Kilncraigs, Alloa, Scotland, FK10 1EB (Tel.01259-450000)

Housing, Health and Care Committee

Thursday 28 January 2016 at 10.00 am

Venue: Council Chamber, Patons Building, Kilncraigs, Alloa, FK10 1EB

Contact Strategy and Customer Services, Clackmannanshire Council, Kilncraigs, Alloa, FK10 21EB
Phone: 01259 452106/452004/452006 E-mail: customerservice@clacks.gov.uk Web: www.clacksweb.org.uk

Date	Time

HOUSING, HEALTH AND CARE COMMITTEE

To determine policies for the promotion of housing, health and care in Clackmannanshire within the strategic policy framework approved by the Council in relation to the following:

- children and families services
- adult care
- criminal justice
- housing provision
- homelessness
- community safety
- antisocial behaviour
- health improvement

With the exception of those matters reserved to Council or delegated to a Committee or an officer, advising the Council on social services matters and discharging functions of the Council as social work authority

With the exception of those matters reserved to Council or delegated to a Committee or an officer, advising the Council on housing matters and discharging functions of the Council as local housing authority

In consultation with the Education, Sport & Leisure Committee, the promotion of children's health and welfare (including the preparation, publication and review of a plan for the provision of services for children in Clackmannanshire);

To set standards for service delivery.
To secure best value in the provision of services.
To consider valid petitions submitted which relate to the areas covered by the Committee

To monitor performance in the delivery of services including consideration of:

- quarterly service performance reports
- inspection or other similar reports
- financial performance
- reports on the development and implementation of shared services
- joint working with health services

To keep under review the impact of the Committee's policies on Clackmannanshire

To hear representations on petitions which have been accepted as valid in accordance with the Council's policy and criteria. The Committee shall report on every petition in respect of which it has heard representations to Council with its recommendations on how the petition should be disposed of, which may include a recommendation that no action be taken.

20 January 2016

A MEETING of the HOUSING, HEALTH AND CARE COMMITTEE will be held within the Council Chamber, Patons Building, Kilncraigs, Alloa, FK10 1EB, on THURSDAY 28 JANUARY 2016 at 10.00 am.

Nikki Bridle
DEPUTE CHIEF EXECUTIVE

B U S I N E S S

Page No.

1.	Apologies	--
2.	Declaration of Interests Elected Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Councillors' Code of Conduct. A Declaration of Interest form should be completed and passed to the Committee Officer.	--
3.	Confirm Minutes of Meeting held on 5 November 2015 (Copy herewith)	07
4.	Strategy and Regeneration Update - report by the Head of Housing and Community Safety (Copy herewith)	11
5.	Housing and Community Safety Finance Update (Oct 2015) - report by the Head of Housing and Community Safety (Copy herewith)	17
6.	Audit Scotland National Report and Update on Local Progress Towards Integration of Health and Social Care Services [Adults] - report by the Chief Officer, Health and Social Care Integration (Copy herewith)	27
7.	Social Services Finance Report 01/04/15 to 30/11/15 - report by the Head of Social Services (Copy herewith)	91
8.	Clackmannanshire Integrated Mental Health Service - Annual Report 2014/15 - report by Service Manager, Partnership (Copy herewith)	109
9.	Integrated Care Fund Plan 2015/16 Progress Report - report by Head of Social Services (Copy herewith)	143

Contract Strategy and Customer Services, Clackmannanshire Council, Kilncraigs, Alloa, FK10 1EB
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HOUSING, HEALTH AND CARE COMMITTEE – MEMBERS (COMMITTEE QUORUM 4)

Councillors		Wards		
Councillor	Les Sharp (Convenor)	1	Clackmannanshire West	SNP
Councillor	Tina Murphy (Vice Convenor)	1	Clackmannanshire West	SNP
Councillor	Archie Drummond	2	Clackmannanshire North	INDP
Councillor	Walter McAdam, MBE	2	Clackmannanshire North	SNP
Councillor	Derek Stewart	3	Clackmannanshire Central	LAB
Councillor	Graham Watt	3	Clackmannanshire Central	LAB
Councillor	Ellen Forson	4	Clackmannanshire South	SNP
Councillor	Kathleen Martin	5	Clackmannanshire East	LAB

Updated October 2015

THIS PAPER RELATES TO
ITEM 03
ON THE AGENDA

MINUTES OF MEETING of the HOUSING, HEALTH AND CARE COMMITTEE held within the Council Chamber, Patons Building, Kilncraigs, Alloa, FK10 1EB, on THURSDAY 5 NOVEMBER 2015 at 10.05 am.

PRESENT

Councillor Les Sharp, Convenor (In the Chair)
Provost Tina Murphy, Vice Convenor
Councillor Archie Drummond
Councillor Ellen Forson
Councillor Kathleen Martin
Councillor Bobby McGill *(S)*
Councillor Derek Stewart

IN ATTENDANCE

Ahsan Khan, Head of Housing and Community Safety
Stuart McQueen, Solicitor, Legal Services (Clerk to the Committee)
Liam Purdie, Assistant Head of Social Services (Child Care)
Philip Gillespie, Assistant Head of Social Services (Adult Care)

At the start of Committee, the Convenor noted that there was confusion over the start time it being different on the paper copy of the agenda and the iPad version. The start time should be 10.00 am and not 10.15 am.

HHC.158 APOLOGIES

Apologies were received from Councillor Graham Watt and Councillor Walter McAdam, MBE. Councillor Bobby McGill attended today as substitute for Councillor Graham Watt.

HHC.159 DECLARATIONS OF INTEREST

None

HHC.160 MINUTES OF MEETING: HOUSING, HEALTH AND CARE COMMITTEE HELD ON 3 SEPTEMBER 2015

The minutes of the meeting of the Housing, Health and Care Committee held on Thursday 3 September 2015 were submitted for approval.

Decision

The minutes of the meeting of the Housing, Health and Care Committee held on Thursday 3 September 2015 were agreed as a correct record and signed by the Convenor.

HHC.161 HOUSING AND COMMUNITY SAFETY PERFORMANCE REPORT QUARTER 2

The report, submitted by the Head of Housing and Community Safety, updated the Committee on performance to the second quarter of 2015/16.

Motion

That the Committee agree the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

Having commented on and challenged the report, the Committee agreed to note the report

HHC.162 HRA FINANCIAL BUSINESS PLAN REVIEW AND RENT INCREASE CONSULTATION PROCESS

The report, submitted by the Head of Housing and Community Safety, updated the Committee on the current position of the Housing Revenue Account (HRA) Financial Business Planning model 2013 - 2018.

Motion

That the Committee agree the recommendations set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to :-

1) note the proposals to consult on the rent increase for 2016/17.

2) note the remainder of the report, having commented on and challenged as appropriate.

HHC.163 HOUSING STRATEGY AND DEVELOPMENT UPDATE

The report, submitted by the Head of Housing and Community Safety, provided the Committee with information on the progress of the Strategic Local Programme (SLP). The report also provided information relating to the Housing Contribution Statement, required as part of the Strategic Plan for the new Health and Social Care Integration Authority.

Motion

That the Committee agree the recommendations set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to :

1) support Ochil View Housing Association's request to acquire up to three properties from the open market supported by Government grant funding, and for the Strategic Local Programme to be amended accordingly;

2) note the clarification on the use of Private Sector Housing funding;

3) note the draft Housing Contribution Statement at appendix 1, prepared for consultation as part of the Joint Health and Social Care Partnership's Strategic Plan;

4) note the remainder of the report, having commented on and challenged as appropriate.

Action

Head of Housing and Community Safety

Ahsan Khan left the meeting prior to the next item of business.

HHC.164 SOCIAL SERVICES PERFORMANCE REPORT

The report, submitted by the Head of Social Services, presented the Committee with information on the performance indicators, and on progress in implementing the strategic priorities and projects, for Social Services' performance for Quarter 2, 2015/16 (July - September 2015).

Motion

That the Committee agree the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

Having commented on and challenged the report, the Committee agreed to note the report

HHC.165 SOCIAL SERVICES FINANCE REPORT 01/04/15 TO 31/08/15

The report, submitted by the Head of Social Services, reported to Committee the financial performance from 1 April 2015 to 31 August 2015.

Motion

That the Committee agree the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

Having comment on and challenged the report, the Committee agreed to note the report and the recovery action to address the overspend and Action Plan at Appendix 1.

HHC.166 CARERS BILL

The report, submitted by the Head of Social Services, provided an overview to Committee of the Carers (Scotland) Bill 2015 for information and consideration.

Motion

That the Committee agree the recommendation set out in the report.

Moved by Councillor Les Sharp. Seconded by Provost Tina Murphy.

Decision

The Committee agreed to note the publication of the Carers (Scotland) Bill 2015, the Bill's key provisions and their potential impact on Clackmannanshire Council.

Ends 11:35

	THIS PAPER RELATES TO ITEM 04 ON THE AGENDA
CLACKMANNANSHIRE COUNCIL	

Report to:	**Housing, Health and Care Committee**
Date of Meeting:	**28 January 2016**
Subject:	**Strategy & Regeneration Update**
Report by:	**Head of Housing & Community Safety**

1.0 Purpose

1.1. The report provides information on the progress on the affordable housing programme and the lock-up strategy.

2.0 Recommendations

2.1. It is recommended that the Committee;

2.1.1. Approves the amendment to the Strategic Local Programme (SLP) to include development of additional units at Alloa Road, Tullibody

2.1.2. Notes the progress of the lock-up strategy.

2.1.3. Notes the remainder of the report, commenting and challenging as appropriate.

3.0 Affordable Housing Programme

3.1. As members are aware, the target spend for affordable housing this financial year is £2.199m. At the time of writing, around £1.340m has been claimed from the Scottish Government. It is now anticipated that the Council will exceed its target allocation for this year.

3.2. The acquisition of 15 off the shelf (OTS) house purchases is on track, with the Council having purchased 6 to date.

3.3. Additionally, Ochil View Housing Association has made a commitment to purchase 2 or 3 units this financial year and will claim up to £90,000 grant funding.

3.4. Kingdom HA has agreed to purchase additional land at Alloa Road, Tullibody to develop around 35 affordable houses. This will complement phase one of the site which is due for completion in February 2016 and continues the Council's commitment to fully utilising the affordable housing budget. It is recommended that the Strategic Local Programme (SLP) be amended to include this development.

4.0 Affordable housing budget progress

4.1. The single unit at Redwell Place, Alloa was completed and tenanted in December 2015.

4.2. Delph Road, Tullibody is on target for a February completion date and the allocation of the properties is under way.

4.3. Including the additional opportunities for spend on OTS purchases and land acquisition it has been agreed with the Scottish Government that the original spend target can be exceeded. A total spend of £2.266M is now projected for 2015/16. The spend target was £2.199m

4.4. Progress for on-site and pending projects is shown below, giving a total of 185 affordable housing units. There are 86 units on site, or planned through acquisitions. A further 51 units are planned for site start or acquisition this year through the affordable housing programme. There are also the 48 units about to commence in Alva funded through the greener homes initiative.

On site and committed projects

Site	Tenure	Mix	Completion Date	Budget spend - April '15 - Jan '16	Budget to be claimed by 31 March 2016
Redwell Place, Alloa	RSL KHA	**1 unit** 1 * 3 bed adapted	Dec 2015	£126,250	£0
Ann Street, Tillicoultry (former community centre).	Council	**21 units** 2 * 2bed hse 2 * 2 bed flat 9 * 1 bed hse amenity 8 * 2 bed amenity hse	April 2016	Town centre funding	(£232,000)
Fairfield, Sauchie	Council	**19 units** 8 * 1 bed flat 4 * 2 bed flat 3 * 2 bed hse 4 * 3 bed hse	April 2016	Budget from 2014/15 spend.	£0
Delph Road, Tullibody	RSL	**27 units** 6 * 1 bed flat 8 * 2 bed flat 9 * 2 bed hse 4 * 3 bed hse	February 2016	£912, 905	£0
OTS*	Council	**15 units**	March 2016	£239,000	£286, 000
OTS*	RSL OVHA	**3 units**	March 2016	£60,000	£30,000
On site units sub-total		**86 units**			

Primrose Place, Alloa	RSL KHA	**16** * flats	TBA	£0	£200,000
Delph Road, Tullibody Phase 2*	RSL KHA	TBA (**approx 35**)	TBA	£0	£180,000
Tigh Grian, Alva Greener Homes		**48 units** (16 x1 bed; 24 x2 bed; 8 x 3 bed).	TBA	Greener homes budget	-
Committed units sub-total		**99**			
		Total 185 units		£1,338,155	£928,000

5.0 Projects Updates

5.1. Tigh Grian, Alva - The site has encountered a further small delay due to revised costs. It is understood that off site preparations with the factory supplying the housing pods have commenced, and the pre-start meeting was held on 15th January with a view to an on site presence from the end of January.

5.2. Primrose Street, Alloa. The site will become phase 2 of the town centre redevelopment after Kingdom has completed Primrose Place early in 2017.

5.3. Ann Street, Tillicoultry phase 2. Acquisition of two additional areas of land is progressing. This will allow Kingdom will develop at least another 8 properties.

5.4. Lock-up site at Gartmorn Road, Sauchie. Discussions have taken place with Paragon Housing Association who are looking at the feasibility of developing this site, along with Shawpark Avenue, Craigview and Mansfield Avenue. Packaging together these small infill sites will assist in achieving financial viability.

5.5. Pension Funding Site. There have been recent discussions with the Council, Castlerock and the Scottish Government looking at some alternative sites to Sauchie West.

5.6. The Glen, Coalsnaughton, NHT phase 2. Hadden Construction have now secured the additional land and will begin on site later in the new year.

6.0 Lock-up Strategy Update

6.1. The table below shows that the updated strategy has resulted in an improvement in occupancy levels and the number of sites at full occupancy has increased from 13 to 23. The sites in Sauchie approved for demolition are now unavailable for let and discussions with an RSL are ongoing.

	Oct 2014	**Jan 2016**
No. Lockups	1313	1208
No. Let	777	812
No. Void	536 (41%)	396 (32%)
No. sites	74	70
No. Sites at full occupancy	13 (18%)	23 (33%)

6.2. Of the 26 sites that we initially actively marketed, ten are now fully occupied. Only 37 out of the 377 lockups on these sites remain empty. Eight cannot be let due to condition, and repairs are being investigated. These lock-ups continue to be advertised on a first come, first served basis, taking into account previous history etc.

7.0 Sustainability Implications

7,1 The supply of new affordable housing helps in the Council's commitment to reduce carbon emissions from inefficient housing. The Tigh Grian project in Alva will provide 48 new home to gold energy standards and the Council will pursue the inclusion of renewable technology in newbuild where feasible.

8.0 Resource Implications

8.1 Financial Details

8.2 The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ☑

8.3 Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☑

8.4 Staffing

8.5 There are no staffing implications arising from this report

9.0 Exempt Reports

9.1 Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☑

10.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

The area has a positive image and attracts people and businesses ☑
Our communities are more cohesive and inclusive ☑
People are better skilled, trained and ready for learning and employment ☐
Our communities are safer ☐
Vulnerable people and families are supported ☑
Substance misuse and its effects are reduced ☐
Health is improving and health inequalities are reducing ☑
The environment is protected and enhanced for all ☐

The Council is effective, efficient and recognised for excellence ☑

(2) **Council Policies** (Please detail)

11.0 Equalities Impact

11.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☐ No ☑

12.0 Legality

12.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☑

13.0 Appendices

13.1 None.

14.0 Background Papers

14.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered).

Yes ☐ (please list the documents below) No ☑

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Kate Fleming	Housing Strategy Officer	2361
Murray Sharp	Service Manager Strategy & Revenues	5113

Approved by

NAME	DESIGNATION	SIGNATURE
Ahsan Khan	Head of Housing & Community Safety	Signed: A Khan
Nikki Bridle	Deputy Chief Executive	Signed: N Bridle

CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 05 ON THE AGENDA

Report to: Housing Health and Care Committee

Date of Meeting: 28 January 2016

Subject: Housing and Community Safety

Finance Update (Oct 2015)

Report by: Head of Housing & Community Safety

1.0 Purpose

1.1. This report updates financial performance to the end of October 2015.

2.0 Recommendation

2.1. It is recommended that Committee notes the report, while commenting on and challenging the performance as appropriate.

3.0 Financial Position Summary

3.1. The financial performance of each account in the service is shown in appendices 1-3. The out-turn is compared with that from previous reports in table 1, below.

Table 1: Outturn summary

	June 2015	August 2015	October 2015
HRA Revenue	-£6k	-£135k	-£313k
HRA Capital	-£719k	-£731k	-£2,296k
Housing General Fund	-£277k	-£187k	-£212k

Housing Revenue Account (HRA)

3.2. At the end of October it was projected that the HRA surplus would be £313K greater than budgeted, an increase of £178k from that indicated at the end of August. The movement in each of the sub-areas are discussed below.

3.3. "Repairs and Maintenance" is now anticipated to underspend by £104k. An overspend of £48k had previously been projected. There has been a reduction in central support allocation for Property Contracts; spend on "Private Contractors" is likely to be £97k less than budget due more work being done "in-house", and there is additional income of £25k from property factoring. As previously noted £59k has been saved by carrying out decoration to void properties reducing the use of "Decoration Allowances".

3.4. "Supervision & Management" is forecast to under spend by £52k. The "Employee Expenditure" underspend (£190K) is due to vacancies being held for the ongoing restructuring. Costs of the Vanguard consultancy work (£93k) are included in this budget. There is an overspend of £69k in the central support (£53K) and democratic core (£17K) recharge. This is due to the timing issue of the budget being set for HRA before the full Central Support Allocation has been calculated.

3.5. "Capital Financing" costs are now expected to underspend by £69k. This is based on the current level of HRA debt and the current pool interest rate. There is a reduced charge for Principal Repayments as borrowing last year was less than expected.

3.6. "Other Expenses" is currently forecast to underspend by £223k. The main reason for this is the reduction in void rent loss. The requirement to contribute to the provision for Bad Debt is less than budget. There is also a one off saving in respect of insurance for the housing stock as there is no requirement this year to make a contribution to the Insurance Fund.

3.7. Income for the year is likely to be £135k less than budget due the delay in the new build programme.

HRA Capital Narrative October Outturn

3.8. The current net HRA Capital Budget for 2015-16 is now £13,356k. This is inclusive of a budget of £1,710k for Photovoltaic Panels. However, at the time of writing it is not certain this project will proceed due to issues with procurement and funding. The expenditure forecast is £11,060k, an underpsend of £2,296k. At this time it is anticipated that only £928k will required to be carried forward to next year, the majority of this is in relation to the delayed new build project at The Orchard, Tullibody.

3.9. As previously noted the kitchen programme came in £500K under budget, and £100k of this was transferred to the bathroom programme.

3.10. Damp works are less than budgeted. This is possibly attributable to the investment in the housing stock and in particular the central heating programme. There is also less expenditure projected on asbestos testing and removal as the capital programme works on bathrooms and kitchens is nearing completion. Savings in "Miscellaneous Conversions and Upgradings" are anticipated as there is expected to be no requirement this year for a one off project. The first window replacement programmes in several years are also expected to produce a saving. The contractor started on site in November. A thorough tender process produced savings on the anticipated budget.

3.11. There is a strong probability that additional council house sales income will be received. This will reduce additional borrowing requirements.

3.12. The HRA Revenue surplus of £5,215k will be applied, along with some of the current HRA reserve, to the net cost of the capital programme. The balance of expenditure will be funded by borrowing. This will be reflected in future revenue capital financing costs.

Housing General Fund October Outturn

3.13. The budget has been adjusted downwards by £48k from that reported in August to reflect the transfer of a staff member to the Development & Environment Service.

3.14. The underspend is projected to be £212k, an improvement of £25k from that forecast at the end of August. A contributory factor to the improving position is the £67K saving against budget from the reduction in clients placed in Bed & Breakfast.

3.15. There is an underspend of £196k (down from £227K) forecast for Rent Rebates and Rent Allowances in respect of additional Discretionary Housing Payments (DHP). Since the August outturn a lot of detailed work has been undertaken to identify the expenditure commitments and trends associated with these cost centres the result of this has been a reduction in the forecast underspend.

3.16. The change in the forecast income for the dispersed "Homeless Persons Units" together with the reduction in the Bed and Breakfast Costs has reduced the previously projected overspend of £179K to £116k.

3.17. As previously reported underspends are likely in employee expenditure in Housing Support (£42k) and Anti Social Behaviour (£14k).

3.18. Revenues and Payments is forecasting an underspend of £63k (up from £59k) of which £38k is in respect of a vacant post that is currently being held for the restructure. It has recently been identified that no budget had been set aside for Non-Domestic Rates discretionary relief. This has reduced the budget savings by £32K.

4.0 Sustainability Implications

4.1. None.

5.0 Resource Implications

5.1. Financial Details

The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.
Yes √

Finance have been consulted and have agreed the financial implications as set out in the report.
Yes √

5.2. Staffing

There are no additional staffing implications associated with this report.

6.0 Exempt Reports

6.1. Is this report exempt?

Yes ☐ (please detail the reasons for exemption below) No √

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

The area has a positive image and attracts people and businesses	☐
Our communities are more cohesive and inclusive	☐
People are better skilled, trained and ready for learning and employment	☐
Our communities are safer	☐
Vulnerable people and families are supported	☐
Substance misuse and its effects are reduced	☐
Health is improving and health inequalities are reducing	☐
The environment is protected and enhanced for all	☐
The Council is effective, efficient and recognised for excellence	√

(2) Council Policies (Please detail)

8.0 Equalities Impact

8.1. Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

No

9.0 Legality

9.1. It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes √

10.0 Appendices

10.1. Please list any appendices attached to this report. If there are no appendices, please state "none".

1. HRA, Capital Programme and General Fund expenditure.

10.2. Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No√

Author(s)

NAME	**DESIGNATION**	**TEL NO / EXTENSION**
Craig Dickson	Service Accountant	

Approved by

NAME	**DESIGNATION**	**SIGNATURE**
Ahsan Khan	Head of Housing and Community Safety Service	Signed: A Khan
Nikki Bridle	Depute Chief Executive	Signed: N Bridle

Housing Capital Programme 2015-16 Period to OCT 15 Update	Total Budget Including Carry Forward	Virements	15-16 Budget Expenditure	15-16 Net Budget	Income to 31/10/15	Net Expenditure to 31/10/15	Projected Outturn 31/03/16	Variance Budget v Projected	Budget to Date v Actual to date
SCOTTISH HOUSING QUALITY STANDARD									
PRIMARY BUILDING ELEMENTS									
Structural Works									
Asbestos Testing for Council Houses 2013-17	25,000		25,000	25,000	0	3,763	10,000	(15,000)	(10,819)
Asbestos Removal Works for Council Houses 2013-17	125,000		125,000	125,000	30	15,379	65,000	(60,000)	(57,534)
Restoration 80 Caroline Cresc., Alva (Fire)				0	0	200	0	0	200
Structural Works									
	150,000	**0**	**150,000**	**150,000**	**30**	**19,342**	**75,000**	**(75,000)**	**(68,153)**
SECONDARY BUILDING ELEMENTS									
Damp/Rot									
2013-17 Damp & Rot Works - Term Contract in Council Hous	244,500		244,500	244,500	0	28,062	100,000	(144,500)	(114,554)
Damp/Rot	**244,500**	**0**	**244,500**	**244,500**	**0**	**28,062**	**100,000**	**(144,500)**	**(114,554)**
Roofs / Rainwater / External Walls									
2011-15 Render & Roof	0	80,000	0	80,000	0	71,051	71,051	(8,949)	24,387
2014-17 Roof & Render Upgrading Works	1,032,500	(80,000)	1,032,500	952,500	0	197,289	952,500	0	(358,304)
Roofs / Rainwater / External Walls	**1,032,500**	**0**	**1,032,500**	**1,032,500**	**0**	**268,341**	**1,023,551**	**(8,949)**	**(333,917)**
Doors									
External Door Replacement 2014-18	19,000		19,000	19,000	0	12,305	19,000	0	1,222
Window & Doors	**19,000**	**0**	**19,000**	**19,000**	**0**	**12,305**	**19,000**	**0**	**1,222**
Windows									
Window Replacement 2014-18	502,700		502,700	502,700	0	0	450,000	(52,700)	(293,225)
Windows	**502,700**	**1,002,700**	**502,700**	**502,700**	**0**	**0**	**450,000**	**(52,700)**	**(293,225)**
Secondary Building Elements									
	1,798,700	**1,002,700**	**1,798,700**	**1,798,700**	**0**	**308,708**	**1,592,551**	**(206,149)**	**(740,474)**
ENERGY EFFICIENCY									
Full/Efficient Central Heating									
2013/16 Central Heating Replacement	1,854,000		1,854,000	1,854,000	0	1,256,770	1,854,000	0	175,332
				0				0	
Bowmar Community Energy Savings Programme (CESP)	187,000		187,000	187,000	0	3,145	90,000	(97,000)	(105,932)
Home Energy Efficiency Programme Area Based (HEEPS)	356,000		356,000	356,000	0	525	356,000	0	(207,130)
Installation of PV Panels		1,710,000		1,710,000	0	0	1,710,000	0	0
Full/Efficient Central Heating	**2,397,000**	**1,710,000**	**2,397,000**	**4,107,000**	**0**	**1,260,440**	**4,010,000**	**(97,000)**	**(137,730)**
	2,397,000	**1,710,000**	**2,397,000**	**4,107,000**	**0**	**1,260,440**	**4,010,000**	**(97,000)**	**(137,730)**

