health Improvement Officer

Update on work within ADP this and how we are working with the wider partnership to address early invention and prevention

Presentation was shared providing an update on Substance Use and Mental Health & Wellbeing.

Simon Jones advised, as we look at the next steps there will be closer links to the Health Improvement Team.

Kelly Hamilton advised work is ongoing looking to review process around adverse deaths, taking a more human right approach and community lead, and working with communities affected. Priority will be given to the experiences, dignity and rights of those affected ensuring that all work is grounded in compassion and empathy, from service user, carers, families, peers and service providers.

To empower communities to take ownership of the circumstances that lead to and understand issues and seek solution together allows for us to assist in understanding addressing the issues within their own context. Working with communities ensures that the cultural sensitivities and nuance of each community is considered and ensures a respectful and inclusive review.

Engaging active participation to ensure diverse voices that can help tailor solutions based on unique insights and understanding of local issues. Using this work to build on community led learning so individuals and groups learn the key skills and knowledge to respond to adverse events enhancing capacity for resilience and collective action.

This would lead to sustainable solutions which are implemented as they will be rooted in the communities existing strengths, resources and networks.

Ultimately the aim of the adverse death reviews is create the opportunity for advocacy and policy influence where empowered communities and services are better able to advocate for policy changes and systemic improvements addressing the root causes of adverse death giving a broader societal impact.

Cat Tabbner, is currently working with third sector colleagues going out into the communities to find out what the reality is and what communities want. An update of this work can be brought back to a future SPG meeting.

There are strong links to poor mental health and substance use, point of understanding how this effect client and their families life. A decision has been made to align the Health Improvement and ADP based around mental health and substance use. There will be a consolidated a team which will focus services around substance, MH etc.

Clackmannanshire Council
Stirling Council
NHS Forth Valley

7. National Care Service update

No update given.

8. Any other business & future agenda items

Allan Rennie advised the meeting that this was his official meeting as Chair, and would like to take this opportunity to wish all success going forward.

9. Date and time of next meeting – *Wednesday 17 April, 2024 @ 2pm in person Carseview House Boardroom, Castle Business Park Stirling*