MODERN FACILITIES & SERVICES									
Kitchen Renewal									
Kitchen Replacement 2014-18	800,000	(100,000)	800,000	700,000	0	147,799	300,000	(400,000)	(260,511)
Kitchen Renewal	**800,000**	**1,600,000**	**800,000**	**700,000**	**0**	**147,799**	**300,000**	**(400,000)**	**(260,511)**
Bathrooms									
MITIE - 2011-15 Bathroom Replacements	750,000		750,000	750,000	0	752,534	753,000	3,000	315,059
2013-16 Bathroom Replacements PCU Team	0	100,000	0	100,000	0	17,539	100,000	0	(40,791)
Bathroom Adaptations	0		0	0	0	11,625	11,625	11,625	11,625
Bathrooms	**750,000**	**100,000**	**750,000**	**850,000**	**0**	**781,698**	**864,625**	**14,625**	**285,893**
	1,550,000	**1,700,000**	**1,550,000**	**1,550,000**	**0**	**929,497**	**1,164,625**	**(385,375)**	**25,382**
HEALTHY, SAFE & SECURE									
Safe Electrical Systems / CO Detectors									
Safe Electrical Rewire 2013-17	218,000	80,000	218,000	298,000	0	134,211	298,000	0	(39,612)
2012-17 Safe Electrical Testing Term Contract	80,000	(80,000)	80,000	0	0	0	0	0	0
Safe Electrical Systems	**298,000**	**0**	**298,000**	**298,000**	**0**	**134,211**	**298,000**	**0**	**(39,612)**
Communal Areas (Environmentals)									
2011-15 Rep/Up Door Entry Systems	368,000		368,000	368,000	0	161,491	368,000	0	(53,164)
External Works : Fencing, Gates, Paths	20,000		20,000	20,000	0	0	20,000	0	(11,666)
Rear Garden Fence Upgrade to Bowmar	45,000		45,000	45,000	0	35,424	45,000	0	9,175
Door Entry Upgrade Term Contract 2016-20									
Communal Areas (Environmentals)	**433,000**	**0**	**433,000**	**433,000**	**0**	**196,915**	**433,000**	**0**	**(55,654)**
	731,000	**0**	**731,000**	**731,000**	**0**	**331,125**	**731,000**	**0**	**(95,267)**
NON-SHS ELEMENTS									
PARTICULAR NEEDS HOUSING (CITC)									
Conversions & Upgradings									
Conversions & Upgradings	150,000		150,000	150,000	0	0	30,000	(120,000)	(87,495)
The Orchard Demolition	0		0	0	0	360	0	0	360
Pine Grove	0		0	0	0	6,663	6,665	6,665	6,663
Conversions & Upgradings	**150,000**	**0**	**150,000**	**150,000**	**0**	**7,023**	**36,665**	**(113,335)**	**(80,472)**
Disabled Adaptations									
Aids & Adaptations 2013-17	50,000		50,000	50,000	(26,685)	33,469	50,000	0	4,304
				0					
Disabled Adaptations	**50,000**	**0**	**50,000**	**50,000**	**(26,685)**	**33,469**	**50,000**	**0**	**4,304**
Demolitions									
Demolitions - The Orchard	114,600		114,600	114,600	0	3,636	70,000	(44,600)	(63,210)
Demolitions	**114,600**	**0**	**114,600**	**114,600**	**0**	**3,636**	**70,000**	**(44,600)**	**(63,210)**

Environmental Improvements									
Environmental Improvements - Community Hub Enablement	173,000		173,000	173,000	0	5,365	73,000	(100,000)	(95,546)
HRA Roads & Footpaths Improvements	100,000		100,000	100,000	0	0	100,000	0	(58,330)
MCB Tenant Community Improvement Fund	339,000		339,000	339,000	0	50,886	279,000	(60,000)	(146,853)
Village & Small Town Centres Initiative (Sauchie Main St)	100,000		100,000	100,000	0	45,804	49,000	(51,000)	(12,526)
Fencing Replacement Contract 2015-19				0					
Feasibility Work				0		0	0	0	0
Standard Delivery Plan	20,000		20,000	20,000	0	0	20,000	0	(11,666)
Feasibility Work	**732,000**	**0**	**732,000**	**732,000**	**0**	**102,055**	**521,000**	**(211,000)**	**(324,921)**
	1,046,600	**0**	**1,046,600**	**1,046,600**	**(26,685)**	**146,183**	**677,665**	**(368,935)**	**(464,299)**
Council New Build Housing (Transforming Communities)									
Hallpark New Build	50,000		50,000	50,000	0	8,993	50,000	0	(20,173)
New Build - Fairfield School	1,255,000		1,746,000	1,255,000	0	59,720	1,255,000	0	(672,322)
New Build - Tilly Community Centre Phase 1a	1,301,000	(65,000)	2,083,000	1,236,000	(518,312)	158,067	1,235,860	(140)	(562,892)
New Build - Tilly Community Centre Phase 1b	306,000	(77,000)	490,000	229,000	0	0	228,760	(240)	(133,576)
New Build - Tilly Community Centre Phase 2	612,000	(592,000)	980,000	20,000	0	0	20,000	0	(11,666)
The Orchard	828,000		1,380,000	828,000	0	0	0	(828,000)	(482,972)
Off The Shelf Purchase	54,000	615,000	54,000	669,000	(30,000)	56,380	669,000	0	(333,847)
Off The Shelf Refurbishment	176,200	119,000	176,200	295,200	0	192,876	295,200	0	20,686
Council New Build Housing (Transforming Communities)	**4,582,200**	**0**	**6,959,200**	**4,582,200**	**(548,312)**	**476,036**	**3,753,820**	**(828,380)**	**(2,196,762)**
	4,582,200	**0**	**6,959,200**	**4,582,200**	**(548,312)**	**476,036**	**3,753,820**	**(828,380)**	**(2,196,762)**
Other Costs / HBMS									
Computer Equipment - New (HBMS)	110,400		110,400	110,400	0	11,500	11,500	(98,900)	(52,896)
Other Costs / HBMS	**110,400**	**0**	**110,400**	**110,400**	**0**	**11,500**	**11,500**	**(98,900)**	**(52,896)**
	110,400	**0**	**110,400**	**110,400**	**0**	**11,500**	**11,500**	**(98,900)**	**(52,896)**
TOTAL CAPITAL EXPENDITURE	**12,365,900**	**4,412,700**	**14,742,900**	**14,075,900**	**(574,967)**	**3,482,832**	**12,016,161**	**(2,059,739)**	**(3,730,198)**
SALE OF COUNCIL PROPERTY									
Sale of Council Houses	(720,000)			(720,000)	(677,120)	(676,058)	(955,910)	(235,910)	(256,082)
SALE OF COUNCIL PROPERTY	**(720,000)**	**0**	**0**	**(720,000)**	**(677,120)**	**(676,058)**	**(955,910)**	**(235,910)**	**(256,082)**
NET EXPENDITURE	**11,645,900**	**4,412,700**	**14,742,900**	**13,355,900**	**(1,252,087)**	**2,806,774**	**11,060,251**	**(2,295,649)**	**(3,986,280)**

Housing General Fund

	Annual Budget 2015/16	Budget To 31/10/15	Actual To 31/10/15	Projected Outturn to 31/03/16	Variance Outturn v Budget
Employee Related Expenditure					
APT & C General - Salaries	1,794,850	1,046,936	988,490	1,671,780	(123,070)
APT & C General - Employers Supn	358,160	208,915	188,517	319,452	(38,708)
APT & C General - Employers NIC	121,790	71,040	65,473	113,602	(8,188)
APT & C General - Overtime	3,210	1,872	900	1,285	(1,925)
SMP - Salaries	0	0	0	0	0
Long Service Award	0	0	614	614	614
Payments to Individuals - Telephone	0	0	12	12	12
Agency Staff	24,930	10,880	0	24,930	0
Severance/Redundancy Payments	0	0	7,728	7,728	7,728
Advertising Expenses - Recruitment	360	210	0	0	(360)
Staff Training	4,250	2,479	1,753	1,753	(2,497)
Conference Expenses - Officials	0	0	0	0	0
Other Staff Costs	1,270	741	179	452	(818)
Vacancy Management	(9,660)	0	0	0	9,660
Employee Related Expenditure	**2,299,160**	**1,343,073**	**1,253,666**	**2,141,608**	**(157,552)**
Premises Related					
Repairs and Maintenance	6,580	3,692	3,287	8,430	1,850
Property Maintenance	149,980	87,483	67,182	149,980	0
H Repairs - Out of Hrs Em.	0	0	3,490	0	0
H Repairs Day Time Em.	0	0	1,652	0	0
H Repairs - Insurance	0	0	178	0	0
H Repairs - Vandalism	0	0	951	0	0
H Repairs Rechargeable	0	0	150	0	0
Energy Costs- Gas	18,020	9,869	17,931	37,074	19,054
Energy Costs - Electricity	13,530	7,192	6,999	26,280	12,750
Rents	345,210	172,605	370,707	373,675	28,465
Council Tax	150,040	0	0	166,229	16,189
Water Meter Charges	600	0	601	601	1
Cleaning & Hygiene Materials	29,650	16,303	17,332	29,693	43
Premises Related	**713,610**	**297,145**	**490,461**	**791,962**	**78,352**
Transport Related Expenditure					
Short Term Hires	310	181	0	0	(310)
Vehicles Leasing Charges	1,140	665	0	0	(1,140)
Staff Travelling Expenses	13,450	7,845	5,200	8,998	(4,452)
Rail	0	0	284	284	284
Client Travel	0	0	33	100	100
Medical	0	0	0	0	0
Homeless Transport	0	0	0	0	0
Transport Related Expenditure	**14,900**	**8,691**	**5,517**	**9,382**	**(5,518)**
Supplies and Services					
Purchase of Equipment	10,480	5,821	164	12,480	2,000
Furniture - Purchase	54,280	30,717	29,317	52,338	(1,942)
Storage Charges	20,000	11,666	12,669	24,000	4,000
Removal Charges	15,000	8,750	7,217	15,000	0
Materials	3,300	1,721	300	930	(2,370)
Equipment Maintenance	40,460	22,708	14,755	45,549	5,089
Medical Supplies	0	0	0	0	0
Catering Disposables	0	0	0	0	0
Catering	0	0	0	0	0
Catering - Internal Trading	50	29	0	0	(50)
Hospitality	0	0	0	0	0
Clothing and Uniforms	2,240	1,307	0	50	(2,190)
Protective Clothing	0	0	0	0	0
Office Equipment - New	600	350	258	258	(342)
Printing - Outside Contractors	10,550	6,154	1,084	6,680	(3,870)
Paper	250	146	548	600	350
Photocopying	10,580	6,171	(625)	9,747	(833)
Stationery	8,560	4,993	3,894	9,410	850
Publications	700	429	0	500	(200)
Advertising - Publicity	0	0	0	0	0
Insurance	6,520	6,520	7,602	7,602	1,082
Professional Fees	93,360	46,832	32,467	88,382	(4,978)
Postages	28,400	16,566	21,333	55,880	27,480

Radio Communications	0	0	0	0	0
J P Expenses	0	0	0	0	0
Legal Expenses	5,150	2,917	1,829	3,711	(1,439)
Subscriptions	1,930	1,126	1,420	3,084	1,154
Grants & Donations	191,000	146,000	85,109	191,731	731
Overs / Shorts	0	0	(1,671)	0	0
Miscellaneous Expenses	11,070	6,457	0	41,510	(1,290)
Supplies and Services Sub Total	**514,480**	**327,379**	**217,670**	**569,443**	**54,963**
Supplies & Services (Centralised IT)					
Telecommunications	0	0	401	650	650
Mobile Telephones	0	0	0	0	0
Telephone system maintenance/rental	0	0	0	0	0
Computer Hardware Purchase	0	0	97	97	97
Computer Software Purchase	27,050	15,778	2,140	26,950	(100)
Computer Software Maintenance & Support	6,000	6,000	(29,140)	0	(6,000)
Computer Peripherals	0	0	0	0	0
Computer Consumables	500	292	0	0	(500)
Court Fees	0	0	404	500	500
Supplies & Services (Centralised IT)	**33,550**	**22,070**	**(26,098)**	**28,197**	**(5,353)**
Total Supplies & Services	**548,030**	**349,449**	**191,572**	**597,640**	**49,610**
Third Party Payments					
Other Council Accounts	11,630	6,784	4,524	7,030	(4,600)
Police	0	0	0	0	0
Payments to Other Local Authorities	19,600	11,433	4,913	20,244	644
Payments to Voluntary Organisations	128,700	96,525	96,525	128,700	0
Private Residential Homes	0	0	0	0	0
Supported Accommodation	390,920	228,024	206,243	336,373	(54,547)
Payments to Contractors	753,320	439,412	393,712	759,540	6,220
Payments to Individuals	110,630	64,530	12,500	141,118	30,488
Payments to Other Agencies	1,950	1,888	8,783	8,788	6,838
Sherriff Officer Commision	9,500	5,541	9,865	49,408	39,908
Housing Associations	0	0	0	0	0
Bank Charges	8,390	4,894	9,060	14,504	6,114
Third Party Payments	**1,434,640**	**859,030**	**746,126**	**1,465,705**	**31,065**
Transfer Payments					
Housing Benefit Payment	15,802,500	9,217,598	11,490,694	19,346,615	3,544,115
Transfer Payments	**15,802,500**	**9,217,598**	**11,490,694**	**19,346,615**	**3,544,115**
Support Services					
					0
Capital Financing Costs					
					0
TOTAL GROSS EXPENDITURE	**20,812,840**	**12,074,986**	**14,178,035**	**24,352,912**	**3,540,072**
Income					
Government Grants	(14,626,320)	(8,531,532)	(10,450,916)	(18,004,129)	(3,377,809)
Government Grants - Specific	(215,900)	(125,934)	(223,752)	(467,676)	(251,776)
Government Grants - Other Government Agencies	0	0	(35,194)	(35,194)	(35,194)
Other Grants	(27,150)	(15,837)	(55,347)	(74,025)	(46,875)
Charges - General	0	0	0	0	0
Sales	0	0	(55)	0	0
Fees	(25,530)	(14,892)	(23,918)	(30,918)	(5,388)
Court Expenses Recovered	(113,990)	(66,490)	(34,605)	(72,166)	41,824
Legal Fees	(500)	(292)	(1,971)	(1,011)	(511)
Fixed Penalties (Other)	0	0	0	0	0
Agency Income	(161,310)	(94,092)	(95,941)	(177,120)	(15,810)
Other Income	(145,800)	(81,383)	(61,694)	(313,640)	(167,840)
Costs Retained	0	0	(100)	(150)	(150)
Loan Charges - Principal	0	0	0	0	0
Unallocated Income	0	0	0	0	0
Rents - general	(2,356,650)	(1,374,634)	(1,292,518)	(2,238,390)	118,260
Interest (Revenue Balances)	0	0	0	0	0
Central Services Allocation	0	0	0	0	0
Other Council Accounts	(57,010)	(25,010)	(2,730)	(61,289)	(4,279)
Income	**(17,730,160)**	**(10,330,097)**	**(12,284,824)**	**(21,481,792)**	**(3,751,632)**
NET EXPENDITURE	**3,082,680**	**1,744,890**	**1,893,211**	**2,871,120**	**(211,560)**

SUMMARY HRA

COST CENTRE SUMMARY	Actual Prior Year 14/15	Annual Budget 2015/16	Budget To 31/10/15	Actual To 31/10/15	Projected Outturn to 31/03/16	Variance Outturn v Budget
REPAIRS & MAINTENANCE						
Private Contractors	330,351	355,000	207,072	129,184	258,487	(96,513)
Void Houses	99,289	1,313,480	766,153	15,577	1,294,479	(19,001)
General Maintenance	(26,837)	2,337,520	1,363,475	(9,262)	2,356,092	18,572
Cyclical Maintenance	0	740,000	431,642	0	750,050	10,050
Property Factors	(22,286)	0	0	(14,368)	(24,898)	(24,898)
Gas Contract	10,629	481,000	280,567	6,002	488,030	7,030
Minor Social Work Repairs	0	43,000	25,082	0	43,580	580
	391,146	**5,270,000**	**3,073,991**	**127,132**	**5,165,820**	**(104,180)**
SUPERVISION & MANAGEMENT						
Employee Related Expenditure	1,884,959	2,113,630	1,214,711	1,029,831	1,923,679	(189,951)
Premises, Transport, Supplies & Servcies	231,682	176,070	108,023	134,370	268,560	92,490
3rd Party Payments (HSG Investment Team)	81,311	115,070	67,120	23,249	91,451	(23,619)
Central Support	0	1,054,410	0	0	1,106,930	52,520
Democratic Core	0	105,000	0	0	121,710	16,710
	2,197,952	**3,564,180**	**1,389,854**	**1,187,450**	**3,512,330**	**(51,850)**
Capital Financing Costs						
Loss on Impairment	0	0	0	0	0	0
Interest Payments	0	1,503,000	0	0	1,497,589	(5,411)
Loans Fund Expenses	0	45,000	0	0	49,106	4,106
Principal Repayments	0	1,552,590	0	0	1,485,186	(67,404)
	0	**3,100,590**	**0**	**0**	**3,031,881**	**(68,709)**
OTHER EXPENSES						
Insurance, Stair Lighting, Voids & Council Tax	989,533	943,110	550,116	198,329	684,262	(258,848)
Garden Aid Scheme	97,463	96,000	55,997	99,979	99,979	3,979
Special Uplifts	119,833	110,000	64,163	74,278	129,278	19,278
Pest Control	20,061	12,700	7,408	19,466	24,966	12,266
	1,226,890	**1,161,810**	**677,684**	**392,052**	**938,485**	**(223,325)**
Insurance Claims	0	0	0	(27,861)	0	0
TOTAL EXPENDITURE	**3,815,988**	**13,096,580**	**5,141,529**	**1,678,774**	**12,648,516**	**(448,064)**
INCOME						
Rents/Interest on Revenue Balances	(17,319,442)	(17,999,210)	(10,498,939)	(10,052,387)	(17,863,973)	135,237
	(17,319,442)	**(17,999,210)**	**(10,498,939)**	**(10,052,387)**	**(17,863,973)**	**135,237**
NET EXPENDITURE	**(13,503,454)**	**(4,902,630)**	**(5,357,410)**	**(8,373,612)**	**(5,215,457)**	**(312,827)**

CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 06

ON THE AGENDA

Report to HOUSING, HEALTH & CARE COMMITTEE

Date of Meeting: 28 JANUARY 2016

Subject: Audit Scotland National Report & Update on Local Progress Towards Integration of Health and Social Care Services [Adults]

Report by: Chief Officer, Health and Social Care Integration

1.0 Purpose

1.1 This report provides a further update on local progress and activity being undertaken to prepare for the integration of health and social care services as prescribed within the Pubic Bodies (Joint Working)(Scotland) Act 2014 and agreed within the local Clackmannanshire and Stirling Partnership Integration Scheme. This report also provides a statement of progress against the recommendations of the December 2015 report by Audit Scotland.

1.2 The previous report to Council in October 2015 outlined the legal status and membership of the Integration Joint Board and the supporting Strategic Planning Group, the appointment of the Chief Finance Officer and the work of the programme board and the nine planning work streams. Since October 2015, the draft Strategic Plan has been published and has had a period of open consultation ending on 24 December 2015.

1.3 In December 2015, Audit Scotland issued the first of three planned audits on the Health & Social Care Integration reform programme. This first report provided a progress report on integration across all Scottish authorities during the transitional year 2015/16 and has highlighted some generic risks that require to be addressed across Scotland to ensure that the reform programme is successful.

2.0 Recommendations

2.1 To note the progress and activity being undertaken to prepare for the integration of health and social care [adults] for the Clackmannanshire and Stirling Partnership.

2.2 To note the content of the Audit Scotland national report on Health & Social Care Integration, the generic risks which have been identified across Scotland and the recommendations made by Audit Scotland in connection with the same; and

2.3 To note the actions which service areas are taking forward in response to the above mentioned recommendations, as set out in Appendix 2 to this Report.

3.0 Considerations

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 [the Act] set out a broad framework for creating an Integration Authority. This Act and supporting regulations and guidance gives local authorities and NHS Boards flexibility, allowing the development of integrated services that are best suited to local circumstances. Whilst an Integration Authority can choose when they become operational, all must be established and operational, along with delegated responsibility for budget and functions, by 1 April 2016. The Integration Joint Board is currently in shadow form and has its full voting and non voting membership in place as determined within the statutory guidance and regulations and includes membership from elected members, non executive members of NHS Forth Valley, third sector, staff, unpaid carers, clinicians, and service users/ patients. A list of the membership is appended to this report [Appendix 1].

3.2 As noted in the report to Council on 22 October 2015, there are nine work streams overseen by a Forth Valley wide Programme Board [previously referred to as a core group] of senior staff drawn from the work stream leads. The work streams are - Governance; Consultation & Engagement; Clinical and Care Governance; Performance and Measurement; Work Force; Organisational Development; Data Sharing Partnership [this partnership spans children's and criminal justice services in addition to adult services]; Risk and Finance. The initial outputs from the work streams such as finance; performance framework; workforce and organisational development plans; risk strategy, guidance and register for the Integration Authority; and the governance frameworks are due for presentation to and consideration by the Integration Joint Board between January and March 2016.

3.3 The Forth Valley wide Staff Forum has been established and has now held an initial development session to confirm the terms of reference and the operating framework. It involves membership drawn from the Human Resources teams, staff side and trade union representation from local authority partners.

Strategic Plan

3.4 The Act places a duty on Integration Authorities to develop a Strategic Plan for the integrated functions and budgets that they control. It is the mechanism that will set the priorities for service development and delivery. This means that, Clackmannanshire Council [along with Stirling Council and NHS Forth Valley] will delegate adult health and social care functions and budget to the Integration Joint Board and it is this Board that will decide how to best deploy these resources to achieve the outcomes of the Strategic Plan. The Integration Joint Board will then, in turn, direct NHS Forth Valley and Stirling and Clackmannanshire Councils to deliver the services in line with this plan.

3.5 The development of the Strategic Plan and the monitoring of its implementation is overseen by the Strategic Planning Group. Similar to the

Integration Joint Board the membership of the Strategic Planning Group is set out within the Act and the supporting guidance. The Strategic Planning Group reports directly to the Integration Joint Board.

3.6 Considerable work has been carried out to develop the draft Strategic Plan and the supporting Strategic Needs Assessment and the Housing Contribution Statements. At the time of writing this report the Draft Plan has been subject a period of public consultation [ending on 24 December 2015] and is being revised in the light of the feed back.

3.7 As noted in the report to Council in October 2015, the Strategic Plan needs to reflect both a distinct Housing Contribution Statement and locality arrangements. A locality in the Act is described as a smaller area within the borders of an Integration Authority. The purpose of creating localities is to provide a mechanism for local leadership of service planning, to be fed into the Strategic Plan. Each partnership needs to have a minimum of two localities and they should reflect natural communities and take account of clusters of GP practices. It is also important that they are fully supported and of a manageable size. The Integration Joint Board has confirmed the locality arrangements as Clackmannanshire; Stirling City incorporating the Eastern Villages, Bridge of Allan and Dunblane; and the rural area of Stirling.

3.8 The Integration Authority will be a statutory Community Planning partner and requires to function as part of this context. The Community Empowerment (Scotland) Act 2015 will come into force in 2016 and places Community Planning Partnerships on a statutory footing, introducing a legal duty for them to plan and deliver local outcomes and address inequalities across their partnership areas. Community Planning partnerships will require to produce Local Outcome Plans for their partnership areas and locality plans for identified areas of particular disadvantage. Locality planning will need to develop to compliment and support this.

3.9 The draft Strategic Plan is based on a series of public and staff conversations, a full needs assessment [supported by the Information Division of the Scottish Government] and draws on the work from the earlier Reshaping Care for Older People work stream and commissioning plan, service improvement plans and the NHS Forth Valley Clinical Services Review. It is important that any Strategic Plan is based on evidence of need, efficiency and best value and that it is aligned to the outcomes for the partnership.

3.10 The draft Strategic Plan proposes some key priorities -

-**Further develop systems to enable front line staff to access and share information** across professions and organisations. This will enable people receiving services, named care co-ordinators, and other relevant staff to minimise the time spent duplicating assessment and maximise opportunities to create 'seamless' personal, outcomes focused care.

-**Support more co-location of staff from across professions and organisations** to enable working in an integrated way where this facilitates the best quality of care, support, and enablement/independence to be achieved.

-**Develop single care pathways** which recognise that there are many more conditions than services available. While one size doesn't fit all there are benefits to be had from providing consistent and predictable processes

-**Further develop anticipatory and planned care services** for people with multiple long term conditions. This will include people with dementia and will be tailored to meet people's preferred personal outcomes and maximises their ability to be actively involved in managing their own conditions.

-**Provide more single points of entry to services** where named care co-ordinators help people to receive more holistic services. Internal links will be made to any other services and supports needed rather than service users approaching each service anew.

-**Deliver the Stirling Care Village** to realise many of the expected benefits of greater levels of Health and Social Care Integrations. This will include improved personal outcomes and reduced number of assessments by demonstrating many of the innovations noted above.

-**Develop seven-day access to appropriate services** to maximise quality of care; the potential for rehabilitation and recovery; and, flow through acute and community services.

-**Take further steps to reduce the number of unplanned admissions to hospital and acute services** by supporting more prevention, early intervention, and community based services. This includes medical and social forms of prevention that could impact on future health and wellbeing such as providing information about local groups and activities that can help people stay socially connected and physically active along with more 'Keep Well' style health screening and support.

3.11 The draft Strategic Plan notes that any decisions associated with the priorities will be based on the efficient and effective use of available resources, what we already know works well and from the evidence base and findings of well conducted, local, national and international research.

3.12 The individual funding settlements have just been provided to partners and it will not be clear what level of resource is available to the Integration Authority until the Councils and NHS Forth Valley are clear about their own budget positions. This means that for this iteration of the Strategic Plan it is presented as fairly high level strategic themes and further work will be required by the Strategic Planning Group during the life of the Plan to develop the more detailed care group information, implementation and locality plans.

3.13 It is only when the Strategic Plan is agreed by the Integration Joint Board that functions and resources can be delegated to the Integration Authority. To meet the statutory requirements this means that the Plan must be agreed and published prior to 1 April 2016.

Audit Scotland

3.14 On 3 December 2015, Audit Scotland issued the first report in respect of three planned audits of the Health & Social Care Integration national reform programme. Subsequent audits will look at Integration Authorities' ("**IAs**")

progress after the first year of being established and their longer term impact in shifting resources to preventative services and community based care and in improving outcomes for the people who use these services.

3.15 This first audit provided a progress report during this transitional year. Audit Scotland have reviewed progress at this relatively early stage to provide a picture of the emerging arrangements across Scotland for setting up, managing and scrutinising Integration Authorities as they become formally established. Their report highlights generic risks that Audit Scotland consider need to be addressed across Scotland as a priority to ensure the reforms succeed. A copy of the Audit Scotland report is included in Appendix 2 to this report.

3.16 It is noted that the Accounts Commission and the Auditor General are currently conducting two other audits which compliment this work, being "Changing Models of Health and Social Care" and "Social Work in Scotland". These Reports are expected to be published in Spring/Summer 2016.

3.17 The main recommendations by Audit Scotland relate to concerns over how local arrangements will work in practice (including governance arrangements, differences over organisational costs, managing conflicts of interests, the independence of Integration Joint Boards, the accountability for service delivery, and effective scrutiny), how budgets for the new Integration Authorities are to be agreed, the development of strategic plans, and establishment of supporting strategies for areas such as work force, risk management, and data sharing.

3.18 The recommendations are contained in Part 4 of the Audit Scotland report and a list of these and the actions being taken by services is contained in Appendix 3 of this report. And will be fully considered by the Integration Joint Board.

4.0 Conclusions

4.1 A considerable amount of work is taking place to ensure that the framework for the delivery of health and social care integration is in place to meet the regulatory requirements prior to April 2016.

4.2 The draft Strategic Plan has now had a period of public consultation and will be revised in the light of this ahead of planned publication in April 2016. Further work on the more detailed implementation plans will take place over 2016 including the development of the locality arrangements.

4.3 As previously intimated to full Council, further reports will be presented upon completion in relation to the due diligence exercise being undertaken by the Council's Section 95 officer in conjunction with the Chief Finance Officer and the relevant officers from NHS Forth Valley and Stirling Council.

4.4 In respect of the recommendations made by Audit Scotland these will be fully considered by the Integration Joint Board against the actions already being taken or planned by the partnership to ensure that mitigation actions are taken where required..

5.0 Sustainability Implications

5.1 Not Applicable

6.0 Resource Implications

6.1 Financial Details

This report provides an update of progress and a summary of the Audit Scotland report. There are no financial implications arising from the report.

6.4 Staffing - There are no staffing implication for this report.

7.0 Exempt Reports

7.1 Is this report exempt? Not Exempt

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

The area has a positive image and attracts people and businesses	☑
Our communities are more cohesive and inclusive	☑
People are better skilled, trained and ready for learning and employment	☑
Our communities are safer	☑
Vulnerable people and families are supported	☑
Substance misuse and its effects are reduced	☑
Health is improving and health inequalities are reducing	☑
The environment is protected and enhanced for all	☑
The Council is effective, efficient and recognised for excellence	☑

(2) **Council Policies** (Please detail)

The report outlines progress against national policy.

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
No ☑- as above the report is updating on progress

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☑

10.0 Appendices

10.1 Appendix 1 – Membership of the Integration Joint Board

10.2 Appendix 2 Audit Scotland, December 2015 Report on Health & Social Care Integration

10.3 Appendix 3 - Summary of Audit Scotland Recommendations

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☑ (please list the documents below) No ☐

Audit Scotland Report on Health and Social Care Integration - http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-0

Report to Clackmannanshire Council 22 October 2015

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Shiona Strachan	Chief Officer - Health & Social Care Integration	Signed: S Strachan
Elaine McPherson	Chief Executive	Signed: E McPherson

APPENDIX 1

Clackmannanshire & Stirling Integration Joint Board

Member	Name	Organisation	Voting / Non Voting
Elected Member	Councillor Johanna Boyd	Stirling Council	Voting Member
Elected Member	Councillor Scott Farmer	Stirling Council	Voting Member
Elected Member	Councillor Christine Simpson	Stirling Council	Voting Member
Elected Member	Councillor Les Sharp	Clackmannanshire Council	Voting Member
Elected Member	Councillor Donald Balsillie	Clackmannanshire Council	Voting Member
Elected Member	Councillor Kathleen Martin	Clackmannanshire Council	Voting Member
Non Executive	Alex Linkston	NHS Forth Valley	Voting Member
Non Executive	Fiona Gavine	NHS Forth Valley	Voting Member
Non Executive	John Ford	NHS Forth Valley	Voting Member
Non Executive	James King	NHS Forth Valley	Voting Member
Executive	Jane Grant	NHS Forth Valley	Voting Member
Executive	Dr Graham Foster	NHS Forth Valley	Voting Member
Chief Social Work Officer	Val de Souza	Clackmannanshire / Stirling	Non Voting Member
Chief Officer	Shiona Strachan		Non Voting Member
The proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973(a);	Ewan Murray	Clackmannanshire / Stirling	Non Voting Member
A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978(b);	Dr Scott Williams		Non Voting Member
A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract	Angela Wallace	NHS Forth Valley	Non Voting Member
A registered medical practitioner employed by the Health Board and not providing primary medical	Dr Tracey Gillies	NHS Forth Valley	Non Voting Member

services			
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Tom Hart Abigail Robertson Pamela Robertson	NHS Forth Valley Stirling Council Clackmannanshire Council	Non Voting Members
Third sector bodies carrying out activities related to health or social care in the area of the local authority	Angela Leask-Sharp **TBC (TSI)** Wendy Sharp Natalie Masterton (TSI)	Clackmannanshire Stirling	Non Voting Members
Service users residing in the area of the local authority	Teresa McNally Morag Mason	Clackmannanshire Stirling	Non Voting Member
Persons providing unpaid care in the area of the local authority	Elizabeth Ramsay Shubhanna Hussain-Ahmed	Clackmannanshire Stirling	Non Voting Member
Other members as required	TBC		Non Voting Member

Advisory Members

Member	Name	Organisation	Voting / Non Voting
Health Lead for Integration	Kathy O'Neill	NHS Forth Valley	Non Voting Member
Programme Manager	Lesley Fulford	Joint Appointment	Non Voting Member
Governance	Ruth McColgan Janice McCrum	Stirling Council Clackmannanshire Council	Non Voting Member
Governance	Elaine Vanhegan	NHS Forth Valley	Non Voting Member
	Stewart Carruth	Stirling Council	Non Voting Member
	Elaine MacPherson	Clackmannanshire Council	Non Voting Member

Health and social care series

Health and social care integration

Prepared by Audit Scotland
December 2015

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

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- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about/ac

Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: www.audit-scotland.gov.uk/about/ags

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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Key facts

Over £8 billion Health and social care resources will be delegated to integration authorities in 2016/17

18-29 per cent Scottish Government estimate of the increase in the need for health and social care services between 2010 and 2030

31 Integration authorities are required to be operating by April 2016

£138-£157m Scottish Government estimates of annual savings from integration

9 National outcomes that integration authorities are required to contribute towards

Summary

Key messages

1 The Public Bodies (Joint Working) (Scotland) Act 2014 introduces a significant programme of reform affecting most health and care services and over £8 billion of public money. The reforms aim to ensure services are well integrated and that people receive the care they need at the right time and in the right setting, with a focus on community-based and preventative care. The reforms are far reaching, creating opportunities to overcome previous barriers to change.

2 We found widespread support for the principles of integration from the individuals and organisations implementing the changes. The Scottish Government has provided support to partnerships to establish the new arrangements, including detailed guidance on key issues and access to data to help with strategic planning. Stakeholders are putting in place the required governance and management arrangements and, as a result, all 31 integration authorities (IAs) are expected to be operational by the statutory deadline of 1 April 2016.

3 Despite this progress, there are significant risks which need to be addressed if integration is to fundamentally change the delivery of health and care services. There is evidence to suggest that IAs will not be in a position to make a major impact during 2016/17. Difficulties in agreeing budgets and uncertainty about longer-term funding mean that they have not yet set out comprehensive strategic plans. There is broad agreement on the principles of integration. But many IAs have still to set out clear targets and timescales showing how they will make a difference to people who use health and social care services. These issues need to be addressed by April 2016 if IAs are to take a lead in improving local services.

4 There are other important issues which also need to be addressed. The proposed governance arrangements are complex, with some uncertainty about how they will work in practice. This will make it difficult for staff and the public to understand who is responsible for the care they receive. There are significant long-term workforce issues. IAs risk inheriting workforces that have been organised in response to budget pressures rather than strategic needs. Other issues include different terms and conditions for NHS and council staff, and difficulties in recruiting and retaining GPs and care staff.

there are significant risks which need to be addressed if integration is to fundamentally change the delivery of health and care services

Recommendations

Stakeholders have done well to get the systems in place for integration, but much work remains. If the reforms are to be successful in improving outcomes for people, there are other important issues that need to be addressed:

- Partners need to set out clearly how governance arrangements will work in practice, particularly when disagreements arise. This is because there are potentially confusing lines of accountability and potential conflicts of interests for board members and staff. There is a risk that this could hamper the ability of an IA to make decisions about the changes involved in redesigning services. People may also be unclear who is ultimately responsible for the quality of care. In addition, Integration Joint Board (IJB) members need training and development to help them fulfil their role.
- IAs must have strategic plans that do more than set out the local context for the reforms. To deliver care in different ways, that better meets people's needs and improves outcomes, IAs need to set out clearly:
  - the resources, such as funding and skills, that they need
  - what success will look like
  - how they will monitor and publicly report on the impact of their plans.
- NHS boards and councils must work with IAs to agree budgets for the new IAs. This should cover both their first year and the next few years to give them the continuity and certainty they need to develop and implement strategic plans. IAs should be clear about how they will use resources to integrate services and improve outcomes.

Integration authorities need to shift resources, including the workforce, towards a more preventative and community-based approach. Even more importantly, they must show that this is making a positive impact on service users and improving outcomes.

A more comprehensive list of recommendations is set out in (Part 4).

Background

1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) sets out a framework for integrating adult health and social care services. Social care services include supporting people to live their daily lives and helping them with basic personal care like washing, dressing and eating. People are living longer and the number of people with long-term conditions such as diabetes, and complex needs, such as multiple long-term conditions, is increasing. Current health and social care services are unsustainable; they must adapt to meet these changing needs. This means shifting from hospital care towards community-based services, and preventative services, such as support to help prevent older people from falling at home or to encourage people to be more active.

2. Integrating health and social care services has been a key government policy for many years. Despite this, there has been limited evidence of a shift to more community-based and preventative services. The Act sets out an ambitious programme of reform affecting most health and social care services. The scale and pace of the changes anticipated are significant, with a focus on changing how people with health and social care needs are supported.

3. The Act creates new partnerships, known as IAs, with statutory responsibilities to coordinate local health and social care services. The Act puts in place several national outcomes for health and social care and IAs are accountable for making improvements to these outcomes. The Act also aims to ensure that services are integrated, taking account of people's needs and making best use of available resources, such as staff and money. Each IA must establish at least two localities, which have a key role, working with professionals and the local community to develop services local people need.

4. IAs are currently at various stages in their development; all are required to be operational, that is taking on responsibility for budgets and services, by April 2016. The Scottish Government has estimated that IAs will oversee annual budgets totalling over £8 billion, around two-thirds of Scotland's spending on health and social work.

About this audit

5. This is the first of three planned audits of this major reform programme. Subsequent audits will look at IAs' progress after their first year of being established, and their longer-term impact in shifting resources to preventative services and community-based care and in improving outcomes for the people who use these services.

6. This first audit provides a progress report during this transitional year. We reviewed progress at this relatively early stage to provide a picture of the emerging arrangements for setting up, managing and scrutinising IAs as they become formally established. This report highlights risks that need to be addressed as a priority to ensure the reforms succeed. The audit is based on fieldwork that was carried out up to October 2015. We hope that the issues raised in the report are timely and helpful to the Scottish Government and local partners as they continue to implement the Act.

7. We gathered audit evidence by:

- reviewing documents available at the time of our work, including integration schemes, strategic plans, and local progress reports on integration arrangements[1]
- drawing on the work of local auditors, the Care Inspectorate, and Healthcare Improvement Scotland
- issuing a short questionnaire to IAs on their timetable for reaching various milestones

- interviewing stakeholders who included, board members, chief officers and finance officers from six IAs, and representatives from the Scottish Government, the British Medical Association, the voluntary sector, the Convention of Scottish Local Authorities and NHS Information Services Division.[2]

Appendix 1 provides further information on our audit approach.

8. This work builds on previous audits that have examined joint working in health and social care. For example, our *Review of Community Health Partnerships* [PDF] highlighted the organisational barriers to improving partnership working between NHS boards and councils, and the importance of strong, shared leadership across health and social care.[3] Our subsequent report *Reshaping care for older people* [PDF] found continuing slow progress in providing joined up health and social care services.[4] This lack of progress in fundamentally shifting the balance of care from hospital to community settings, coupled with the unsustainability of current services, mean that there is a pressing need for this latest reform programme to succeed.

9. The Accounts Commission and Auditor General are currently conducting two other audits which complement this work:

- *Changing models of health and social care* examines the financial, demographic and other pressures facing health and social care and the implications of implementing the Scottish Government's 2020 vision for health and social care. We will publish the report in in spring 2016.

- *Social work in Scotland* will report on the scale of the financial and demand pressures facing social work. It will consider the strategies councils and integration authorities are adopting to address these challenges, how service users and carers are being involved in designing services, and leadership and oversight by elected members. We will publish the report in summer 2016.

Part 1

Expectations for integrated services

Integration authorities will oversee more than £8 billion of NHS and care resources

10. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a significant programme of reform for the Scottish public sector. It creates a number of new public organisations, with a view to breaking down barriers to joint working between NHS boards and councils. Its overarching aim is to improve the support given to people using health and social care services.

11. These new partnerships will manage more than £8 billion of resources that NHS boards and councils previously managed separately. Initially, service users may not see any direct change. In most cases, people seeking support will continue to contact their GP or social work services. But, behind the scenes, IAs are expected to coordinate health and care services, commissioning NHS boards and councils to deliver services in line with a local strategic plan. Over time, the intention is that this will lead to a change in how services are provided. There will be a greater emphasis on preventative services and allowing people to receive care and support in their home or local community rather than being admitted to hospital.

the significant changes under way will have an impact on everyone who needs to access, provide or plan health and social care services

Change is needed to help meet the needs of an ageing population and increasing demands on services

12. Around two million people in Scotland have at least one long-term condition, and one in four adults has some form of long-term illness or disability. These become more common with age (Exhibit 1, page 10). By the age of 75, almost two-thirds of people will have developed a long-term condition.[5] People in Scotland are living longer. Combined life expectancy for males and females at birth has increased from 72 to 79 years since 1980, although there are significant variations across Scotland, largely linked to levels of deprivation and inequalities.[6] The population aged over 75 years is projected to increase by a further 63 per cent over the next 20 years.[7]

13. The ageing population and increasing numbers of people with long-term conditions and complex needs have already placed significant pressure on health and social care services. The Scottish Government estimates that the need for these services will rise by between 18 and 29 per cent between 2010 and 2030.[8] In the face of these increasing demands, the current model of health and care services is unsustainable:

- The Scottish Government has estimated that in any given year just two per cent of the population (around 100,000 people) account for 50 per cent of hospital and prescribing costs, and 75 per cent of unplanned hospital bed days.

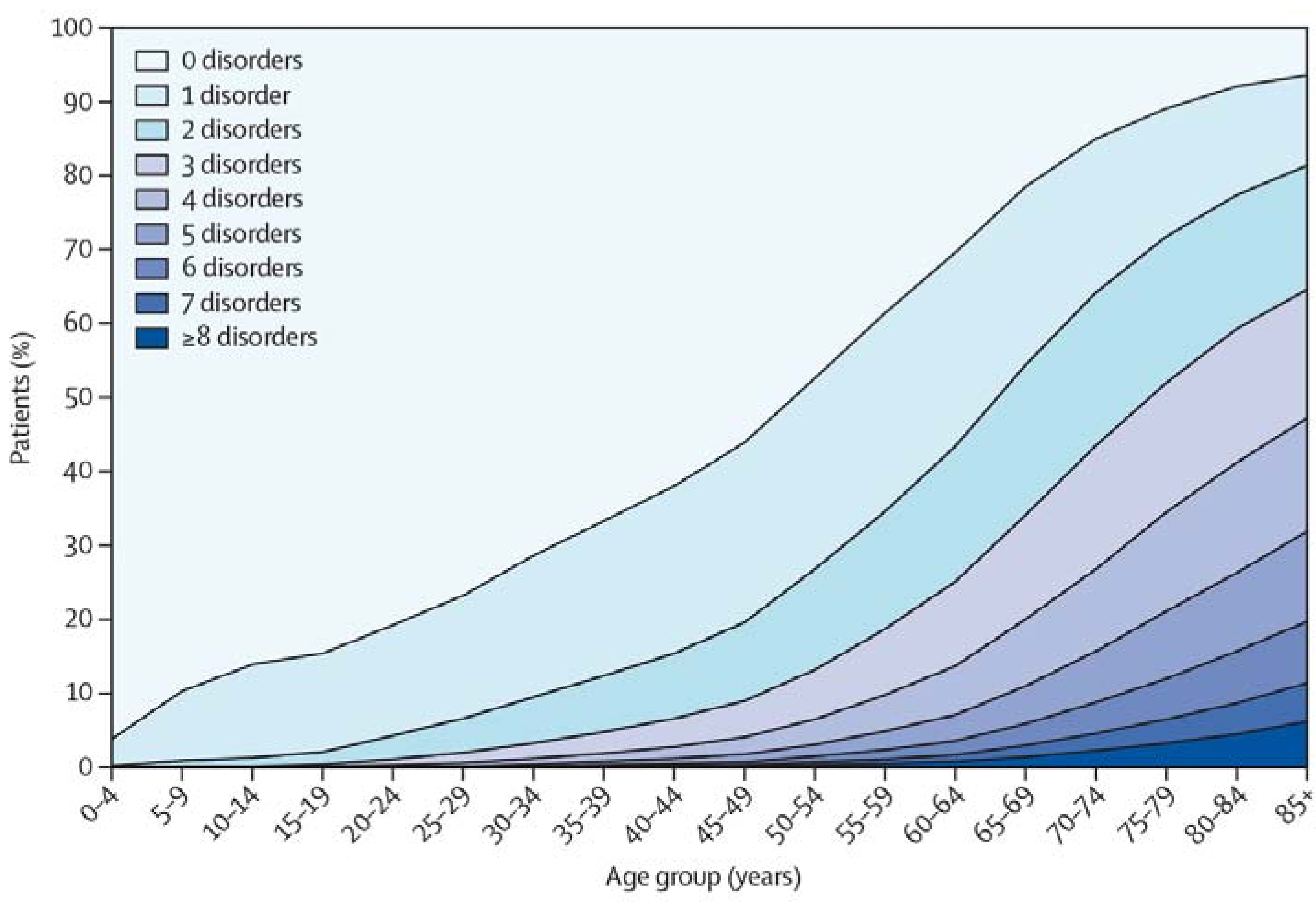
- A patient's discharge from hospital may be delayed when they are judged to be clinically ready to leave hospital but unable to leave because arrangements for care, support or accommodation have not been put in place. In 2014/15, this led to the NHS in Scotland using almost 625,000 hospital bed days for patients ready to be discharged.[9]

14. As a result of these pressures, there is widespread recognition that health and social care services need to be provided in fundamentally different ways. NHS boards, councils and the Scottish Government have focused significant efforts on initiatives to reduce unplanned hospital admissions and delayed discharges, yet pressures on hospitals remain. There needs to be a greater focus on anticipatory care, helping to reduce admissions to hospitals. There also needs to be better support to allow people to live independently in the community.

Exhibit 1

Long-term conditions by age

The number of long-term conditions that people have increases with age.



Source: Reprinted with permission from Elsevier (*The Lancet*, 2012, 380, 37-43)

15. None of this is unique to Scotland. Other parts of the UK and Europe face similar challenges. There have been various responses across the UK, but all try to deal with the changing needs of an ageing population, putting more emphasis on prevention and anticipatory care and seeking to shift resources from hospitals to community-based care.

16. A series of initiatives in Scotland over recent years has aimed to encourage a more joined-up approach to health and social care (Exhibit 2). Perhaps the most significant of these was creating Local Health Care Cooperatives (LHCCs) in 1999 and replacing them with Community Health Partnerships (CHPs) in 2004. While these reforms led to some local initiatives, LHCCs and CHPs lacked the authority to redesign services fundamentally. As a result, they had limited impact in shifting the balance of care, or in reducing admissions to hospital or delayed discharges.[10]

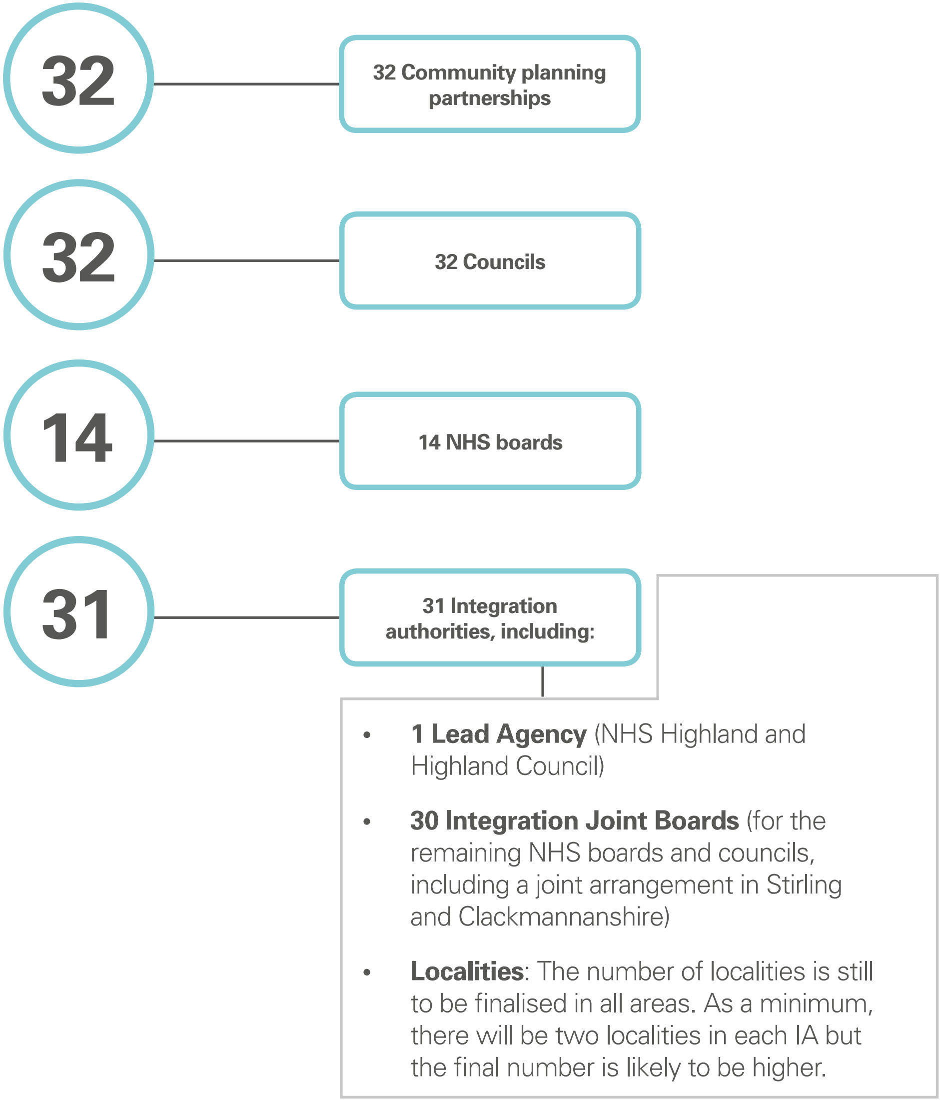
Exhibit 2
A brief history of integration in Scotland

Year	Event
1999	Seventy-nine **Local Health Care Cooperatives (LHCCs)** established, bringing together GPs and other primary healthcare professionals in an effort to increase partnership working between the NHS, social work and the voluntary sector.
2002	**Community Care and Health (Scotland) Act** introduced powers, but not duties, for NHS boards and councils to work together more effectively.
2004	**NHS Reform (Scotland) Act**, required health boards to establish CHPs, replacing LHCCs. This was a further attempt to bridge gaps between community-based care, such as GPs, and secondary healthcare, such as hospital services, and between health and social care.
2005	**Building a Health Service Fit for the Future: National Framework for Service Change**. This set out a new approach for the NHS that focused on more preventative healthcare, with a key role for CHPs in shifting the balance of care from acute hospitals to community settings.
2007	**Better Health, Better Care** set out the Scottish Government's five-year action plan, giving the NHS lead responsibility for working with partners to move care out of hospitals and into the community.
2010	**Reshaping Care for Older People Programme** launched by the Scottish Government. It introduced the Change Fund to encourage closer collaboration between NHS boards, councils and the voluntary sector.
2014	**Public Bodies (Joint Working) (Scotland) Act** introduced a statutory duty for NHS boards and councils to integrate the planning and delivery of health and social care services.
2016	All integration arrangements set out in the 2014 Act must be in place by 1 April 2016.

Source: Audit Scotland

17. The relative lack of progress of earlier attempts at integration led to the Public Bodies (Joint Working) (Scotland) Act 2014. This is the first attempt in the UK to place a statutory duty on the NHS and councils to integrate health and social care services. The Act abolished CHPs, replacing them with a series of IAs (Exhibit 3, page 12). These bodies will manage budgets for providing all integrated services. Most will not initially employ staff, but instead direct NHS boards and councils to deliver services in line with a strategic plan.

Exhibit 3
The public sector bodies overseeing health and social care services



Note: See Exhibit 4 for details of Integration Joint Board and lead agency approaches.
Source: Audit Scotland

The Scottish Government has set out a broad framework that allows for local flexibility

18. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a broad framework for creating IAs. The Act and the supporting regulations and guidance give councils and NHS boards a great deal of flexibility, allowing them to develop integrated services that are best suited to local circumstances. The main aspects of this flexible framework follow below.

Timing for establishing the new integration authorities
19. Scottish ministers must formally approve integration schemes for IAs: these set out the scope of services that are to be integrated and broad management and governance arrangements, including the structures and processes for

decision-making and accountability, controls and behaviour. Within this overall framework, IAs can choose when they become operational but all IAs must be established and operational, with delegated responsibility for budgets and services, by 1 April 2016.[11] Subject to the approval of their integration scheme, they can take on delegated responsibility for budgets and services at any time between April 2015 and 1 April 2016.

Scope of services to be integrated

20. Councils and NHS boards are required to integrate the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. The hospital services included in integration are the inpatient medical specialties that have the largest proportion of emergency admissions to hospital. These include:

- accident and emergency services
- general medicine
- geriatric medicine
- rehabilitation medicine
- respiratory medicine
- psychiatry of learning disability
- palliative care
- addiction and substance dependence service
- mental health services and services provided by GPs in hospital.

Other, non-integrated, hospital services continue to be overseen directly by NHS boards. The Act also allows NHS boards and councils to integrate other areas of activity, such as children's health and social care services and criminal justice social work.

How IAs are structured

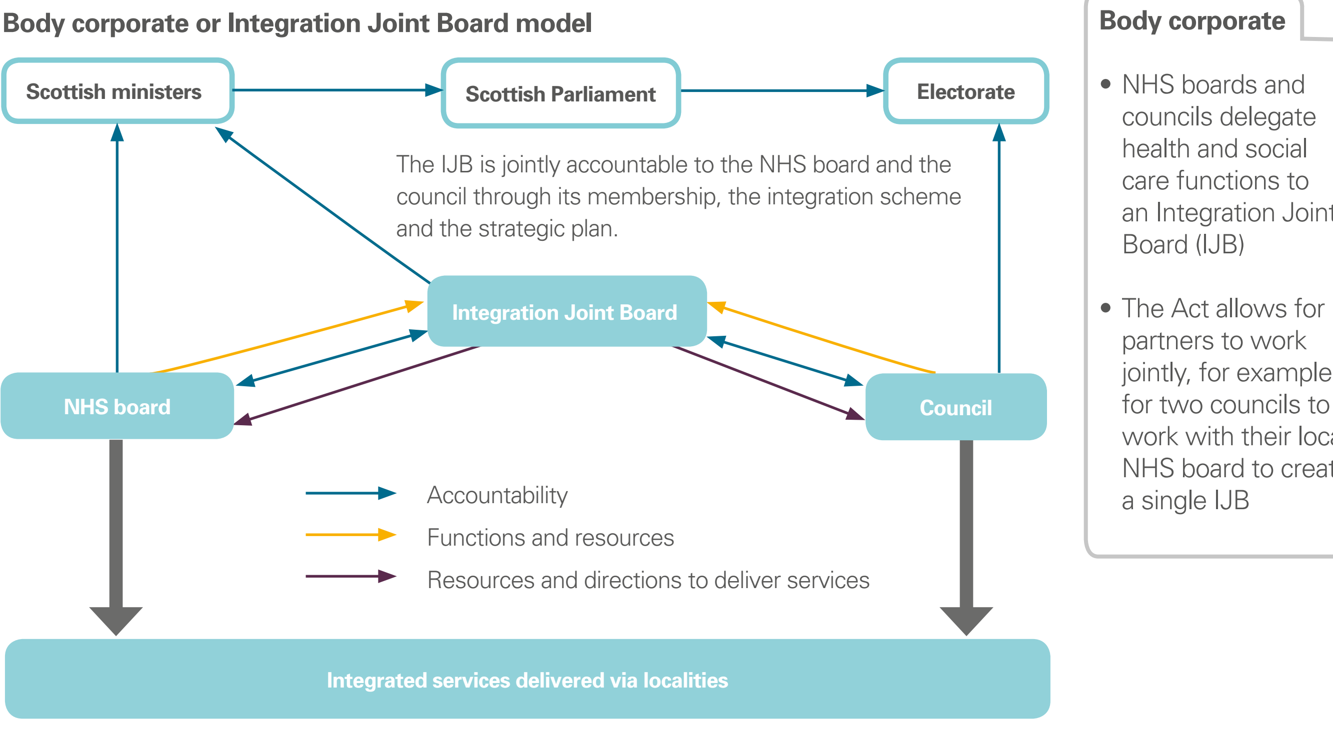
21. IAs will be responsible for overseeing certain functions that are delegated from the local NHS board and council(s). IAs can follow one of two main structural models (Exhibit 4, page 14).

22. All areas, apart from Highland, are planning to follow the body corporate model, creating an Integration Joint Board to plan and commission integrated health and social care services in their areas. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. Partners will need to understand the implications of differences between how councils and NHS boards carry out their business, so they are able to fulfil their duties. For example:

- IJBs must appoint a finance officer. The finance officer, under the terms of Section 95 of the Local Government (Scotland) Act 1973, has formal responsibilities for the financial affairs of the IJB.

Exhibit 4
Integration authorities will follow one of two main models

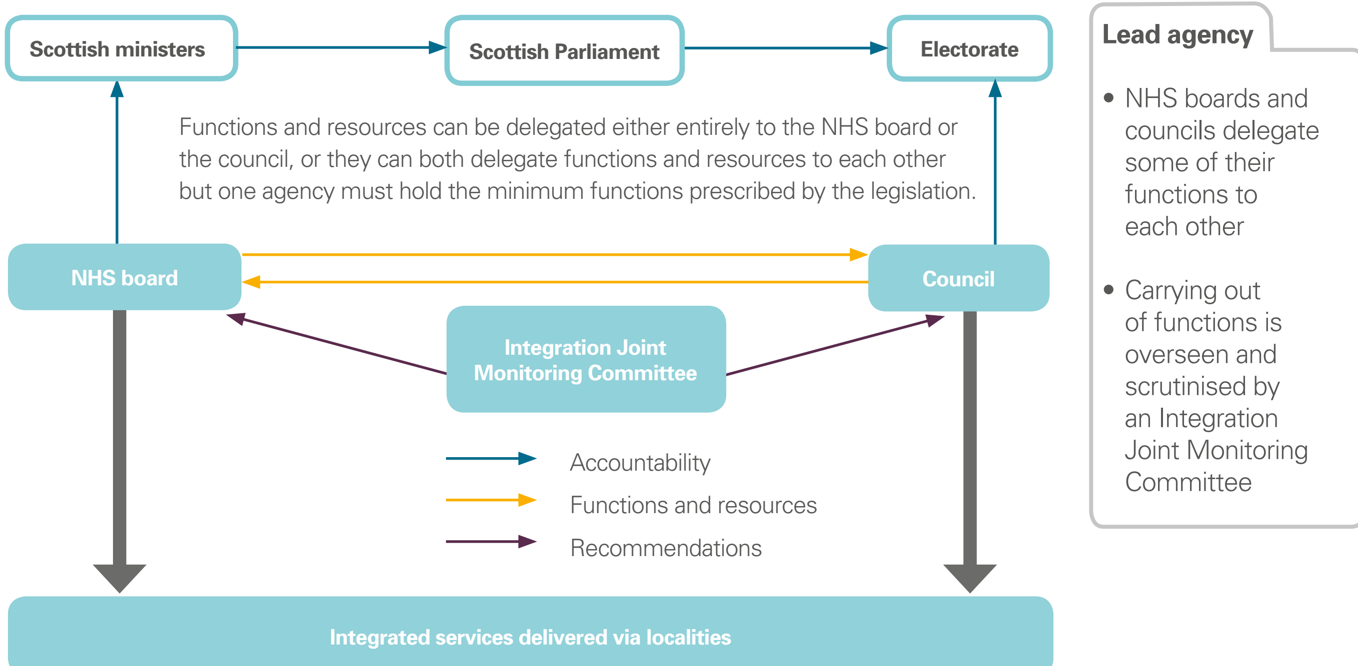
Body corporate or Integration Joint Board model



Body corporate

- NHS boards and councils delegate health and social care functions to an Integration Joint Board (IJB)
- The Act allows for partners to work jointly, for example, for two councils to work with their local NHS board to create a single IJB

Lead agency model



Lead agency

- NHS boards and councils delegate some of their functions to each other
- Carrying out of functions is overseen and scrutinised by an Integration Joint Monitoring Committee

Source: Audit Scotland

- The way local government bodies make decisions differs to NHS boards. Local government bodies in Scotland must take corporate decisions. There is no legal provision for policies being made by individual councillors.

- A statutory duty of Best Value applies to IJBs.

23. NHS boards and councils delegate budgets to the IJB. The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the NHS board and council to deliver services in line with this plan. Only Highland has chosen the lead agency model, continuing arrangements established in earlier years for integrated services.[12] Under powers first set out in the Community Care (Scotland) Act 2002, NHS Highland is the lead for adult health and care services, with Highland Council the lead for children's community health and social care services. This provides continuity with lead agency arrangements in place in Highland since 2012. The council and the NHS board cannot veto decisions taken by the lead agency. Instead, as required by the legislation, they have established an integration joint monitoring committee (IJMC). The IJMC cannot overturn a decision made by the council or NHS board, but it can monitor progress in integrating services and make recommendations.

24. Whichever model is chosen, the underlying objective remains the same. The IA is expected to use resources to commission coordinated services that provide care for individuals in their community or in a homely setting and avoid unnecessary admissions to hospital.

Membership of Integration Joint Boards (IJBs)

25. For the IAs that follow the body corporate model, board members of IJBs are a mix of voting and non-voting members. Councils and NHS boards are each required to nominate at least three voting members. The NHS board and council can nominate more members, but both partners need to agree to this and the number from each body needs to be equal. The NHS board nominates non-executive directors to the IJB, and the council nominates councillors. Where the NHS board is unable to fill their places with non-executive directors, it is able to nominate other members of the NHS board. At least two of the NHS members should be non-executive directors. The IJB should also include non-voting members, including a service user and a representative from the voluntary sector (Exhibit 5, page 16).[13]

26. Initially, IJBs are not expected to directly employ staff, operating only as strategic commissioning bodies.[14] This may change over time as the Act allows IJBs to employ staff, but this needs to be approved by Scottish ministers, rather than decided locally. A chief officer and finance officer provide support for the IJB, but they are employed by either the council or NHS board and seconded to the IJB. The finance officer, under the terms of Section 95 of the Local Government (Scotland) Act 1973, has formal responsibilities for the financial affairs of the IJB.

Scrutinising integrated health and social care

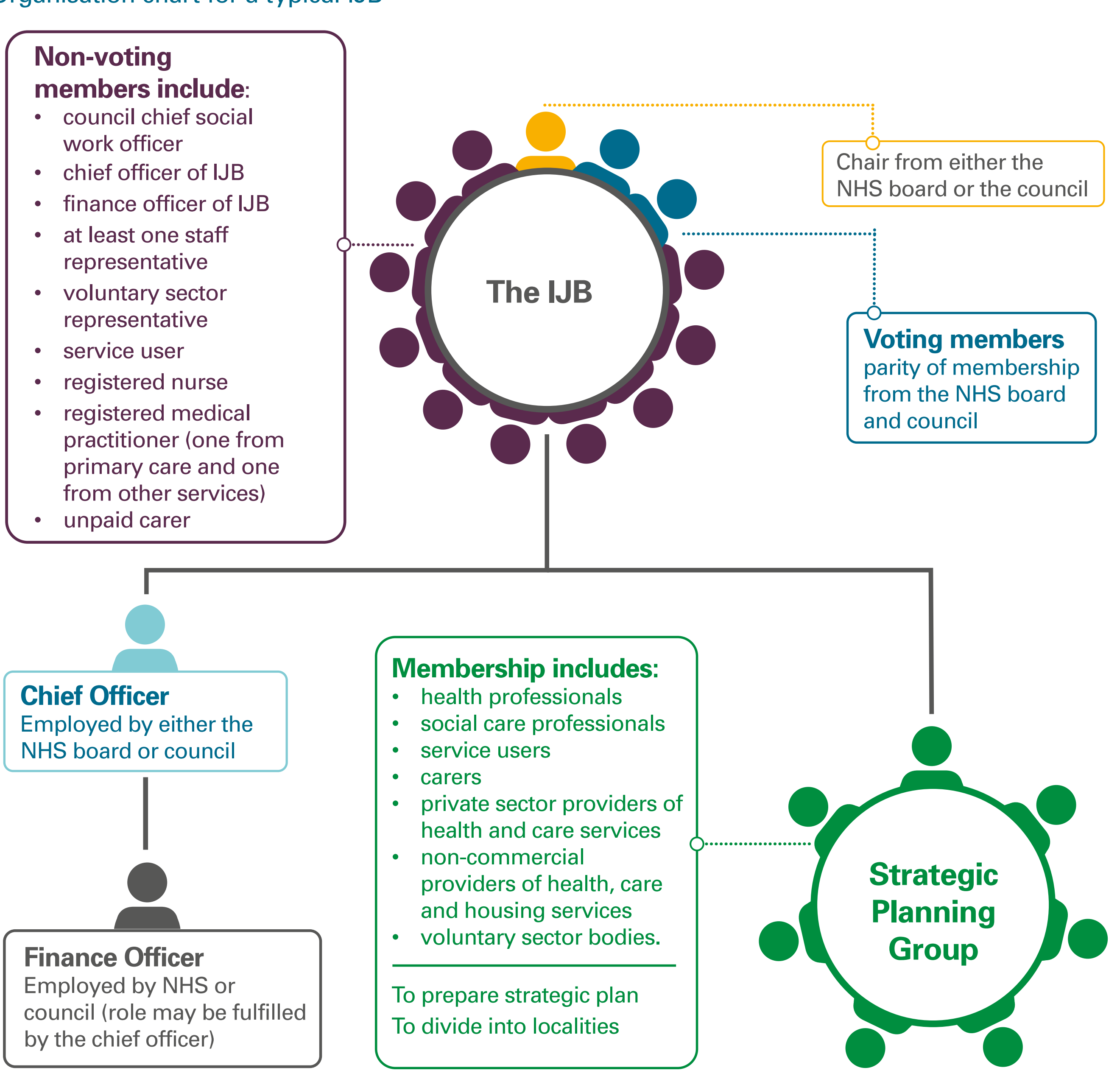
27. Various scrutiny bodies have an interest in the integration of health and social care:

- The Accounts Commission is responsible for appointing auditors to IJBs and so has an interest in financial management and governance arrangements. As local government bodies, IJBs are also covered by the duty of Best Value as set out in the Local Government in Scotland Act 2003. The Accounts Commission has the power to audit the extent to which local government bodies are discharging their Best Value duty.

- Health and social integration is a significant national policy development. Therefore, the Auditor General for Scotland (alongside the Accounts Commission) has an audit interest in the extent to which it is being implemented at a national and local level, and in its impact on NHSScotland.

- The Care Inspectorate and Healthcare Improvement Scotland are responsible for scrutinising and supporting improvement in health and care services. Both organisations inspect individual services and work together to perform joint inspections of health and care services. These organisations will inspect the planning, organisation or coordination of

Exhibit 5
Organisation chart for a typical IJB



Source: Audit Scotland

integrated health and social care services. From April 2017, the Care Inspectorate and Healthcare Improvement Scotland are required by legislation to assess progress in establishing joint strategic commissioning and the early impact of integration.

Implications for the public, voluntary and private sectors

28. The significant changes under way will have an impact on everyone who needs to access, provide or plan health and social care services. Integration is part of the Scottish Government's focus on developing person-centred care. This is aimed at improving services, ensuring people using health and social care services can expect to be listened to, to be involved in deciding upon the care they receive and to be an active participant in how it is delivered. The aim is that this will result in improved outcomes for people, enabling them to enjoy better health and wellbeing within their homes and communities.

29. Health and social care integration is complex and it is important that IAs engage with the public on an ongoing basis so that they understand the purpose of integration and are able to influence the way services change. People may not see a significant difference in the services they receive immediately, but the reforms are focused on making better use of all health and social care services. Therefore there are implications for how people use services, for example GP, A&E and community-based services. If the reforms are to be successful, IJBs, NHS boards and councils need to involve people in decisions about the implications for local services. To help with this, there is a requirement that a service user and unpaid carer are members of the IJB and that IJBs consult and engage with local people as they develop their strategic and locality plans. It is also important that IAs are clear about how they link into the wider community planning process.

30. It is not only statutory services that need to change, other providers need to be involved. Voluntary and private sector providers employ two-thirds of the social services workforce and provide many social care services across Scotland. They are significant partners in developing integrated services, with the voluntary sector represented on the IJB as a non-voting member. Our previous report *Self-directed support* [PDF] highlighted some of the ways that councils have started to change how they work with the voluntary and private sectors.[15] There are lessons here for IJBs.

Localities

31. The Act requires IAs to divide their area into at least two localities, but they can choose to create more. Localities have an important role in reforming how to deliver services. They bring together local GPs and other health and care professionals, along with service users, to help plan and decide how to make changes to local services. A representative from each locality is expected to be part of the IA's strategic planning group, helping to ensure that specific local needs are taken into account. Localities also have a consultative role. When an IA is planning a change that is likely to affect service provision in a locality significantly, it must involve representatives of the local population in that decision.

32. As part of their role in planning services, localities are expected to plan expenditure on integrated health and social care services in their area, based on local priorities and to help shift resources towards preventative and community-based health and care services.

Outcomes and performance measures

33. IAs are required to contribute towards nine national health and wellbeing outcomes (Exhibit 6). These high-level outcomes seek to measure the quality of health and social care services and their impact in, for example, allowing people to live independently and in good health, and reducing health inequalities. This is the first time that outcomes have been set out in legislation, signalling an important shift from measuring internal processes to assessing the impact on people using health and social care services. IAs are required to produce an annual performance report, publicly reporting on the progress they have made towards improving outcomes.

The Scottish Government is providing resources to help support integration

34. The integration of health and social care is a complex reform and the Scottish Government is providing support to help organisations as they establish the new arrangements. The Scottish Government will provide more than £500 million over the three years from 2015/16 to 2017/18 to help partnerships establish new ways of working that focus on prevention and early intervention in a bid to reduce

Exhibit 6

National health and wellbeing outcomes

IAs are required to contribute to achieving nine national 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 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 of their caring role on their own health and wellbeing.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Source: National Health and Wellbeing Outcomes, Scottish Government

long-term costs. This money is not directly to support integration, but to continue initiatives that were already under way to improve services. The money is made up as follows:

- £300 million is an integrated care fund to help partnerships achieve the national health and wellbeing outcomes and move towards preventative services
- £100 million to reduce delayed discharges
- £30 million for telehealth
- £60 million to support improvements in primary care
- £51.5 million for a social care fund.

35. The Scottish Government has provided guidance to partnerships, covering issues such as strategic commissioning of health and care services, clinical and care governance, and the role of housing services and the voluntary sector. The timescales to implement the Act are tight. For some partnerships, guidance came too late. For example, the Scottish Government issued its guidance on localities in July 2015, yet localities play an important part in strategic plans and many partnerships had already begun the strategic planning process by then. The Scottish Government plans to issue further guidance on performance reporting late in 2015. However, for some areas this is coming too late – the three Ayrshire IJBs will present their first performance reports on or before 2 April 2016 and are developing these in advance of the guidance being issued.

36. The Scottish Government is supplementing this formal guidance with a series of support networks for IJB chairs and finance officers, such as regular learning events, and through the work of the Joint Improvement Team (JIT), including support for IJBs in developing their strategic plans.[16] Healthcare Improvement Scotland and the Care Inspectorate are currently developing a support programme for IAs, tailoring training and development events to fit local needs.

37. IAs are also being supported by the Information Services Division (ISD) of NHS National Services Scotland. ISD is creating a single source of data on health, social care and demographics. It is making this information available to NHS boards, councils and IAs to help them to gain a better understanding of:

- the needs of their local population
- current patterns of care
- how resources are being used.

38. This is the first time this detailed information on activity and costs will be routinely available to partnerships to help them with strategic planning. It will also help inform decisions on how to better use resources to improve outcomes for service users and carers. ISD is also providing data and analytical support through a Local Intelligence Support Team initiative, where partnerships can have an information specialist from ISD working with them in their local area.

Part 2

Current progress

Integration authorities are being established during 2015/16

39. Thirty-one IAs are being established, with one for each council area and a shared one between Clackmannanshire and Stirling. All partners submitted their draft integration schemes to Scottish ministers by the April 2015 deadline. Some, such as East Dunbartonshire, already plan to extend the scope of services being integrated and will resubmit their integration scheme for approval. By October 2015, 25 integration schemes had been formally approved, with the remainder expected to be agreed by the end of 2015.

40. By October 2015, six IAs had been established and taken on operational responsibility for budgets and services (Exhibit 7, page 21). The remaining IAs plan to be operational just before the statutory deadline, in March and April 2016.

Most integration authorities will oversee more than the statutory minimum services, and their responsibilities vary widely

41. The Act requires councils and NHS boards to integrate adult health and social care services. But it also allows them to integrate other services, such as children's health and social care services and criminal justice social work services.

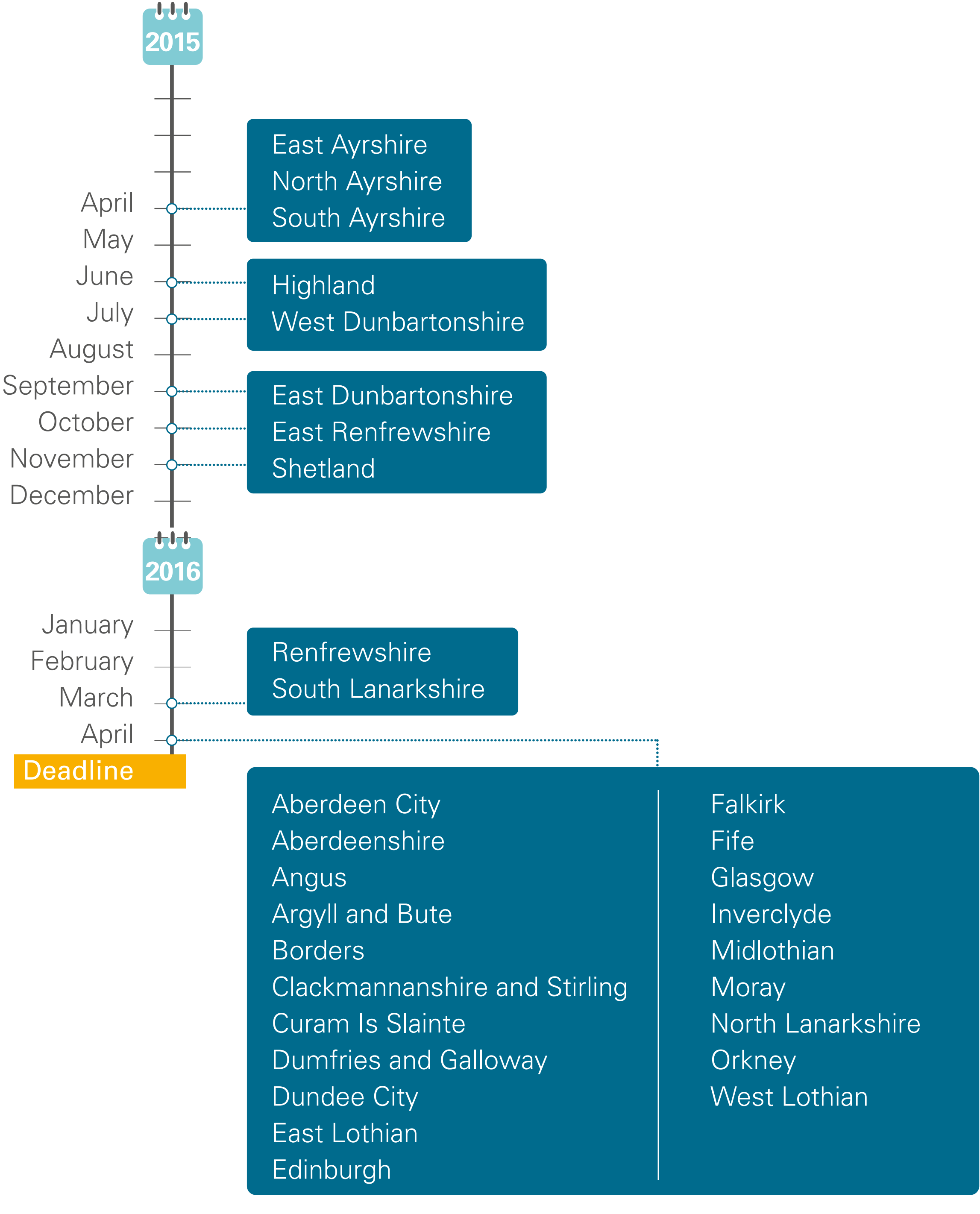
42. The scope of the services being integrated varies widely across Scotland. Almost all the IAs will oversee more than the minimum requirement for health services, mainly by including some aspects of children's health services. But there is a wide range in responsibilities for other areas, such as children's social work services, criminal justice social work services, and planned acute health services (Exhibit 8, page 22). These differences in the scope of services included create a risk of fragmented services in some areas. Good clinical and care governance arrangements will be important to ensure that vulnerable people using integrated and non-integrated services experience high standards of care.

the scope of the services being integrated varies widely across Scotland

43. Among the variations the most notable are in Argyll and Bute IJB and Dumfries and Galloway IJB. These IJBs will oversee all NHS acute services, including planned and unplanned hospital services. In theory, this should allow these IJBs to better coordinate all health and care services in their area.

44. Various 'hosting' arrangements are also being implemented across the country. Where the area covered by an NHS board has more than one IJB it is often not practical or cost-effective to set up separate arrangements to deliver services for individual IJBs. This is particularly the case for specialist services, such as certain inpatient mental health services with small numbers of patients or staff. For example, North Ayrshire IJB hosts the following services on behalf of East Ayrshire and South Ayrshire IJBs:

Exhibit 7
Services will be delegated to IAs throughout 2015/16 with most delegating in April 2016

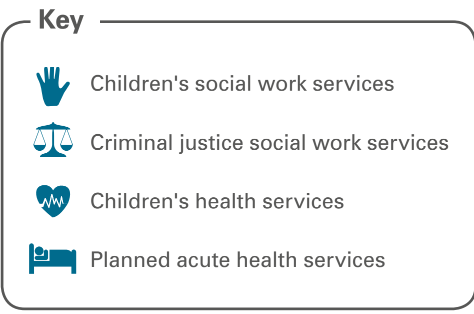


Notes:
1. The date of becoming operational is still to be agreed in Perth and Kinross.
2. Curam Is Slainte is the name for the partnership between NHS Western Isles and Comhairle nan Eilean Siar.

Source: Audit Scotland

Exhibit 8
Additional integrated services
Partnerships are integrating a wider range of services in addition to the statutory minimum.

	Children's social work services	Criminal justice social work services	Children's health services	Planned acute health services
Argyll and Bute	✓	✓	✓	✓
East Ayrshire	✓	✓	✓	–
East Renfrewshire	✓	✓	✓	–
Glasgow	✓	✓	✓	–
Inverclyde	✓	✓	✓	–
North Ayrshire	✓	✓	✓	–
Orkney	✓	✓	✓	–
South Ayrshire	✓	✓	✓	–
West Dunbartonshire	✓	✓	✓	–
Aberdeen City	–	✓	✓	–
Aberdeenshire	–	✓	✓	–
Curam Is Slainte	–	✓	✓	–
East Lothian	–	✓	✓	–
Midlothian	–	✓	✓	–
Moray	–	✓	✓	–
Shetland	–	✓	✓	–
Highland	✓	–	✓	–
Dumfries and Galloway	–	–	✓	✓
Angus	–	–	✓	–
Borders	–	–	✓	–
Clackmannanshire and Stirling	–	–	✓	–
Dundee	–	–	✓	–
East Dunbartonshire	–	–	✓	–
Edinburgh	–	–	✓	–
Falkirk	–	–	✓	–
Fife	–	–	✓	–
North Lanarkshire	–	–	✓	–
Perth and Kinross	–	–	✓	–
Renfrewshire	–	–	✓	–
South Lanarkshire	–	–	✓	–
West Lothian	–	–	✓	–



Notes:
1. Criminal justice social work services can include services such as providing reports to courts to assist with decisions on sentencing. Planned acute health services can include services such as outpatient hospital services.
2. The range of children's health services delegated varies by IA. They may include universal services (such as GPs) for people aged under 18, or more specialised children's health services such as school nursing or health visiting, or both universal and specialised services.
3. IAs may also be responsible for additional integrated services not listed here.
4. East Dunbartonshire plan to amend their integration scheme to include children's primary and community health services before 1 April 2016.
5. Where integration schemes have not yet been approved by ministers, the final integration scheme may vary from the information included here.

Source: Scottish Government, 2015 and Audit Scotland, 2015

- inpatient mental health services
- learning disability services
- child and adolescent mental health services
- psychology services
- community infant feeding service
- family nurse partnership
- child health administration team
- immunisation team.

IJBs are appointing voting board members and most have chief officers in post

45. Most IJBs are currently appointing board members. Our review of the 17 IJB integration schemes that Scottish ministers had approved at the time of our audit shows the following:

- Thirteen IJB boards will initially be chaired by a councillor, with the remaining four chaired by a non-executive from the local NHS board.
- Only three areas have chosen to nominate the minimum of three voting members each from the council and NHS board.[17] In 13 schemes, councils and NHS boards have each nominated four voting members. In Edinburgh, the council and NHS board each have five voting members.
- There are also local variations in the number of additional non-voting members. For example, East Renfrewshire has appointed an additional GP member to help provide knowledge on local service needs. In most cases, these variations do not add significantly to the number of IJB board members. But some IJBs have very large boards. For example, Edinburgh has 13 non-voting members, in addition to its ten voting members. The IJB board for Clackmannanshire and Stirling is expected to be even larger, reflecting the joint arrangements between the two council areas, with 12 voting members and around 23 non-voting members.

46. Almost all IJBs have now appointed a chief officer.[18] Edinburgh and Falkirk expect to have their chief officers in post by the end of 2015.[19] Chief officers are employed by either the NHS board or the council and then seconded to the IJB. Terms and conditions of employment vary between councils and NHS boards, so successful candidates choose their preferred employer, based on the packages offered.

Chief officer accountability

47. Accountability arrangements for the IJB chief officer are complex and while there may be tensions in how these arrangements will work in practice, we have attempted to set out the technical arrangements as clearly as possible. The chief officer has a dual role. They are accountable to the IJB for the

responsibilities placed on the IJB under the Act and the integration scheme. They are accountable to the NHS board and council for any operational responsibility for integrated services, as set out in the integration scheme.

Accountability to the IJB

- The chief officer is directly accountable to the IJB for all of its responsibilities. These include: strategic planning, establishing the strategic planning group, the annual performance report, the IJB's responsibilities under other pieces of legislation (for example, the Equalities Act and the Public Records Act), ensuring that its directions are being carried out, recommending changes and reviewing the strategic plan.

- Integration schemes can pass responsibility for overseeing the operation of specific services from the NHS board or council to the IJB. In these circumstances, the chief officer is accountable to the IJB for establishing the arrangements to allow it to do this. This includes setting up performance monitoring, reporting structures, highlighting critical failures, reporting back based on internal and external audit and inspection. If the council or NHS board passes responsibility for meeting specific targets to the IJB, the IJB must take this into account during its strategic planning, and the chief officer is accountable for making sure it does so.

Accountability to the NHS board and council

- All integration schemes should set out whether the chief officer also has operational management responsibilities. Where the chief officer has these responsibilities, they are also accountable to the NHS board and the council.

- Where the chief officer has operational management responsibilities, the integration scheme makes the chief officer the responsible operational director in the council and NHS board for ensuring that integrated services are delivered. The chief officer is therefore responsible to the NHS board and council for the delivery of integrated services, how the strategic plan becomes operational and how it is delivered. They are also responsible for ensuring it is done in line with the relevant policies and procedures of the organisation (for example staff terms and conditions).

- Although this is untested, the accountable officers for delivery should still be the chief executives of the NHS board and the council. But they must discharge this accountability through the chief officer as set out in their integration scheme. The chief executives of the NHS board and council are responsible for line managing the chief officer to ensure that their accountability for the delivery of services is properly discharged.

48. Although employed by one organisation only, most chief officers are line managed by the chief executives of both the council and the NHS board. This means that in some NHS board areas the chief executive is line managing several IJB chief officers. South Lanarkshire has adopted a more streamlined approach, where the chief officer reports to both the council and NHS board chief executive, but the organisation that employs the chief officer performs day-to-day line management.

Part 3

Current issues

There is wide support for the opportunities offered by health and social care integration

49. Integrated health and social care offers significant opportunities. These include improving the services that communities receive, the impact these services have on people, improving outcomes and using resources, such as money and skills, more effectively across the health and care system. The Scottish Government expects integrated services to emphasise preventative care and reduce both the level of hospital admissions and the time that some patients spend in hospital. A measure of success will be the extent to which integration has helped to move to a more sustainable health and social care service, with less reliance on emergency care.

50. Because integrated services with a focus on improving outcomes should result in more effective use of resources across the health and social care system, the Scottish Government expects integration to generate estimated annual savings of £138 - £157 million. The savings are as follows:

- Annual savings of £22 million if IAs can meet the current target to limit the delay in discharging patients to no more than two weeks and £41 million if they can reduce this further, to no more than 72 hours.
- Annual savings of £12 million by using anticipatory care plans for people with conditions that put them at risk of an unplanned admission to hospital. These plans provide alternative forms of care to try to avoid people being admitted to hospital.
- Annual savings of £104 million from reducing the variation between different IAs in the same NHS board area. The Scottish Government expects that IAs will identify the inefficiencies that cause costs to vary and, over time, reduce them.[20]

widespread support for the policy of health and social care integration, but concerns about how this will work in practice

51. The Scottish Government estimated the initial cost of making these reforms to adult services to be £34.2 million over the five years up to 2016/17, and £6.3 million after this. It has not estimated the additional costs, or savings, from integrating other services such as children's health and social care or some criminal justice services.[21] It is unclear whether these anticipated savings will release money that IJBs can invest in more community-based and preventative care or how the Scottish Government will monitor and report progress towards these savings.

52. There have been previous attempts at integration, as listed in Exhibit 2 (page 11). Our *Review of Community Health Partnerships* [PDF] highlighted that CHPs had a challenging remit, but lacked the authority needed to implement the significant changes required.[22] We also found limited progress with joint budgets across health and care services. This latest reform programme contains important new elements to help partnerships improve care. The Act:

- provides a statutory requirement for councils and NHS boards to integrate services and budgets, in contrast to previous legislation that encouraged joint working with resources largely remaining separate
- provides, for the first time, a statutory requirement to focus on outcome measures, rather than activity measures
- introduces a requirement for co-production as part of strategic planning. Co-production is when professionals and people who need support combine their knowledge and expertise to make joint decisions
- has clear links to other significant legislation, including The Children and Young People (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015, where similar principles of co-production, engagement and empowerment apply.

53. Throughout our audit, we found there is widespread support for the policy of health and social care integration, but concerns about how this will work in practice. In this part of our report, we summarise the most important risks and issues we have identified through our audit. These are significant and need to be addressed as a priority nationally and locally to integrate health and care services successfully.

NHS boards, councils and IJBs need to be clear about how local arrangements will work in practice

Sound governance arrangements need to be quickly established

54. Good governance is vital to ensure that public bodies perform effectively. This can be a particular challenge in partnerships, with board members drawn from a wide range of backgrounds. Previous audit reports on community planning partnerships (CPPs) and CHPs have highlighted the importance of issues such as:

- a shared leadership, which takes account of different organisational cultures
- a clear vision of what the partnership wants to achieve, with a focus on outcomes for service users
- a shared understanding of roles and responsibilities, with a focus on decision-making
- an effective system for scrutinising performance and holding partners to account.

Members of IJBs need to understand and respect differences in organisational cultures and backgrounds

55. IJBs include representatives from councils, NHS boards, GPs, the voluntary sector, and service users. Everyone involved in establishing the new arrangements needs to understand, respect and take account of differences in organisational cultures so these do not become a barrier to progress. Members of the IJB need quickly to establish a shared understanding of their new role, how they will work together and measure success.

56. Voting members are drawn exclusively from councils and NHS boards and it is particularly important that they have a shared vision and purpose. There are important differences in how councils and NHS boards operate. Councils, for example, are accountable to their local electorate, while NHS boards report to Scottish ministers. There are also differences in how councils and the NHS work with the private sector. Councils have had many years of contracting services out to the voluntary and private sectors; for example, around 25 per cent of home care staff are employed in the private sector.

57. IJBs are aware of the need to establish a common understanding of the roles and responsibilities of board members. We found that many are planning opportunities for board development by providing training and support to board members. Other IJBs are also reinforcing this by developing codes of conduct to ensure that their board members follow the same standards of behaviour.

58. IJBs include representatives from a wide range of organisations and backgrounds. This inclusive approach has benefits, including a more open and inclusive approach to decision making for health and care services, but there is a risk that boards are too large. For example, the Edinburgh IJB will have 23 members and the Clackmannanshire & Stirling IJB will have around 35. As we have highlighted in previous audits of partnerships across Scotland, there is a risk that large boards will find it difficult to reach agreement, make decisions and ensure services improve.

IJB members will have to manage conflicts of interest

59. The design of IJBs brings the potential for real or perceived conflicts of interest for board members. The NHS board and council nominate all voting members of the IJB. Their role is to represent the IJB's interests. Voting members will also continue in their role as an NHS board member or councillor. As a result, there is a risk that they may have a conflict of interest, particularly where there is a disagreement as part of IJB business.[23]

60. There is a similar potential for a conflict of interest for senior managers. IJB finance officers, for example, are required to support the needs of the IJB, but may also have responsibilities to support their employer – either the local NHS board or council. Similarly, legal advisers to the IJB will be employed by the council or the NHS board and, at a time of disagreement, may have a conflict of interest.

61. There is also a particular issue for NHS board members. Some NHS boards have to deal with several IJBs, and this places significant demands on their limited number of non-executive members. As a result, the Act and its associated regulations allow for NHS executive members to be appointed as voting members of the IJB. This means that there is the possibility of individuals acting as IJB board members who commission a service, and as NHS board members, responsible for providing that service. IJBs need to resolve this tension as part of their local governance arrangements.

62. IJBs are taking action to manage these tensions. For example, they are providing training to alert board members to the need to act in the IJB's interests when taking part in IJB meetings, and declaring conflicts of interest when they arise. But underlying conflicts of interest are likely to remain a risk, particularly at times of disagreement between local partners.

Although IJBs will lead the planning of integrated services, they are not independent of councils and NHS boards

63. IJBs set out how they will deliver services in their strategic plans, which they develop through strategic planning groups. The legislation allows NHS boards and councils jointly to ask IJBs to change their strategic plans only if they think it hinders their work in achieving the national health and wellbeing outcomes. As such, NHS boards and councils cannot individually veto an IJB decision. However IJBs are not fully independent of NHS boards and councils which can influence them through the following:

- **Membership of IJBs**: Chairs, vice chairs and voting members are all nominated by NHS boards and councils.

- **The approval process to agree future budgets:** Guidance issued by the Scottish Government's Integrated Resources Advisory Group (IRAG) suggests that, for future years, each IJB develops a business case and budget request and submits this to the NHS board and council to consider.

- **Control of integration schemes:** NHS boards and councils can decide to resubmit their integration schemes, changing the terms under which the IJB operates, or replacing it with a lead agency approach.

64. IJBs may overcome the challenges of working with a large board, with different organisational cultures and tensions, but once difficult decisions have been made there are still complex relationships back to the NHS board and council to negotiate. As a result, it is not clear if IJBs will be able to exert the necessary independence and authority to change fundamentally the way local services are provided.

Only a few IJBs will oversee the operation of acute services in their area, potentially limiting their impact

65. Regulations allow NHS boards and councils to choose what role IJBs will have in relation to operational management of services, in addition to commissioning and planning services. This flexibility allows, for example, NHS boards to remain solely responsible overseeing the operation of large hospital sites. The alternative is a more complex arrangement where responsibility for overseeing the operation of an A&E department is shared across several IJBs. Where the IJB has no operational management of hospital services, the IJB will receive regular performance reports from the NHS board on hospital services, so the IJB can assess whether the NHS board is delivering services in line with the IJB strategic plan. From the 17 schemes we reviewed that establish IJBs, we found the following:

- All 17 IJBs oversee the operation of non-acute integrated services, such as district nursing.

- To date, only Argyll and Bute, and Dumfries and Galloway IJBs will oversee the operation of the acute hospital integrated services in their areas, and

the chief officer will operationally manage these services. In Argyll and Bute, this continues an arrangement that existed previously and arises because the NHS board contracts most acute services from NHS Greater Glasgow and Clyde. Argyll and Bute CHP received information from the NHS board as part of the contract monitoring process. The IJB and NHS Greater Glasgow and Clyde are in the process of agreeing the information the chief officer and IJB board members will receive on the operational performance and delivery of these services.

- In Dumfries and Galloway, the IJB will oversee the operation of all integrated services, including all acute hospital services. The chief officer will be responsible for managing the operation of these integrated services, receiving regular information from the council Chief Social Work Officer and the NHS board acute services management team. The geographical circumstances in Dumfries and Galloway help to make this arrangement possible, as there is only one IA in the NHS board area, with only one acute hospital.

There needs to be a clear understanding of who is accountable for service delivery

66. There is a risk that the complex interrelationship between IJBs and councils and NHS boards will get in the way of clear lines of accountability. Their respective roles appear to be clear: IJBs are responsible for planning and commissioning services; councils and NHS boards are responsible for delivering those services.

67. But this understanding of accountabilities could be tested when there is a service failure, either in the care of an individual or in meeting outcome targets. The consensus amongst those we spoke with during our audit is that responsibility would lie with the council or NHS board delivering the service. But it could also be argued that ultimate responsibility might lie with IJBs, which plan and direct councils and NHS boards in how services are to be delivered. All parties need to recognise this risk and set out clearly an agreed understanding of each other's roles and responsibilities. It is essential that the chief officer is clear about how this joint accountability will work in practice from the start.

68. Clear procedures also need to be in place for clinical and care governance. These are procedures for maintaining and improving the quality of services and safeguarding high standards of care. NHS boards use long-established clinical governance approaches within the NHS. Similarly, councils follow well-established approaches for social care. IJBs have a great deal of flexibility over this issue and are required only to consider what role they will have in supporting the councils' and NHS boards' clinical and care governance work and how integration might change some aspects of this.

69. The Act introduced a requirement that IJBs set out in their integration scheme how they will work with NHS boards and councils to develop an integrated approach to clinical and care governance. We found that, at present, most IJBs plan to retain existing arrangements, with NHS boards directly overseeing clinical governance and councils overseeing care governance. However, IJBs will need to have a role in monitoring clinical and care standards without duplicating existing arrangements. Perth and Kinross IJB has developed a new clinical and care governance framework that other IJBs are now considering. In addition, the Royal College of Nursing has developed an approach that helps IJBs, councils and NHS

boards review their clinical and care governance arrangements. The aim is to ensure consistent approaches within each integrated service, and that these are aligned to existing clinical and care governance arrangements in the NHS and councils.[24]

IAs need to establish effective scrutiny arrangements to help them manage performance

70. IAs need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. Using the nine statutory outcome measures, listed at Exhibit 6, will help IAs to focus on the impact of health and care services. But as well as simply monitoring performance, IJB members will need to use these to help redesign services and ensure services become more effective.

71. There is also a need for regular reporting to partner organisations. This is particularly important where most members of the local council or NHS board are not directly involved in the IJB's work. Aberdeenshire Council, for example, has 68 councillors, with only five sitting on the IJB. Those not directly involved need to be kept informed on how the budgets provided to the IJB have been used and their effectiveness in improving outcomes for local people.

Councils and NHS boards are finding it difficult to agree budgets for the new integration authorities

72. At this stage, IAs are establishing financial procedures that look to be sound. While there is a range of approaches to financial monitoring and dealing with overspends and underspends, the processes outlined in the integration schemes are reasonable.

73. There are, however, significant concerns about funding. Councils and NHS boards are having great difficulty in agreeing budgets for the new IAs. At October 2015, six months before they were required to be established and commissioning health and care services, the Scottish Government had only been informed of the agreed budgets for six IAs. This uncertainty about budgets is likely to continue until early 2016. The results of the UK spending review were not announced until November 2015, and the Scottish Government will only publish its financial plans on 16 December 2015.

74. NHS boards and councils have faced several years of financial constraints and this is expected to continue in the coming years. There is a risk that, if NHS boards and councils seek to protect services that remain fully under their control, IAs may face a disproportionate reduction in their funding, despite the focus on outcomes that all partners should have. We have reported previously on increasing pressures on health and care budgets. This risk of budget overspends is a significant risk for IJBs. Other specific factors add to these difficulties in agreeing budgets:

- **Set-aside budgets:** These relate to the budgets retained by NHS boards for larger hospital sites that provide both integrated and non-integrated services. There are difficulties in agreeing these set-aside budgets, despite the Scottish Government issuing specific guidance. The current difficulties relate to how to determine the integrated and non-integrated costs for these hospitals and how to allocate a fair share to each IJB within the NHS board area. More fundamentally, however, there is a risk that NHS

boards may regard this funding as continuing to be under their control, making it difficult for IAs to use the money to shift from acute hospital care to community-based and preventative services. As a result of these uncertainties, not all of the strategic plans published so far consider the set-aside budgets or plan for the level of acute services that will be needed in future years.

- **Different planning cycles:** NHS boards and councils agree budgets at different times. In North Ayrshire, for example, the council agreed its 2015/16 budget in December 2014, while the NHS agreed its budget in March 2015. NHS budgets and allocations can change during the financial year. This could bring further challenges for IJBs. Similar budget-setting cycles exist across Scotland. If councils and NHS boards continue with these cycles, then IJBs will be involved in protracted negotiations for budgets and ultimately cannot expect partners to approve their plans until just before the start of each financial year. In response, NHS Forth Valley has adapted its budgeting process to allow it to provide an earlier indication of the integrated health budget to its local IAs. In addition, as part of the community planning process, there is an expectation that community planning partners will share information on resource planning and budgets at an early stage, before formal agreement.[25] This should help IAs' financial planning.

Integration authorities need to make urgent progress in setting out clear strategic plans

Most IAs are still developing their overall strategic plans, but those that are in place tend to be aspirational and lack important detail

75. Strategic planning is central to the role that IAs will have in commissioning and helping redesign local health and care services. Scottish Government guidance emphasises the importance of localities in this process, and of strategic plans to reflect the different priorities and needs of local areas.

76. At the time of our audit, only six IAs had published their strategic plans. Some, such as Aberdeen City, Aberdeenshire and Moray, have developed draft plans in advance of the formal approval of the integration schemes. Difficulties with reaching agreement on budgets are an important factor hindering IAs from developing comprehensive strategic plans. This raises concerns about the readiness of IAs to make an immediate impact in reshaping local services. Our audit involved speaking to people involved with strategic planning, including IJB board members. Many of them felt it would be at least another year before most IAs have established plans that are genuinely strategic and can redesign future service delivery rather than simply reflect existing arrangements.

77. Even where strategic plans are in place, there tend to be weaknesses in their scope and quality. They often set out the broad direction of how to provide integrated health and social care services in their areas over the next three or so years, identifying local priorities for their area and for localities. But they can be unclear about what money and staff are available, particularly over the longer term, or how to match these to priorities. They lack detail on what level of acute services is needed in an area and how they will shift resources towards preventative and community-based care. They generally lack performance measures that directly relate to the national outcomes.

78. Strategic planning is even less developed at the locality level. There is a risk that strategic planning is not joined up with locality planning. Some IAs have completed strategic needs assessments, helping to identify the different needs and priorities of individual localities. They are using these to develop local priorities and budgets. There are also significant challenges in involving a wide range of service users, voluntary organisations, GPs and other clinicians and other professional staff in the planning process. These groups are represented at IJB board level, as non-voting members. But involving these groups more widely and actively at locality level is crucial to providing community-based and preventative health and social care services.

Most IAs have still to produce supporting strategies

79. In addition to their overall strategic plans, IAs need to establish supporting strategies for important areas such as workforce, risk management, data sharing, and how they will work with people who use health and social care services. They are required to set out a broad timetable for producing these in their integration schemes.

80. We analysed the timetables in the approved integration schemes available at the time of our audit. This reveals some significant variations (Exhibit 9, page 33). Some risk management and workforce strategies have been developed and are scheduled to be agreed well in advance of the IA becoming operational. In others, however, it will be up to 12 months after the IA becomes operational before these strategies are due to be agreed and can start to contribute to progress with integrating services.

81. This raises questions about the effectiveness of some IAs, at least in the first year of their operation. It is important that IA strategies are well thought through, built on an analysis of local needs and resources and meaningful consultation, clearly setting out how the IA will deliver against the aspirations of the Act. We did not look in detail at the strategies produced at this early stage. But there is a risk that strategies produced quickly lack the detail needed to show how IAs will take practical steps that:

- improve outcomes
- integrate services
- make best use of the funds, skills and other resources available to them.

Equally, there are risks where the IA will not have plans in place until they have been operational for many months. It is important that IAs have clear strategic priorities and use these in developing:

- a workforce strategy, showing how they will redesign health and care services
- a risk management strategy to demonstrate that they are properly prioritising their work and their resources.

Exhibit 9

Range of timescales for supporting strategies

It will be up to a year before some IJBs have established workforce and risk management strategies.

Source: Audit Scotland analysis of available integration schemes

There is a pressing need for workforce planning to show how an integrated workforce will be developed

82. The health and social care workforce is critical to the success of integration. Health and social care services are personal services; it is important that staff have the skills and resources they need to carry out their roles, including providing emotional and physical support and clinical care.

83. At present, few IAs have developed a long-term workforce strategy. Developing a suitably skilled workforce is crucial to the success of integrated health and social care services. This is particularly challenging, given the wide range of people involved and the size of the workforce. NHS Scotland employs around 160,000 staff.[26] Social services employ almost 200,000, both directly employed council staff and others from the private and voluntary sector.[27] Furthermore, an estimated 759,000 people in Scotland are carers for family members, friends or neighbours.[28] IJBs need to work closely with professional and regulatory bodies in developing their workforce plans.

84. IJBs do not directly employ staff, but they are responsible for coordinating services from this varied mix of staff and carers. There will be implications for the skills and experience that staff will need to deliver more community-based support as services change. Developing and implementing workforce strategies to meet these needs will be challenging.

85. The following will add to these difficulties:

- **Financial pressures on the NHS and councils.** NHS boards and councils continue to face pressures from tightening budgets and rising demand for services. Most councils have responded to these pressures in part by reducing staff numbers and outsourcing some services to the private and voluntary sectors. These changes are less evident in the health sector. As a result, there are concerns that any future changes to the workforce will not affect health and care staff equally.

- **Difficulties in recruiting and retaining social care staff.** Over many years, councils have had difficulties recruiting and retaining care home and home care staff. Organisations in areas such as Edinburgh and Aberdeen, with high living costs, have had particular difficulties. There is a need to develop a valued, stable, skilled and motivated workforce. We found examples of organisations developing new approaches to making careers in caring more attractive. For example in Dumfries and Galloway and Aberdeen City they are considering creating caring roles that are part of a defined career path, to encourage more people into these roles.

- **The role of the voluntary and private sectors.** Voluntary and private organisations play an important role in providing care and support, but there are particular challenges in how IJBs can involve these diverse organisations as part of a coordinated workforce plan. The introduction of the national living wage will have a significant impact on the voluntary sector and their ability to provide the same level of support for health and care services. We will comment on this further in our audit of Social Work in Scotland.

86. GPs have a particularly important role but there are concerns over GPs having time available to contribute actively towards the success of integrated services. Most GPs are independent contractors, not employed by the NHS. GPs have a crucial role in patient referrals and in liaising with other health and care services. Ultimately, if there are concerns about the quality or availability of community-based services, there is a risk that GPs will refer patients to hospital to ensure they receive the care they need.

87. Throughout Scotland, there are difficulties in recruiting and retaining GPs. As a result, GPs are facing increasing pressures, at a time when a planned shift to community care and support can be expected to increase their workload. The Scottish Government has recognised this issue and has announced £2.5 million to fund a three-year programme to improve recruitment and retention of GPs and improve the number of people training to be GPs. It also has plans to revise GP contracts, to allow GPs to delegate some services to other healthcare professionals, freeing up GPs' time. However, it will be many years before these measures will have a significant impact.

The proposed performance measurement systems will not provide information on some important areas or help identify good practice

88. There is wide support for the Scottish Government's focus on health and wellbeing outcomes (set out earlier at Exhibit 6). In addition to the nine national outcomes, the Scottish Government developed core integration indicators to measure progress in delivering the national health and wellbeing outcomes and to allow national comparison between partnerships. These 23 measures, listed in Appendix 2, cover a mixture of outcome indicators – based on people's perception of the service they received – and indicators based on system or organisational information, such as people admitted to hospital in an emergency or adults with intensive care needs receiving care at home.

89. The Scottish Government has provided further support through the Information Services Division (ISD) of NHS National Services Scotland. It provided access to local data and technical support to help partnerships understand and plan for their areas' health and social care needs. The ISD data brings together health, social care and demographic information for the first time and is a significant step forward in providing partnerships with the information they need to plan locally and to measure the impact of their activity. Much of the data is already available for partnerships to use, and ISD plans to develop the data further including analysing the cost of end-of-life care.

90. Some IAs have been unable to make use of this resource as data-sharing agreements are not yet in place. ISD has access to health data but requires permission from councils to access the social work data they hold for their areas. Before councils can grant access they need to ensure they are not breaching data protection legislation and are doing this by agreeing data-sharing procedures. Most councils and NHS boards are making progress with this, but where information sharing has not been agreed IAs are having to plan without it.

91. National care standards were created in 2002 to help people understand what to expect from care services and to help services understand the standard of care they should deliver. Given the way that services have changed since then, in June 2014, the Scottish Government issued a consultation on new national care standards. The consultation proposed developing overarching standards, based on human rights, setting out the core elements of quality that should apply across all health and social care services.

92. The standards are an important part of integrating and scrutinising health and care services and it is important that they are in place quickly and publicised widely. However, overarching principles will not be finalised until April 2016; this will be followed by a consultation on specific and generic standards, with a view to them being implemented from April 2017.

93. While all these developments are clearly a step in the right direction, all partners need to consider the following issues:

- **The core integration indicators do not fully take account of all the expected benefits of the reform programme.** Overall, the Scottish Government's reform programme is expected to shift the balance of care to community-based or preventative services. However, demographic pressure will create increased demand for both hospital and community-

based services. It is not clear how the proposed indicators will measure progress in transferring from hospital to community care. There may be central data that the Scottish Government can use to track some of these changes but these should be set out clearly as part of measures to publicly monitor and report on progress. It is also unclear how the Scottish Government will track expected savings. An example is the expected annual savings of £104 million from reducing some of the variation evident in the cost of providing health and social care services across different parts of Scotland.[29] The core set of integration indicators does not attempt to give a national measure of reductions in cost variation or the savings that arise from this. Anticipatory care plans are projected to yield savings of £12 million a year, but there are no proposed indicators to assess if IAs are using them, or what impact they have on releasing resources such as skills and equipment.[30] This means the Scottish Government will not know if integration has freed up resources for other uses, in line with its expectations, or if it has achieved a shift from institutional to community-based care.

- **The process of linking measures and outcomes is incomplete and it may be difficult to measure success.** This means that the Scottish Government will be unable to see what progress is being made nationally, or to compare the different approaches adopted by IAs to identify which are most effective. For example, one of the measures seen as indicating success is 'reducing the rate of emergency admission to hospitals for adults'. (A reduction in this is seen as evidence of a positive impact on outcomes 1, 2, 4, 5 and 7, as listed at Exhibit 6.) But hospital emergency admission rates can reduce for many reasons. At present, it is up to individual partnerships to decide which additional local measures they will adopt to explore why hospital emergency admission rates are changing.

  Councils and NHS boards are required to set out in their strategic plans which local measures they will use. We compared plans for North Lanarkshire and North Ayrshire IAs, both relatively advanced in their performance management arrangements at the time of our audit. We found the following:

  – They will use different measures from each other. This has the benefit of allowing IAs to focus on their local priorities. However, it will make it difficult for the Scottish Government to compare performance across IAs to identify what approaches are working best (Exhibit 10, page 37).

  – In various places, both IAs have associated a different mix of indicators to an outcome from that set out in Scottish Government guidance. This occurs more frequently in North Ayrshire which developed its plans before the Scottish Government published its approach. But North Lanarkshire also has taken a different view on which indicators it will use to measure progress on some of the national outcomes, making it difficult for the Scottish Government to measure progress at a national level.

  – We have provided a more detailed comparison of the approaches used by North Lanarkshire and North Ayrshire IAs in a supplement to assist other IJBs when developing their plans (Exhibit 10, page 37).

Exhibit 10

Integration authorities can use different information to measure progress towards national outcomes

National Outcome	Core integration indicator			Number of additional local indicators mapped to national outcome	
	Mapped to national outcome by both	Not mapped to national outcome by both		North Ayrshire	North Lanarkshire
People are able to look after and improve their own health and wellbeing and live in good health for longer	Percentage of people who say they are able to look after their health very well or quite well	• Premature mortality rate	NL	5	19
		• Emergency admission rate	AL		
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	None	• Percentage of staff who say they would recommend their workplace as a good place to work	NA	8	8
Resources are used effectively and efficiently in the provision of health and social care services	None	• Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated	NL	10	31
		• Readmission to hospital within 28 days	NL		
		• Proportion of last six months spent at home or in community setting	NL		
		• Falls rate per 1,000 population aged 65+	NL		
		• Number of days people spend in hospital when clinically ready to be discharged per 1,000 population	NL		

= North Lanarkshire map this to outcome

= North Ayrshire map this to outcome

= Neither map this to outcome

Source: Audit Scotland analysis of performance frameworks

- **It is important that there is a balance between targeted local measures and national reporting on impact.** This has the benefit of providing flexibility so that local partnerships can focus their efforts on priority areas. It is important that local partnerships set ambitious targets. The reforms bring the opportunity to have local outcome measures that local people recognise as responding to specific issues in their community. However, the Scottish Government and IAs need to resolve tensions between introducing better local measures and the need for clarity at national level about the impact that IAs are having. An increasing focus on local measures means it is timely to review whether existing national measures are fit for purpose.

The role of localities still needs to be fully developed

94. Localities are intended to be the key drivers of change, bringing together service users, carers, and health and care professionals to help redesign services. The Act requires IAs to establish at least two localities within their area. Scottish Government guidance, issued in July 2015, suggests that localities should be formed around natural clusters of GP practices. Naturally, the number and size of localities vary. Edinburgh, for example, has established four localities, with an average population of around 120,000. By contrast, Shetland has seven localities, each with an average population of around 4,000. Under the Act, localities need to be involved in both planning services and play a consultative role about service change in their local area. This raises an issue about the scale and size of localities – the optimal scale for locally planning services may not be the same as that for consulting on service change.

95. With IAs still focusing on their overall budgets and governance arrangements, the arrangements for localities are relatively underdeveloped. Some have now agreed priorities and budgets for individual localities, but in most cases, work at locality level has initially focused on networking with stakeholders and on needs assessments. Localities are key to the success of integration, therefore IJBs must focus on how localities will lead the integration of health and care.

96. We found that GPs are becoming involved in locality planning. But, in many areas, there are concerns about their ability to remain fully involved in locality planning. Some GPs are also sceptical, given earlier experiences with LHCCs and CHPs, which failed to provide a fundamental shift towards preventative and community-based services. In response, the Scottish Government is piloting a new approach in ten health centres across the country. These centres will form 'community care teams' and test different ways of delivering healthcare. It is important that there is a clear link between the work of these teams and locality planning arrangements to avoid confusion.

There will be a continuing need to share good practice and to assess the impact of integration

97. The 31 IAs are putting different arrangements in place to deliver integrated health and social care services. This high level of variation is permitted by the Act and, in allowing IAs to respond to their local context and priorities, has many advantages. However, at some point, the Scottish Government and individual IAs will need to review their initial arrangements and consider how these might evolve to reflect good practice in other parts of Scotland. We hope that this report, and our subsequent audits, will contribute towards this wider review.

Part 4

Recommendations

We have made recommendations to help organisations address potential risks to the success of health and social care integration. We will monitor progress as part of our future work on integration.

The Scottish Government should:

- work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this:
  - work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system
- monitor and publicly report on national progress on the impact of integration. This includes:
  - measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans
  - reporting on how resources are being used to improve outcomes and how this has changed over time
  - reporting on expected costs and savings resulting from integration
- continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.

Integration authorities should:

- provide clear and strategic leadership to take forward the integration agenda; this includes:
  - developing and communicating the purpose and vision of the IJB and its intended impact on local people
  - having high standards of conduct and effective governance, and establishing a culture of openness, support and respect
- set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny.

This includes:

  - setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice
  - ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB
- ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes:
  - setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required.
  - ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other
- be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including:
  - developing and maintaining open and effective mechanisms for documenting evidence for decisions
  - putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice
  - developing and maintaining an effective audit committee
  - ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints
  - ensuring that an effective risk management system in in place
- develop strategic plans that do more than set out the local context for the reforms; this includes:
  - how the IJB will contribute to delivering high-quality care in different ways that better meet people's needs and improves outcomes
  - setting out clearly what resources are required, what impact the IJB wants to achieve, and how the IA will monitor and publicly report their progress
  - developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils
  - making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act

- develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes:
  - developing financial plans for each locality, showing how resources will be matched to local priorities
  - ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively
- shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.

Integration authorities should work with councils and NHS boards to:

- recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained
- review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils
- urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners
- establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and care services
- put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.

Endnotes

1 This included reviewing 18 approved integration schemes, 17 of which were for integration joint boards following the body corporate model and one of which was for Highland's lead agency model.

2 Clackmannanshire and Stirling, Dumfries and Galloway, East Renfrewshire, Edinburgh City, North Ayrshire and North Lanarkshire.

3 *Review of Community Health Partnerships* [PDF], Audit Scotland, June 2011.

4 *Reshaping care for older people* [PDF], Audit Scotland, February 2014.

5 *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland,* Scottish Government, 2012.

6 *Scotland Performs*, Scottish Government, 2015.

7 *Projected Population of Scotland (2014-based),* National Records Scotland, 2015.

8 *Finance Committee. 2nd Report, 2013 (Session 4): Demographic change and an ageing population*. Scottish Parliament, 11 February 2013.

9 *Bed days occupied by delayed discharge patients*, ISD Scotland, May 2015.

10 *Review of Community Health Partnerships* [PDF], Audit Scotland, 2011.

11 After approval of its integration scheme, an IJB is established by parliamentary order. An IJB is operational when it has delegated responsibility from the NHS board and council for integrated budgets and services.

12 The lead agency is between Highland Council and NHS Highland. NHS Highland also has an IJB with Argyll and Bute Council.

13 Where the IJB spans across more than one council area, the minimum number of voting members is different. For IJBs of two council areas, at least two councillors from each council are required. For IJBs of more than two areas at least one councillor from each council is required. In both cases, the NHS board must nominate board members equal to the total number of councillors.

14 As IJBs have no plans to directly employ staff in this early stage of development, we are not commenting on related potential risks and issues. We are likely to return to this issue in more detail in future reports on integration.

15 *Self-directed support* [PDF], Audit Scotland, June 2014

16 The Joint Improvement Team is a partnership between the Scottish Government, NHSScotland, COSLA (Convention of Scottish Local Authorities) and the voluntary, independent and housing sectors.

17 East Dunbartonshire, Shetland and West Dunbartonshire.

18 Some areas, have a chief officer designate. This happens where, although recruitment for a chief officer is complete, until the IJB is established it cannot formally appoint the chief officer.

19 Falkirk currently has an interim chief officer in post and expects to make a permanent appointment to this role by the end of the year.

20 Public Bodies (Joint Working) (Scotland) Bill, Financial Memorandum, 2013.

21 Ibid.

22 *Review of Community Health Partnerships* [PDF], Audit Scotland, June 2011.

23 We explore these tensions more fully in our report *Arm's-length external organisations (ALEOs): are you getting it right?* [PDF], Audit Scotland, June 2011.

24 *RCN briefing 2: Clinical and care governance in an integrated world,* May 2015, Royal College of Nursing.

25 *Agreement on joint working on community planning and resourcing*, Scottish Government and COSLA, September 2013.

- 26 *NHS Scotland Workforce Information Quarterly update of Staff in Post, Vacancies and Turnover at 30 June 2015*, ISD Scotland, 2015. This figure refers to all staff in NHS Scotland, not just those working in integrated services.
- 27 *Scottish Social Service Sector: Report on 2014 Workforce Data*, Scottish Social Services Council, 2015.
- 28 *Scotland's Carers,* Scottish Government, March 2015.
- 29 Public Bodies (Joint Working) (Scotland) Bill, Financial Memorandum, 2013.
- 30 Ibid.

Appendix 1

Audit methodology

We reviewed a range of documents during our audit. Where available, this included:

- the Act and national guidance and regulations on implementing the Act
- 18 approved integration schemes[1]
- strategic and related financial plans
- minutes, papers and agendas for IJB meetings
- internal audit reports and local reports on integration arrangements
- financial audit information
- joint inspection reports from the Care Inspectorate and Healthcare Improvement Scotland.

We interviewed stakeholders in the following IA areas:

- Clackmannanshire and Stirling
- Dumfries and Galloway
- East Renfrewshire
- Edinburgh City
- North Ayrshire
- North Lanarkshire.

We drew on the work already carried out by:

- the Care Inspectorate
- Healthcare Improvement Scotland
- local auditors.

We also interviewed staff from:

- the Scottish Government
- the Joint Improvement Team
- the British Medical Association
- the Convention of Scottish Local Authorities
- NHS Information Services Division
- the Care Inspectorate
- Healthcare Improvement Scotland
- the voluntary sector.

Note: 1. We reviewed 17 integrations schemes establishing IJBs for Argyll & Bute, East Ayrshire, East Dunbartonshire, East Lothian, East Renfrewshire, City of Edinburgh, Eilean Siar, Inverclyde, Midlothian, North Ayrshire, North Lanarkshire, Renfrewshire, Shetland Isles, South Ayrshire, South Lanarkshire, West Dunbartonshire and West Lothian, and Highland's integration scheme setting out its lead agency approach.

Appendix 2

Scottish Government core integration indicators

Outcome indicators, based on survey feedback, available every two years, include:

- Percentage of adults able to look after their health very well or quite well.
- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated.
- Percentage of adults receiving any care or support who rate it as excellent or good.
- Percentage of people with positive experience of care at their GP practice.
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of carers who feel supported to continue in their caring role.
- Percentage of adults supported at home who agree they felt safe.
- Percentage of staff who say they would recommend their workplace as a good place to work.*

Outcome indicators derived from organisational/system data, primarily collected for other reasons, available annually or more often, include:

- Premature mortality rate.
- Rate of emergency admissions for adults.*
- Rate of emergency bed days for adults.*
- Readmissions to hospital within 28 days of discharge.*
- Proportion of last six months of life spent at home or in community setting.
- Falls rate per 1,000 population in over 65s.*
- Proportion of care services graded ‘good’ or better in Care Inspectorate Inspections.
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged.
- Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
- Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
- Percentage of people who are discharged from hospital within 72 hours of being ready.*
- Expenditure on end-of-life care.*

* Indicates indicator is under development.

Health and social care integration

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Appendix 3

Summary of Audit Scotland Recommendations

Part 4 of the Audit Scotland report contains a summary of the recommendations. The first section relates to actions from the Scottish Government to support integration and includes support to further develop performance measurement, public reporting of progress and leadership development and sharing of good practice.

In relation to the Integration Authorities AS should do the following:-

1. **Provide clear and strategic leadership to take forward the integration agenda, including developing and communicating the purpose and vision of the IJB and its intended impact on local people as well as having high standards of conduct and effective governance and establishment of a culture of openness, support and respect.**

Response: A Chief Officer and Chief Finance Officer to the Integration Joint Board [IJB] have now been appointed, coming into post in July and October 2015 respectively. The IJB meets on a four weekly cycle and is chaired by Alex Linkston, NHS Forth Valley with the Vice Chair, Cllr Les Sharp of Clackmannanshire Council. The IJB membership is now fully established in line with the Government's guidance, as is the establishment and membership of the IJB's Strategic Planning Group. A programme management approach has been taken to ensure that the core requirements are in place prior to April 2016. At the time of writing the Strategic Plan has just completed a period of public consultation and will be revised in the light of this. The Strategic Plan contains a vision, set of principles and a number of specific strategic priorities. As part of the work to develop the Strategic Plan a series of staff and public facing events have been held across the partnership area and engagement is in place with the respective Community Planning Partnerships and Criminal Justice Authority. A series of staff and public newsletters have been issued and a public facing internet site (hosted by NHS Froth Valley) is in place.

In terms of having a suitable code of conduct for members of the IJB, the Scottish Government is expected, at the time of preparation of this report, to very shortly issue a Model Code of Conduct for IJB's, and it would be intended that the same would be presented to the IJB for

adoption shortly thereafter, and before April 2016. The IJB also held an initial development session for all IJB members in November 2015 to promote understanding of the roles, contribution from each member and code of conduct. Further development sessions will take place over 2016 to support IJB members to effectively carry out their duties. A staff forum has also been established to engage more fully with the staff side and trade union representatives The full governance framework is under development with the first paper due for presentation to the IJB in January 2016 detailing clinical and care governance

2 **Set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity around who is ultimately responsible for the quality of care and scrutiny. This is to include (i) setting out a clear statement on the respective roles and responsibilities of the IJB, NHS Board and Council and the IJB's approach towards putting this into practice, and (ii) ensuring IJB members receive training and development to prepare them for their role, including managing conflicts of interests, understanding the organisational cultures of the NHS and Councils and the roles of non-voting members of the IJB.**

Response: In case one should be required, and based upon Government guidance, there is a conflict resolution process contained within the Integration Scheme, as approved by full Council in June 2015. The Standing Orders for the IJB were approved in October 2015 and also contain a section on dispute resolution.

In order to support communication and forward planning a joint monthly meeting between the respective Chief Executives, the Chair and Vice Chair along with the Chief Officer and Chief Finance Officer of the IJB is in place. There are also fortnightly meetings in place between the Chief Officer, Chief Finance Officer and the General Manager for community services from NHS Forth Valley and the Chief Social Work Officer of the local authorities..

As noted above, an initial development session for all IJB members has been held to promote understanding of the roles, contribution from each member and code of conduct. Further development sessions will take place over 2016 to support Board members to effectively carry out their duties. This training will be supplemented by the ongoing personal development training already offered by each constituent authority.

3 **Ensure that a constructive working relationship exists between the IJB members and the Chief Officer and Finance Officer and the**

public. This includes (i) setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required and (ii) ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other.

Response: As noted above, the Standing Orders for the IJB were approved in October 2015 and contain the relevant guidance to all parties in relation to general principles; membership; focus for the first meeting of the IJB following the IJB being established in October 2015; appointment for the Chair and Vice Chair; calling of meetings; notice of meetings; public access; attendance, quorum and remote attendance; conduct of meetings; urgent business; order of business; conflict of interest; records; decision making; dispute resolution; revocation of previous resolutions; alterations to standing orders; establishment of committees; and, application of standing orders. The IJB will also consider in early 2016 a suitable delegation of powers to the Chief Officer and Chief Finance Officer, to enable those officers to take forward operational matters without having to report back to the IJB for approval. The training and reporting covered elsewhere will enable there to be the required clarity on relationships and respective roles.

4 **Be rigorous and transparent about how decisions are taken, and listening and acting on the outcome of constructive scrutiny, including (i) developing and maintaining open and effective mechanisms for documenting evidence for decisions, (ii) putting in place arrangements to safeguard members and employees against conflicts of interests and put in place processes to ensure that they continue to operate in practice, (iii) developing and maintaining an effective audit committee, (iv) ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints and (v) ensuring that an effective risk management system is in place.**

Response: The Governance work stream has been effective at taking these matters forward, as referred to elsewhere, but taking the points in turn, (i) all meetings of the IJB are minuted and a decision log is held, (ii) as above, the Standing Orders for the IJB make provision for the disclosure of any conflicts of interest and the initial development session had a focus on the code of conduct, with further development sessions for members to be held during 2016, (iii) a draft paper on the establishment of a resources committee has been developed and the future committee structure for the IJB is currently being considered linked to and based on the output from the Governance workstream, (iv) as part of the Governance workstream a full complaints process is

being developed and will be agreed by the IJB prior to April 2016 and (v) again as part of the work of the Governance work stream a risk strategy and framework is being developed based on the existing frameworks across the partners and will be in place prior to April 2015.

5 Develop strategic plans that do more to consider local context for the reforms, including (i) how the IJB will contribute to delivering high quality care in different ways that better meet people's needs and improve outcomes, (ii) setting out clearly what resources are required, what impact the IJB wants to achieve and how the IA will monitor and publicly report their progress, (iii) developing strategies covering the workforce, risk management, engagement with service users and data sharing based on overall strategic priorities to allow the IA to operate successfully in line with the principals set out in the Act, and ensure these strategies fit with those of the NHS and the Councils and (iv) making clear links between the works of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act.

Response: The draft Strategic Plan is currently in a period of consultation. The Plan reflects the current development stage of the IJB. As noted previously it contains a clear vision and set of principles and a set of key strategic commitments. The Plan builds on the work to date arising from the Reshaping Care for Older People work stream; the Integrated Care Fund and Delayed Discharge Funding; the Clinical Services Review for NHS Forth Valley and the work being undertaken within the Council as part of the proposed re-designs of services allied to the Priority Based Budgeting. The Chief Social Work Officer and Head of Social Services and the operational services, including the Housing Service, have been involved in the development of the Plan. The work to date is focused on early intervention, prevention, reablement/recovery/rehabilitation and the development of services which will support people within their own homes or communities and support timeous discharge from acute care or avoidance of unnecessary admissions.

The quantum of resource to be transferred to the IJB is still being determined by partners at the time of writing, as referred to elsewhere. The Strategic Planning Group is now fully formed and has membership from service users/patients; unpaid carers; service areas; clinicians and practitioners/staff; staff side and trade unions; third and independent sector and carers. The Group will over the coming months work through the existing core implementation and improvement plans for each area of service or function to ensure that they are consistent with the agreed strategic aims of the IJB and carry out a planned programme of review where necessary, and report its outcomes to the IJB.

The strategies, framework and plans covering the workforce, risk management, engagement with service users and communities, data sharing and performance are all currently under development and scheduled for presentation to the IJB between January and March 2016. The work, which is now at an advanced stage, is consistent with the Act and with the key strategic priorities outlined within the draft Plan. The workstreams are overseen by a programme board comprising of senior officers from the partners and are - Governance; Consultation and Engagement; Clinical and Care Governance; Performance; Workforce; Organisational Development; Risk and Finance. The data sharing partnership which was already in existence across Forth Valley now also reports to the programme board in relation to the development and implementation of data sharing protocols and the possible development of a portal which would initially support view access for all services to a range of records.

6 Develop financial plans that includes/shows how IAs will use resources such as money and staff to provide more community based preventative services. This includes (i) developing financial plans for each locality, showing how resources will be matched to local priorities and (ii) ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively.

Response: As noted elsewhere, the financial planning is ongoing. The IJB has established three localities. The initial locality development sessions have been held and further work will be carried out during 2016 to develop the locality plans, taking account of and building on the neighbourhood pilot work already underway in Stirling and the hub development in Clackmannanshire. The performance framework and the financial framework currently under development , along with the proposed establishment of a resource sub-committee to the IJB will provide the reporting structure for assurance to take place.

7 Shift resources, including the workforce, towards a more preventative and community based approach. It is important that the IA also has plans that set out how in practical terms they will achieve this shift over time.

Response: As noted above the draft Strategic Plan has a clear set of strategic objectives focused on health and wellbeing, reduction in health inequalities and supporting people to live at home or in communities and finally the development of localities. All the work to date being carried out by the health and social care services is focused on these strategic priorities and this will continue. Over 2016 further

work will be carried out by services overseen by the Strategic Planning Group to review as necessary services against the strategic priorities and outcomes and to develop the more detailed three year plans.

Integration Authorities should work with Councils and NHS Boards to:-

1 **Recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the Chief Officer and Chief Executives of the NHS Board and Council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and the objectives is maintained.**

Response: As noted above there is regular and ongoing dialogue and meetings between the chair and vice chair of the IJB and the Chief Executives/Senior Officers of the constituent authorities in relation to forward planning and the respective roles, with associated reporting to full Council/Committees of the Council.

2 **Review clinical and care of governance arrangement to ensure a consistent approach with each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and Councils.**

Response: Clinical and care governance is one of the established work streams of the IJB in this transition phase and the initial output is due for presentation to the IJB in early 2016. The work has been carried out by a small working group drawn from the clinical and care governance leads of the constituent authorities and the Chief Social Work Officer...

3 **Urgently agree budgets for the IA. This is important both for the first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans, this includes aligning budget setting arrangements between parties.**

Response: NHS Forth Valley has modified their budget setting arrangements to more closely tie in with the two local authorities, and the Council's budget is due to be considered towards the end of February 2016. The finance work stream which has been established for the integration programme, as referred to above, includes the Chief Finance Officers from the IJB and each of the constituent authorities

and the process for budget setting is underway, due to finalise in March 2016, and as such subsequent to the Council's budget being set for 2016/17. This work stream has focused on the due diligence exercise using the nationally agreed common principles and methodologies, with two sub-groups focused on governance and assurance.

4 Establish effective scrutiny arrangements to ensure that councillors and NHS non executives who are not members of the IJB Board are kept fully informed of the impact of integration for people who use local health and care services.

Response: Clackmannanshire Council has received regular reporting in connection with the integration programme, and that will continue beyond 1 April 2016. The Chief Officer of the IJB will also report annually to the constituent authorities will a full financial and performance report.

Ongoing discussion is taking place in relation to the scrutiny and internal audit requirements for Clackmannanshire Council. This includes consideration, both as part of IJB Finance Workstream and preparation of the Clackmannanshire Council 2016/17 Internal Audit and Fraud Annual Plan, on how assurance will be provided.

5 Put in place data sharing agreements to allow them to access the new data provided by ISD Scotland.

Response: The Information Services Division of the Scottish Government has been working with the IJB since August 2015 supporting the IJB to develop the strategic needs assessment which is the bed rock for the draft Strategic Plan, since information from the two local authorities Council and NHS Forth Valley will be presented and analysed together. Staff from each of the two local authorities and the NHS Forth Valley have been working together to complete the necessary data sharing agreements which are expected to be fully complete in early 2016.

CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 7

ON THE AGENDA

Report to Housing, Health & Care Committee

Date of Meeting: 28 January 2016

Subject: Social Services Finance Report 01/04/15 to 30/11/15

Report by: Head of Social Services

1.0 Purpose

1.1. As a result of the budget challenge within social services it has been agreed that the service will report financial performance to each committee. This will ensure that Housing Health and Care Committee are aware of the service demands and budget pressures on a regular basis.

1.2. This paper is a report to the Committee on the Social Services budget performance from 1 April 2015 to 30 November 2015. The purpose of the report is to identify key variances, reasons for these and specific actions to improve the services overspend position.

2.0 Recommendations

2.1. It is recommended that the Committee:

a) note the report, comment on and challenge as appropriate;

b) note the demand on services and the budget to fulfil its duties to implement and resource decisions

c) note the recovery action to address the overspend and Action Plan (Appendix 1)

d) request that the Resources and Audit Committee undertakes a scrutiny review of the circumstances impacting on the social services budget position and reports its findings to Council (ref paragraphs 3.21-3.23 of this report).

3.0 Considerations

3.1. The service is projecting a Revenue budget overspend of £1,894K and a Capital underspend of £315k. (see Table 1).

3.2. This report to the Housing, Health and Care Committee is to update the committee in relation to the social services budget. The report identifies details in relation to the spend and costs for the service and local authority.

The report also identifies the service actions to address the spend and budget challenge.

3.3. As well as the above the report will highlight the savings to date under Making Clackmannanshire Better.

3.4. **Child Care:** Child Care is forecasting an overspend of £1,676K. This is an increase of £526K from the last report to committee. The main area of overspend is Residential Schools £1,549K, which is an increase of £180K due to an additional three residential school placements since the last report. There is a projected underspend of £161k due to staff vacancies at Alloa Family Centre. These vacancies are currently being reviewed as part of Making Clackmannanshire Better. Appendix 2 details the spend by area.

3.5. Following the last committee the service along with Education have initiated a review of the Authority Girfec Group (AGG) and the residential school placements. There has been an increased demand in residential placements since April 2015. The review will look at the national trends and the local trends over the past three years. The review is due to be concluded in January 2016.

3.6. The above is being led by the Service Manager and Principal Education Psychologist responsible for the AGG and will be reported to the Assistant Head of Service for Education and the Assistant Head of Service Social Services. This will inform us on the integrity of our decision making as a council and a partnership and whether we need to change any aspect of our current practice and interventions. On conclusion of this work the service will report back the findings to a future committee and how we compare with the national trends.

3.7. In gaining an understanding of the trends and decision making the aim is to reflect on our processes and practice to improve the outcomes for Clackmannanshire's children whilst reducing our overall costs for residential placements.

3.8. The service through the Service Managers is also reviewing all the residential schools placements and high cost placements to identify young people who can move to less expensive resources. Early exit strategies for young people nearing school leaving age are also being explored where appropriate. Any recommended move of placement will however have to be agreed on a multi agency basis and ratified through the Children's Hearing who have ultimate decision making responsibility in relation to a child's residence.

3.9. Work is also identified with stakeholders and partners in decision making about accommodation of children and the cost implications for the local authority. This work will challenge partners and stakeholders expectations about managing risk in the community and financial implications of the service and local authority. The service and partners are being challenged to look at alternatives to accommodations particularly to bring young people back to their communities. This work will also involve briefings with children's hearing panel members.

3.10. Capital of £250k was identified for a new children's residential service as a spend to save option for the council. A full Business case has been submitted

as part of Making Clackmannanshire Better in September 2015. Council agreement to pursue this for full implementation will be decided as part of the MCB process however early identification of sites is underway.

3.11. Fostering and Adoption is forecasting an overspend of £113k. This is an increase of £16K from last committee. This is as a result of fifteen children currently placed internally with Stirling Council foster carers. The use of Stirling carers is maintaining children closer to their communities and has resulted in significantly reduced costs compared to external purchased placements.

3.12. Transport of clients in Child Care is projecting a £42k overspend. This is a reflection of the number of children accommodated in Foster Care placements out with the Local Authority. The overspend relates to the cost of transporting children to school by taxi as well as extensive contact arrangements for children following decisions from children's hearings.

3.13. Eligibility criteria has been introduced for social services for children with disability entitled to a mobility allowance. This is specific to respite and activities provided by social services and transport arrangements and costs now to be met by the carers.

3.14. Current activity in relation to child care services is highlighted below as at 30th of November 2015 with a comparison for November 2014 and end of finical year March 2015. The table highlights significant increases in two areas that impact on budgets. The LAAC external foster care has increased and following the Zero Based Budgeting exercise in 2014/15 this budget was increased to reflect demand. As a service as stated in 3.11 we are able to keep these costs down by using Stirling Foster Carers for Clackmannanshire children. The residential school placements have however significantly increased. This increase is resulting in the current overspend of £1,549K.

	30TH NOVEMBER 2014	31ST MARCH 2015	30TH NOVEMBER 2015
CP REGISTRATIONS	36	37	35
LAC AT HOME	27	31	49
LAAC INTERNAL FOSTER CARE	24	26	28
LAAC EXTERNAL FOSTER CARE	33	38	58
RESIDENTIAL SCHOOL	5	9	13
INTERNAL CHILDREN UNIT	3	4	4
EXTERNAL CHILDREN UNIT	4	4	8
SECURE	0	0	0
KINSHIP	48	50	26

3.15. **Adult Care.** Elderly & Physical Disability Care Management is showing an overspend of £292K. This is primarily due to an overspend of £314k against the Nursing Home budget. Demand for Nursing Home placements normally

peaks in the summer months, based on the previous years demand profile, placements may reduce over the remainder of the year by up to 7%.

3.16. The service are undertaking a review of the above in partnership with colleagues from finance to do more analysis of the spend and the client pathway resulting in a residential placement. There is also an increased scrutiny of screening at Panel as well as care plans to ensure decision making and plans are robust.

3.17. Social Services Management Support is projecting a £67k underspend which relates to staff vacancies.

3.18. Adult Provision. The Integrated Care Fund is projecting an overspend of £113k. This is due to an increase in relief staff hours to support the Reablement strategy.

3.19. Disability Day Care is projecting an underspend of (£173k). This is due to staffing vacancies as a result in the downturn of demand for day care services following the introduction of the charging policy for this service. Resourcing of this service is being reviewed as part of Making Clackmannanshire Better with a review of all Adult Day Service Provision to re-shape older people's/adult services. This programme will establish a project team incorporating health and social care colleagues to consider transformational changes to Adult Day Services - scoping workshop will be held in October.

3.20 *Appendix 2* to this paper contains a detailed analysis of variances in respect of each service area.

3.21 Social Services management has discussed the increasing revenue overspend with the Convenor of Housing, Health and Care Committee. Given the extent of the projected overspend and its implications for the Council's overall budget, it has been concluded that a wider review of the situation would be beneficial to examine all the circumstances impacting on the service's financial position.

3.22 This wider review would examine the current profile of social services expenditure and consider the anticipated budget requirement for the future to ensure that sustainable resourcing of social services is possible for the Council. It is expected that the review would take into account a wide range of factors including:

a) demographics

b) statutory requirements

c) benchmarking spend, provision and policy against those of other councils

d) the financial control environment.

3.23 Given the wide-ranging nature of some of these matters and the corporate impact of increasing spend in social services, it is proposed that the review takes the form of a Scrutiny Review of the Resources & Audit Committee, the findings of which should be reported to Council.

Table 1

Service	Annual Budget 2015/16	Actual Spend to 30/11/15	Projected Outturn to 31/03/16	Variance Outturn V Budget
	£000	£000	£000	£000
Revenue				
Mental Health & Learning Disability	5,878	3,906	5,896	18
Elderly & Physical Disability Care Management	4,963	3,511	5,254	292
Adult - Provision	4,674	2,892	4,649	(25)
Child Care - Clacks Locality	2,174	1,414	2,320	145
Child Care - Resourcing, Disability, TCAC	6,415	3,757	6,398	(18)
Residential Schools	2,583	2,412	4,131	1,549
Criminal & Youth Justice Services	239	936	249	11
Strategy	563	118	553	(11)
Social Services Management Support	368	299	301	(67)
Total Revenue	**27,857**	**19,245**	**29,751**	**1,894**
Capital				
Social Work Integrated System	145	30	30	(115)
Telecare	75	25	75	0
Child Care Residential Unit	250	0	50	(200)
Total Capital	**470**	**55**	**155**	**(315)**

Table 2

Progress in Delivering Planned Budget Savings in 2015/16

Description of Saving	Saving 2015-16	Progress	Comment
Review of equipment and adaptation	11	0	Discussions ongoing to establish how this will be achieved
Reprovision of day care across shared service	20	0	Discussions ongoing with Stirling Council
Review of Transport of Clients across Adults and Children Services	10	0	This saving won't be achieved due to the overspend projected for this expenditure
Increase in MECs Charges	14	14	Income projected as being achieved
Cease Intensive Support Contract	150	150	Termination of Includem contract in April 2015
Child Care Respite	20	20	Reduction in respite projected
Total 15/16 Savings	**275**	**184**	

4.0 Sustainability Implications

4.1. None.

5.0 Resource Implications

5.1. Financial Details

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ☑

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☑

5.4. Staffing

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☑

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

The area has a positive image and attracts people and businesses ☐
Our communities are more cohesive and inclusive ☑
People are better skilled, trained and ready for learning and employment ☐
Our communities are safer ☑
Vulnerable people and families are supported ☑
Substance misuse and its effects are reduced ☐
Health is improving and health inequalities are reducing ☐
The environment is protected and enhanced for all ☐
The Council is effective, efficient and recognised for excellence ☐

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes ☐ No ☑

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☑

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 Social Services Recovery Action Plan 2015

Appendix 2 Social Services Outturn Report November 2015

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☑

Author(s)

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Elaine McPherson	Chief Executive	452002

Approved by

NAME	DESIGNATION	SIGNATURE
Elaine McPherson	Chief Executive	Signed: E McPherson

Social Services Action Plan- Budget Action Plan

Cost Pressures	Lead	Timescale	Action
1. Transitions 2015/16 - Further analysis of full year costs/effect has ensured a more accurate projection of spend during 15/16.	Service Manager Partnership	30th September 2015	Action Complete
2. Increase in Care Home placements since March 2015 from 144 to 161. This has led to an overspend of 376k since March 2015.	Service Accountants Assistant Head of Social Services (Adult Care)	31st March 2016	Reduce the number of care placements from 161 actual to 144 budgeted number during financial year 15/16. this is monitored through the weekly Resource Panel Action complete
3. Authority GIRFEC Group - £1.15million overspend. This budget is jointly managed between Social Services and Education.	Assistant Head of Social Services Children/Education Services	31st August 2015	Pre-screening for Resource allocation group has been introduced.

Cost Pressures	Lead	Timescale	Action
		31st March 2016	Audit of high cost care packages to be undertaken. Target to reduce overspend by 500k . Analysis of Trends and residential schools underway report for end of December 2015
4. Increase recruitment by 5 Foster Carers to offset dependency on external placements (current number is18).	Assistant Head of Social Services (Child Care)	31st March 2016	This increase in Foster Carers will lead to a saving of 240k during financial year 16/17.
Income 5. Delayed Discharge Funding - Additional funding allocated for funding for 5 additional care beds with Health beds for 6 weeks rolling till the end of the financial year (income of £93k)	Service Manager Assessment Care Management Service Accountant	30th September	Action complete

Cost Pressures	Lead	Timescale	Action
6. Business case under MCB- The review and evaluation of the current recovery policy, the processes and levels of performance in terms of maximising the retrieval of outstanding debt of £304,758	Service Manager Assessment Care Management Team Leader Business support Service Accountant	31st January 2016	
7. Review income levels for financial planning purposes based on expected income from; Integrated care fund National delayed discharge funding Scottish Government Residential Care inflationary uplift	Assistant Head of Service (Adult Care) Service Accountant	31st October 2015	Action Complete
Compliance 8. Review weekly resource panels to ensure robust financial and resource management Implement a weekly pre panel screening group for Adult Care and Children's Services (RAG)	Senior Management Team (Social Services)	30th September	Action Complete. Review indicates that staff are compliant with the process and take requests for packages to appropriate screening groups.
9. Review alignment of finance systems to service activity to ensure more accurate financial projections commissioning and budget planning assumptions.	Service Managers/ Team Manager Business support/ Service Accountant/ Assistant Head of Service (Adult Care) Assistant Head of Service (Children's	January 2016	Work in progress

Cost Pressures	Lead	Timescale	Action
	Service)		
10. Rollout a training programme for financial monitoring for managers/budget holders.	Chief Finance Officer	30th June 2015	Action outstanding
11. Implement further financial restrictions/controls for front line staff to reduce spend.	Assistant Head of Service Service Managers Children's Services.	31st August 2015	Action Complete
12. Review financial Monitoring arrangements by the Senior management team on a monthly basis linked to performance reporting.	Assistant Head of Service Service Managers Children's Services	Monthly High Level Budget meetings	Work in progress
13. Implement Reviewing Officers posts (MCB spend to save) in Children's Services to target 10 high cost placements savings target of 500k.	Assistant Head of Social Services (Children) Service Managers Children's Services	31st March 2016	Work in progress
14. Review variation in cost of existing Scotland Excel National contracts	Service Manager/ Strategy Procurement Manager Assistant Head of Social Services (Children Services).	30th November 2015	Work in progress

Cost Pressures	Lead	Timescale	Action
15. Audit of the Commitment system in Social Services (CCIS) to ensure robust compliance of financial authorisation levels.	Assistant Head of Service Service Managers Adult Care.	31st January 2016	Work in progress
16. Implementation of Eligibility Criteria of high cost care packages in Mental Health and Learning Disability services linked to MCB. Savings target of 300k.	Service Accountant Service Manager Partnership	31st January 2016	Work in progress
Demographic Growth 17. Undertake an analysis of demographic pressures based on demand and activity.	Service Manager Strategy	January 2016	Prepare a growth bid to reflect demographic pressures in the older Peoples Population.
18. Analysis of past and future demand linked to commissioning for care at home and long term care	Assistant Head of Social Services Service Manager Strategy		Prepare a growth bid to reflect demographic pressures in the older Peoples Population.
19. The identification of management savings and revised financial planning assumptions for 2015/16	Assistant Head of Social Services Service Managers		
20. Kinship Care -review of all Kinship Placements Projected growth in relation to Scottish Government Section 11 criteria for entitlement.	Service Managers Children's Services	31st January 2016	Work in progress

Social Services - Budget v Outturn
As at November 2015

The main reason for the £1.894m overspend in budget is the Residential Schools budget which is jointly managed with Education. The Service are currently reviewing all residential packages with a view to reducing the £1.549m overspend. Elderly and Physical Disability is projecting a £291k overspend and is primarily due to Nursing placements and Care at Home pressures.

	Budget 15-16 £'000	Outturn 15-16 £'000	Variance £'000
Social Services Variance	**27,857**	**29,751**	**1,894**
Mental Health & Learning Disability Care Management			
Carsebridge and IMH Mgmt- Post funded from Change Fund ; Vacancies ; Unbudgeted post			(46)
Mental Health Purchasing - two posts not in superann scheme ; one employee on long term sick pay ; purchasing growth pressures			11
Learning Disability Purchasing - growth pressures partly offset by surplus income			53
	5,878	**5,895**	**18**
Elderly & Physical Disability Care Management			
Staffing - Agency staff (no budget) and minor overspend in permanent staffing			43
CES - Equipment Purchases, assumed same activity level as last year. Demand led.			1
Shared Management Team - recharge under review			(73)
Clacks Elderly & Physical Disability - purchasing growth pressures.			291
Reception			(0)
Intermediate Care - unbudgeted post			16
Hospital - unbudgeted post			13
	4,963	**5,254**	**292**

Social Services - Budget v Outturn

As at November 2015	**Budget 15-16 £'000**	**Outturn 15-16 £'000**	**Variance £'000**
Adult Provision			
Comms Centre - Shared costs greater than budget			6
Menstrie House - Staffing overspend due to balance between permanent and agency - offset by underspend in supplies			16
Homecare - Reablement posts funded by change fund.			(88)
MECS - Staffing overspend due to balance between permanent and agency			27
Eld Prov Mgt Unit - Overspend in Agency staff			15
Ludgate House - Staffing overspend in Agency staff due to problems recruiting relief - budget re-alignment in progress			(8)
MOW - saving on staffing and equipment			(24)
Disability Daycare Staffing - client numbers have reduced since charges introduced - posts not filled			(173)
Daycare Staffing			0
Sheltered Housing			(1)
CF - Support Team Resource			0
CF - Support Team Resource (2) - staffing costs partly funded by FV Health Board - review in progress			201
	4,674	**4,649**	**(25)**
Strategy			
Performance, Quality & Assurance - Performance & Quality Officer no funding for this post, ongoing at the moment			2
Appropriate Adults - Vacancy			(15)
Planning & Commissioning - Project OLA's exp at zero as no costs expected this year. Could be used to fund post in performance above			(1)
Substance Misuse- Forth Valley Health Board invoice not accrued			(14)
Various small overspends			17
	563	**553**	**(11)**
Child Care - Clacks Locality			
Safeguarders			(2)
Duty Intake Team - staffing underspend due to vacancies			(25)
Long Term Team - Staffing underspend due to vacancies £126k. Vacancies covered by Agency staff - projected cost £198k			72
Long Term Team - Legal Fees in respect of an ongoing court case			78
Long Term Team - Transport of Clients mainly due to taxi costs for contact and taking children from outside of the local authority area to school. These costs have trebled over the last 2 years. This is a reflection on the increased number of children accommodated in foster placements. There is an action plan in place to review all travel and ensure that this is a need for the child in order to reduce costs. Transport overspend has reduced by £40K this year due to review.			42
Long Term Team - £15k Estimated expenditure for the Lilias Graham Trust.			11
Intensive Support - Payments to Carers			(28)
Child Protection - Small staffing underspend due to vacancy in first four months			(4)
EDT			(0)
	2,174	**2,320**	**146**
Child Care - Resourcing, Disability TCAC			
Fostering & Adoption - Overspend due to 14 children placed internally with Stirling Council Foster Carers.			113
External Foster Care - Currently 43 children placed in external placements.			6
Throughcare Aftercare - underspend in aftercare payments of £35k, this follows trend of previous years.			(37)

Social Services - Budget v Outturn

As at November 2015	Budget 15-16 £'000	Outturn 15-16 £'000	Variance £'000
Woodside - Staffing underpspend due to lower costs for special support flat.			(24)
Disability Team - unbudgeted payment to health authorities for complex care children.			39
Early Years - On Budget			(2)
Early Years Teacher Hours			0
Vol Orgs - uncommitted budget from CCSF			(14)
Alloa Family Centre - Underspend from Staff vacancies			(161)
Homestart			6
Tayvalla			6
Kinship Care			24
Corporate Parenting - Overspend in payments to individuals			26
Community Mental Health Worker			0
	6,415	**6,398**	**(18)**
Criminal & Youth Justice			
Youth Justice - Staff Travel			(4)
Glenochil Prison			0
HQ Admin - Grant reduction due to underspend in MAPPA.			49
CJA Training - overspend split with FFVCJA constituent authorities			2
Community Service - Vacant posts			(19)
NC - Young Offender's			(3)
NC - Supp Accommodation			(0)
MAPPA - Staff vacancies underspend split with FFVCJA constituent authorities			(12)
	239	**249**	**11**
Management Support			
Overhead charge to CJS - Recharge of overheads to CJS greater than budgeted			(26)
Directorate - Staff vacancies			(41)
	368	**301**	**(67)**
Residential Schools			
The Residential Schools overspend is in relation to 8 new high cost placements in June ranging from £101-200K each.			1,549
	2,583	**4,131**	**1,549**
Social Services Total	**27,857**	**29,751**	**1,894**

CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 08

ON THE AGENDA

Report to: Housing, Health and Care Committee

Date of Meeting: 28 January 2016

Subject: Clackmannanshire Integrated Mental Health Service - Annual Report - 2014/15

Report by: Service Manager, Partnership

1.0 Purpose

1.1. The purpose of this report is to provide the Committee with a brief overview of the context of Clackmannanshire Integrated Mental Health Service by highlighting specific outcomes identified within the Annual Report for 2014/15. It is particularly relevant to showcase, as this year coincides with the sixth anniversary of the report and offers an opportunity to celebrate the longevity and continued success of this remarkable partnership that exists locally between Clackmannanshire Council, NHS Forth Valley and our Third Sector Partners.

1.2. Locally Clackmannanshire Council and NHS Forth Valley's partnership together with the Scottish Association for Mental Health has initiated and maintained integrated planning for, and delivery of, mental health and social care services since 2003.

1.3. Further, with the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, much of the learning associated with the Integrated Mental Health Service has been shared and utilised to help inform and extend integration approaches to delivering health and well being outcomes to include mental health services and wider models of service delivery in neighbouring areas and other parts of Scotland.

1.4. This report will illustrate some good practice examples and show how the integrated approach adopted by Clackmannanshire Council has strengthened existing partnership working, improved performance and significantly increased service user, stakeholder and staff satisfaction levels. Financial and resource efficiencies are also referenced.

2.0 Recommendations

The Housing, Health and Care Committee agrees to:

2.1. Note how the maintenance and advancement of Clackmannanshire Integrated Mental Health Service remains consistent with emerging policy and legislation

associated with the wider health and social care integration agenda at both a local and national level.

2.2. Note how Clackmannanshire Integrated Mental Health Service has strengthened stakeholder relations, streamlined functions, clarified roles and responsibilities operationally (internal and external), built capacity and delivered positive outcomes for people who use services locally.

3.0 Considerations

3.1. The promotion of partnership working and integration is a key theme in all national strategy and the Annual Report illustrates how service developments in 2014 - 2015 evidence continued progress towards this end.

3.2. Significantly, the expert care, guidance and support which Clackmannanshire Integrated Mental Health Service provides is not delivered in isolation but through close collaboration with Klacksun (service user representation) and other key partners such as Third Sector colleagues, Carer Services, GPs (Primary Care), Housing, Education, Police Scotland, Clacksworks and Clackmannanshire Healthier Lives Anticipatory Project with a focus on achieving outcomes predicated on:

- Improved collaboration between commissioners, referrers, service users and providers in relation to referrals to and between services. The service operates a Single Referral Pathway to ensure that referrals are directed to one point ensuring that the person being referred goes directly to the correct team;

- More appropriate and flexible use of Third Sector Provider services as steps on a journey towards recovery rather than solely relying on long term placement or input; and

- Early intervention and support. As a result of working together, the service is able to reduce waiting times, provide a wider choice and respond quicker;

3.3 The collegiate approach adopted by Clackmannanshire Integrated Mental Health Service which is conveyed and presented in it's Annual Report for 2014/2015 demonstrates how the integrated service consistently ensures:

- Individuals receive the right service at the earliest opportunity;

- Resources are deployed appropriately and flexibly to respond to population demand;

- Duplication is reduced to maximise resource use and support best value; and

- Simple and efficient access to services.

3.4 By adopting a whole systems approach and robust quality assurance and governance framework, performance and monitoring observes that Clackmannanshire Integrated Mental Health Service delivers consistently in terms of key outcomes, including:

Shifting the Balance of Care

- In keeping with the national 'Shifting the Balance of Care' strategy the percentage of referrals going to community mental health services continue to increase as opposed to being directed primarily to clinical psychiatry. As a result the integrated service has revised it's target for referrals to community based mental health services from 60% to 65% to reflect this growing trend and priority.

Timeframes

- The referral process offers clear timeframes for responding to referrals within either one week or 6-weeks depending on whether the referral is urgent or routine. For the service overall, 75% of timeframes were satisfied for 2014/15.

Evaluation

- The integrated service uses formal and informal methods (surveys/meetings) to obtain feedback on how service users, stakeholders and staff evaluate services and the views obtained for 2014/15 identifies:

  i) 92% of service users rate the overall service as good to excellent, with 95% also reporting that the service helped with all or some of their problems;

  ii) The level of satisfaction expressed by GPs, partners and other agencies the integrated service has close links with in respect to communication and the single referral pathway has improved in comparison to the previous year, ranging from 75% to 88% regards the specific points surveyed; and

  iii) Results for the staff survey show high levels of satisfaction, particularly in the area of training and development (100% satisfaction) which was an aspect identified and targeted for improvement for 2014/2015.

Customer Service

- Following achievement of the Customer Service Excellence Award in 2010 and continued accreditation following re-assessment year on year the integrated service reports success again in maintaining the Customer Service Excellence Award following re-assessment in September 2014. Notably, although not included in the annual report for 2014/15 following a further review in September 2015, the Integrated Mental Health Service was again successful in retaining this accreditation with the assessor highlighting particular praise regards joint working arrangements in place and the high levels of consultation and engagement evident which were also viewed as supporting further improvements and choices for service users.

3.5 The integrated service is an important cornerstone in supporting a range of individuals across Clackmannanshire with common mental health difficulties

to longer-term and more complex mental health issues and the fact that it is regarded as a model of 'best practice' and viewed so highly by service users, stakeholders, and staff alike places it in a good position to consolidate and develop integrated approaches yet further when it comes to integration over the longer term.

4.0 Sustainability Implications

4.1. There are no sustainability outcomes arising from this report. No ☑

5.0 Resource Implications

5.1. Financial Details

5.2. There are no financial implications arising from this report. No ☑

5.3. The service is supported significantly by the establishment of Scotland's first pooled budget, affording partners to amalgamate monies in a discrete fund with expenditure and resources utilised in response to the needs of service users and not directed by boundary or contribution.

5.3. Staffing

5.4. There are no staffing implications arising from this report. No ☑

5.5 The budget for 2014/15 was £1,171,150 with actual spend totalling £1,147,325 resulting in an underspend of £14,954 due to temporary staff vacancies.

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☑

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

The area has a positive image and attracts people and businesses	☐
Our communities are more cohesive and inclusive	☑
People are better skilled, trained and ready for learning and employment	☑
Our communities are safer	☑
Vulnerable people and families are supported	☑
Substance misuse and its effects are reduced	☑
Health is improving and health inequalities are reducing	☑
The environment is protected and enhanced for all	☐

The Council is effective, efficient and recognised for excellence ☑

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☐ No ☑

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☑

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1: Clackmannanshire Integrated Mental Health Service - Annual Report - 2014/2015

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☑

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Val de Souza	Head of Social Services	Signed: V de Souza
Elaine McPherson	Chief Executive	Signed: E McPherson

Making Clackmannanshire Better

Clackmannanshire Integrated Mental Health Service

Annual Report 2014-2015

Better Services

Better Opportunities

Better Communities

Foreword 1

Vision, Mission and Core Values 2

Service Overview & Objectives 3

Our Services 4

Partnership Working & Links with Other Organisations.. 5

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Performance & Monitoring 14

Evaluation 17

Recovery Stories 18

Finance 19

Fund Raising 20

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The Integrated Mental Health Service (IMHS) has established itself as one of the forerunners / leads in terms of advancing the wider Health and Social Care Integration Agenda.

Locally Clackmannanshire Council and NHS Forth Valley's partnership together with the Scottish Association for Mental Health (SAMH) has initiated and maintained integrated planning for, and delivery of, mental health and social care services since 2003.

Further, with the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, much of the learning associated with the IMHS has been shared and utilised to help inform and extend integration approaches to delivering health and wellbeing outcomes to include mental health services and wider models of service delivery in neighbouring areas and other parts of Scotland.

This is no mean feat! If there is one contributing factor to the success of the IMHS it would be the togetherness and professionalism of the PEOPLE synonymous with the IMHS. Without the commitment and dedication of the staff, service users and various stakeholders involved, services could not continue to be planned, coordinated, maintained and sustained consistently. For me personally drafting the foreword for the annual report always offers an opportunity to acknowledge service achievements and staff dedication as well as express appreciation and thanks for all the time, energy and efforts that go into making the IMHS so credible and effective.

The IMHS is an important cornerstone in supporting a range of individuals across Clackmannanshire from common mental health difficulties to longer-term and more complex mental health issues. Significantly, the expert care, guidance and support which staff provide is not undertaken in isolation but through partnership working with Klacksun and stakeholders such as SAMH, Carers Services, GPs (Primary Care), Housing, Education, Police Scotland, Clacksworks and Clackmannanshire Healthier Lives Anticipatory Project. Thanks and gratitude must also be noted to all our partners for their continued cooperation and support over recent years.

The IMHS is regarded as a model of "best practice" when it comes to integration. Evaluating and monitoring performance and processes consistently demonstrates that service users greatly appreciate and value staff and importantly, are satisfied with the overall services provided.

Such feedback is encouraging given increased service demands and financial challenges and again reflects the genuine warmth and desire of staff involved within the IMHS to "make a difference" including administration support assistants, frontline workers and key professionals across the different Health, Social Care and Third Sector settings etc.

Once again I would like to extend my thanks to all those involved with the IMHS and respectfully urge you to turn the pages and familiarise yourself with the service developments that have been of particular focus over the last year.

With many thanks and kind regards.

Phil Cummins
Service Manager, Partnership
Clackmannanshire and Stirling Councils and NHS Forth Valley

Our Vision

A healthy Clackmannanshire, where positive mental health is promoted, and individuals, families and communities feel supported, included and valued.

Our Mission

To provide an efficient, accessible, recovery-based mental health service for all who need it.

Our Core Values

are about **PEOPLE**:

People-centred & Individually Focused

Equality & Accessibility

Openess & Mutual Respect

Partnership & Involvement

Living, Learning & Recovery

Excellence & Innovation

Background

The Integrated Mental Health Service is a joint working initiative dating from 2003 between Clackmannanshire Community Health Partnership (CHP) and Clackmannanshire Council Social Services. We also have strong partnerships and links with other mental health professionals, Third Sector organisations and our local service user network (Klacksun). The service was established to:

- **Formalise existing joint working**
- **Improve information sharing and communication**
- **Reduce barriers and improve continuity of care**

The service also aspired to greater efficiency through:

- **Improved coordination of resources**
- **Reduced duplication**
- **Pooled budgets**
- **Increased service user involvement**

By working in partnership, we can share information and resources to provide co-ordinated mental health services to meet the needs of people in Clackmannanshire.

The service strives for continuous improvement and excellence and has been recognised for its successes in many ways, including the achievement of Customer Service Excellence and a gold COSLA Award for Service Innovation and Improvement in 2011.

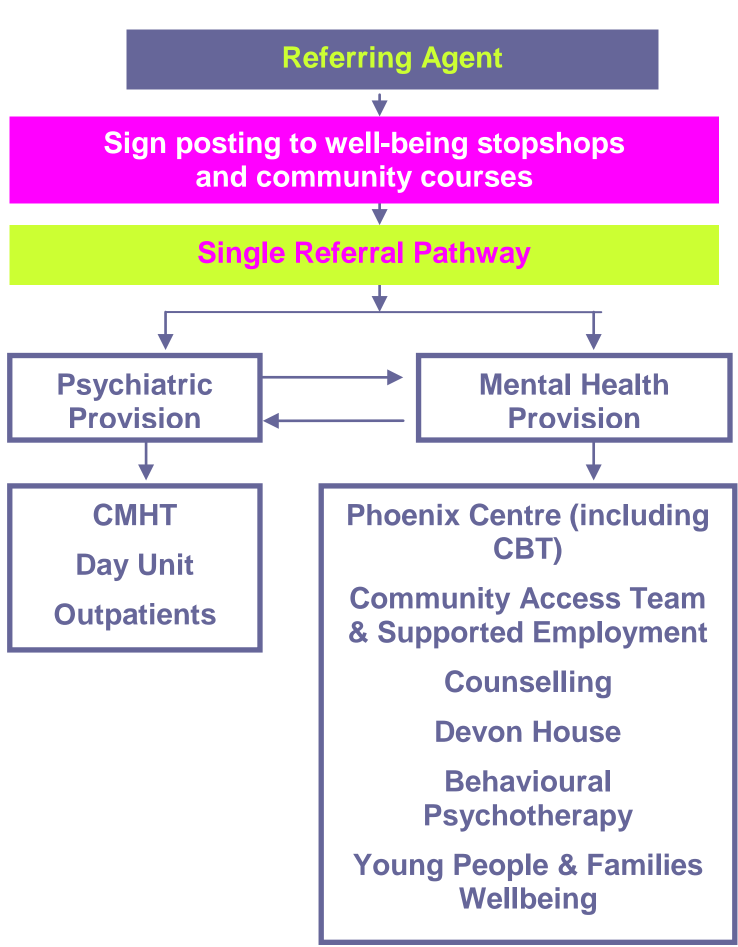
Single Referral Pathway

We operate a Single Referral Pathway to ensure that all mental health referrals are directed to one point.

This means that a decision can be made quickly to make sure the person being referred goes directly to the correct team.

As a result of working together, we are able to reduce waiting times, provide a wider choice and see people quicker.

The adjacent diagram shows how referrals are processed through the Single Referral Pathway:



The aims of the integrated service are progressed by a number of teams offering a range of community mental health supports. The teams provide early interventions and support for individuals with common mental health problems to longer term support for individuals with more complex mental illness. All teams equally contribute to the successes we have achieved.

Our services are provided chiefly from two buildings; Carsebridge House and the Mental Health Resource Centre within Clackmannanshire's Community Health Care Centre.

Carsebridge House
Support for people with mental health issues

The teams in Carsebridge House provide support for people who have a wide range of mental health problems. This includes one-to-one support, guided self-help and a variety of groups. Support is also available to help people access a range of community activities as well as employment, education, training and voluntary work.

Klacksun (Service Users Network) has it's own equipped office space within the premises allowing members to be actively involved in user involvement activities such as new developments, planning and joint working.

The Scottish Association for Mental Health, our Third Sector partner, also provides services from Carsebridge House (Devon House and Counselling Service).

Carsebridge *House provides a base for the Phoenix Centre, Early Years Service, Community Access Team, Supported Employment Service and Klacksun.*

Mental Health Resource Centre
Support for people with psychiatric disorders

The teams within the Mental Health Resource Centre offer assistance to people with severe and complex mental health issues. Support is based on individual needs and includes developing positive coping skills and promoting positive mental health and well-being. This may be provided through individual or group therapy, at home or in the resource centre.

The Mental Health Resource Centre is a purpose-built building which accommodates our Day Unit service and Community Mental Health Team as well as Consultant Psychiatrists, Psychologists and Art Therapy who we work jointly with to provide our services.

Partnership working is key to everything we do and ensures our services meet customer needs. The integration however is not solely internal and we could not function without a wider range of stakeholders:

Klacksun Service User Network

Klacksun is a key part of the integrated service, but it is also key that it works independently and challenges our work where appropriate. The integrated service funds this facility to ensure that the voice of users is heard and influences our practice. Klacksun is co-ordinated by an Involvement Development Worker and has an office and meeting space within Carsebridge; a small budget is provided for expenses, activities and projects. Klacksun considers itself as the 'voice that counts'; it contributes to, develops and challenges services, with the shared aim of improving them. Examples of their work include:

- Contributing to national consultations
- Leading work across Forth Valley on User Involvement expenses
- Influencing the national processes for Mental Health Nurse recruitment
- Working alongside Stirling University regarding Nurse and Social Work student induction processes
- Producing regular newsletters offering mental health related news and information
- Full involvement in staff recruitment and practices
- Establishing a website committed to user involvement - www.klacksun.org.uk
- Facilitating training and awareness sessions as well as one-to-one support in creating Wellness Recovery Action Plans

NHS & Council colleagues (Housing, Education, Acute Services)

GPs and Primary Care

Carers services

We have a unique relationship with the **Scottish Association for Mental Health (SAMH)** who share our premises, performance monitoring processes and referral pathway. SAMH provide two core local services:

- **Devon House**
  A day service provision for individuals with severe and enduring mental illness.

- **Counselling Service for People with Mild to Moderate Difficulties**
  Support for individuals who are experiencing adverse life events, life cycle transitions, sexuality issues or coping with illness.

A **Liaison and Development Group** is in place to ensure managers and service users meet regularly and that user views are integral to all that we do. This allows us to jointly discuss service need, review or create service policies and develop new strategies.

The Service Developments & Improvements section offers more information on achievements to date, many taken forward exclusively by service users themselves.

Job Centre Plus and Clacksworks

Resonate

Clackmannanshire Healthier Lives Anticipatory Project

DEVELOPING AND IMPROVING OUR SERVICES

We continuously look at ways to improve the way we deliver our services, taking into account feedback from our service users, stakeholders and staff as well as complying with national and local directives. Some of the changes and improvements we have been involved with over the last year are noted below.

Improving our Partnerships

Over the last year the service has developed a number of protocols to improve partnerships working. These include:

- An **Information Sharing Protocol between the Integrated Mental Health Service and Housing & Community Safety Service** which aims to help identify people who may need to access the service, support people who are know to have mental health problems with issues relating to housing and also to increase the confidence of Housing & Community Safety staff working with people who have mental health problems.

- A **Devon House and Mental Health Resource Centre Partnership Protocol** to formalise and extend existing partnership working between both services. The protocol outlines arrangements to help improve accessibility, efficiency and continuity of support for service users as well as minimising duplication of processes and effectively utilising joint staff resources.

- A **Phoenix Centre Partnership Protocol** to ensure that partners whose remit is not solely for mental health (i.e. ClacksWorks, Clackmannanshire Healthier Lives, Tullibody Healthier Lives, Reachout and Resonate), can directly access support for individuals with common mental health problems. The protocol aims to provide an informal approach to encourage individuals to engage with the service, early/preventative interventions for individuals working with partners, enable partners to make direct referrals to the Phoenix Centre without the need to go through a GP and also to maximise resources and help decrease inappropriate referrals.

- A **Community Access Team and Makers Gallery & Bistro (MGB) Partnership Protocol** which provides clear steps for MGB trainees to access supported employment provided by the Community Access Team. The protocol clarifies the responsibilities of each partner, outlining remits and expectations from both parties thus providing a seamless pathway between services for the trainee.

Carers Courses

Carers Courses were re-introduced in Summer 2014, aiming to ensure that carers are appropriately supported. The content of the course was reviewed in partnership with Klacksun and updated to cover topics such as illness education, stress, feelings, relationships, recovery, further training and support.

Future courses will be held twice yearly and are available to anyone who provides support to someone with a mental health issue.

Scottish Mental Health First Aid Development Day

Scottish Mental Health First Aid is a 12 hour course aiming to teach participants how to respond to a mental health crisis and provide information about the most common mental health problems. Participants develop skills in asking appropriate questions, listening without judgment and giving guidance about where help can be found.

Four of our staff, who are qualified SMHFA facilitators, attended a Development Day in December 2014 along with other facilitators from the Forth Valley area to share ideas on how to improve activities and shape future SMHFA training courses.

Employability

There is strong evidenced association between unemployment and mental health, and appropriate work has been shown to improve health outcomes for people with a mental health diagnosis. A sub-group was set up to co-ordinate all employability services provided in Clackmannanshire and, having researched options, identified the Individual Placement and Support (IPS) model as the most appropriate way forward. Studies have shown that IPS services are at least 35% more effective in helping individuals with severe mental health conditions return to competitive work than non -IPS employment services.

An application has now been made to the European Social Fund for funding which will hopefully allow us to employ an Individual Placement Support Worker jointly with Stirling.

Phoenix Centre Redevelopment

In last year's report we talked about the need to review the way services were provided by the Phoenix Centre in relation to non-attendance for assessments and group support. Based on the same approach as the successful Stress Control Classes, the Phoenix Centre staff have developed a series of workshops to address common mental health problems such as anxiety, low mood, low self esteem and poor coping skills.

Workshops available are:

- Assertiveness
- Relaxation
- Self Esteem
- Improving your Mood
- Stress Workshops

All workshops are held in local venues and can easily be directly accessed by all members of the community, without having to be referred by a professional.

For further information please contact the Phoenix Centre on 01259 215048 or email:integratedmentalhealth@clacks.gov.uk

RAISING AWARENESS AND PROMOTING POSTIVE MENTAL WELL-BEING

Mental Health Training for the Housing Support Team

Tracey Binnie, Senior Occupational Therapist provided Mental Health Awareness training for Clackmannanshire Council's housing and community safety staff with the aim of improving staff knowledge to help them provide an efficient, person centred service for service users with mental health problems.

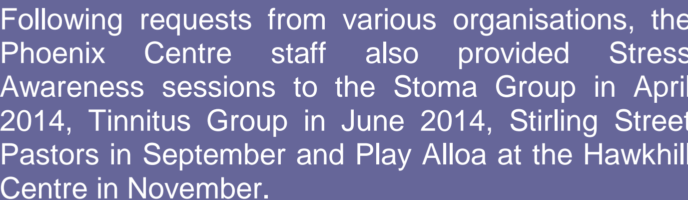
Evaluation of the training showed an increase in staff confidence and understanding of the difficulties someone with a mental health problem may present, as well as improved awareness of the mental health support services available within the area.

Scottish Mental Health First Aid

Following a request from Alloa Academy, a Scottish Mental Health First Aid course was provided by the Phoenix Centre to Education staff within the school.

Stress and Mindfulness Awareness Sessions

Alison Brough, Art Psychotherapist and Sylvie McCleary, Team Manager were invited to deliver awareness sessions on Stress and Mindfulness as part of the NHS Audiologists Development Day in November 2014.



Following requests from various organisations, the Phoenix Centre staff also provided Stress Awareness sessions to the Stoma Group in April 2014, Tinnitus Group in June 2014, Stirling Street Pastors in September and Play Alloa at the Hawkhill Centre in November.

Mental Health Roadshow

Coinciding with the Mental Health Foundation's national campaign for Mental Health Awareness week in May 2014, the Integrated Mental Health Service, Klacksun and SAMH in partnership with other organisations held a Roadshow in various venues throughout Clackmannanshire.

The purpose of the event was to raise public awareness of mental health services and support available locally and also to challenge stigma and discrimination by promoting wider understanding about mental health and wellbeing.

As well as delivering training and workshops such as Mental Health Awareness, Stress Control and Scottish Mental Health First Aid, staff within the service continue to develop their own skills to help them to deliver the best service they can. Some of the achievements of staff through undertaking training and development courses and achieving qualifications throughout the last year are noted below.

Staff Qualifications

Congratulations to Heather Stringer, IMHS Support Assistant who achieved the European Computing Driving Licence (ECDL) in January 2015.

Adult Support & Protection Training

Staff from the Community Access Team and Supported Employment Service attended an Adult Support and Protection Course which provides knowledge on the Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007 as well as providing participants with an understanding of the roles and responsibilities of staff and appropriate agencies within the Adult Protection Framework.

Mindfulness

Mindfulness is a therapeutic practice that focuses a person's attention on being in the present moment, whilst also accepting and acknowledging thoughts, feelings and body sensations.

Lynne Black, Early Years Worker attended a Mindfulness Based Access for Carers course in December 2014. Lynne then delivered a Mindfulness Course for parents at Action for Children in February 2015.

Motivational Interviewing

In February 2015, Lesley Gavin and Jane Whitfield from the Phoenix Centre and Lynne Black from the Early Years Service attended a 2 day workshop in Motivational Interviewing.

Motivational Interviewing is a collaborative and empowering method which can effectively influence change through the use of person centred counselling skills and directive strategies.

safeTALK Training for Trainers

The Phoenix Centre's Community Mental Health Workers undertook the safeTALK Training for Trainers course. This gave them the skills required to deliver safeTALK sessions to participants who wish to gain skills to recognise when someone may have thoughts of suicide, and to connect that person to someone with suicide intervention skills.

Good Conversation Sessions

All staff from the Community Access Team and Supported Employment Service also attended a 2 day course on Good Conversation which aims to build confidence in holding outcomes focused conversations. This highlighted the importance of working towards good outcomes for the service user and the teams have adapted their service user Action Plan to ensure that outcomes are recorded from the service user's perspective and not the organisational one.

Customer Service Excellence Award

Following achievement of this award in 2010, we are required to undertake a further assessment each year to ensure we are continuing to meet the requirements and improving our services.

The Customer Service Excellence standard is a quality improvement tool which focuses on outcomes - the service actually provided to the customer.

The assessment focuses on:

* The Culture of the Organisation
* Information and Access
* Timeliness & Quality of Service
* Customer Insight
* Delivery

"The Integrated Mental Health Service (IMHS) continues to demonstrate a high level of customer service delivery. Customer insight is focused through very effective engagement. This emanates from committed leaders, managers and staff who take a huge amount of pride in the service they deliver. Clearly the level of service delivery is impressive and retention of CSE accreditation is well deserved."

Willie Wilson, CSE Assessor

In September 2014, we were assessed against 19 elements of the Customer Service Excellence standard. We are pleased to report that we were again successful in maintaining the Customer Service Excellence Award.

Scottish Social Services Council Care Accolades Awards

Launched by the Scottish Social Services Council in 2004, the Care Accolades celebrates and promotes excellent practice and workforce development in Social Services.

In April 2014 we were delighted to be informed that we were one of 3 finalists selected for the Working Better, Working Together category. This category looks at collaborative practice that is making a difference and demonstrates a co-ordinated approach to the delivery of services by more than one organisation working together.

We did not win the award but being selected as a finalist was an achievement itself, showing high recognition of the service's achievements through successful partnerships with service users and other organisations.

An extensive performance framework is in place monitoring all aspects of care, ensuring standards are maintained and improved where possible. Regular reports are considered at both management meetings and in the Quality Forum.

Performance reports and balanced scorecards are updated regularly and we use this information to tell us about our service user needs and the demand for specific provisions. This ensures resources are directed to where need is evidenced and issues can be addressed easily and in good time.

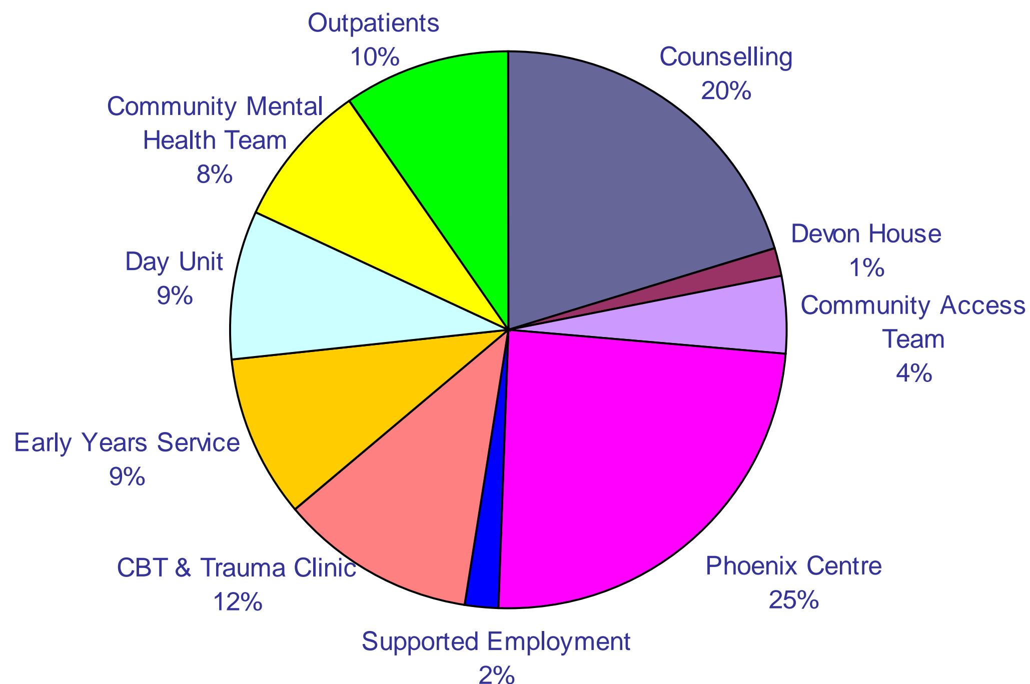
Shifting the Balance of Care

We monitor the level of referrals directed to psychiatry and mental health services to ensure that we continue to be aligned with the national 'Shifting the Balance of Care' strategy and that our target percentage of referrals going to community based mental health services is maintained.

The graph below shows a further increase in referrals to mental health services since 2013-14. This is due to the introduction of Early Years Service and a high demand for this support. As a result we have increased our target for referrals to community based mental health services from 60% to 65%.

What services do people need?

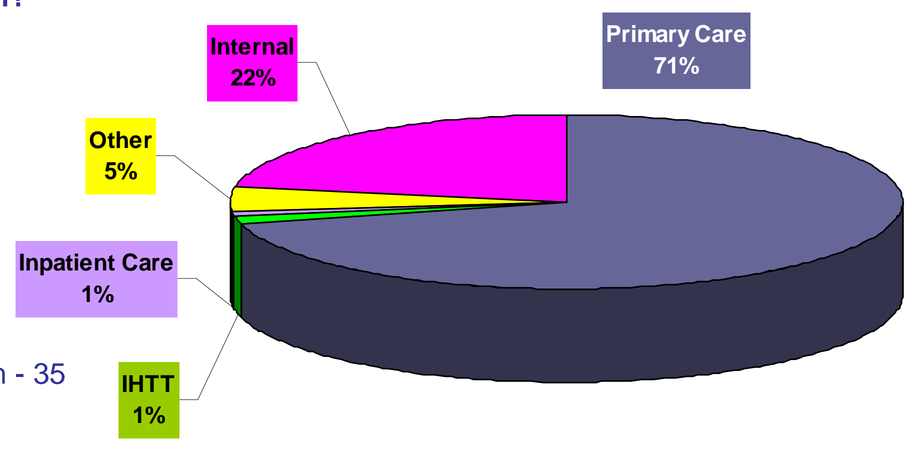
By collating data and producing regular reports, we are able to monitor which services people are being referred to. This allows us to determine where we need to place our resources and to identify if we need to make any changes. The chart below shows the percentage of referrals going to each service in the last year.



Who do we receive referrals from?

In the year 2014-15 we received a total of 2371 appropriate referrals, 1845 were from external services and 526 were referred internally:

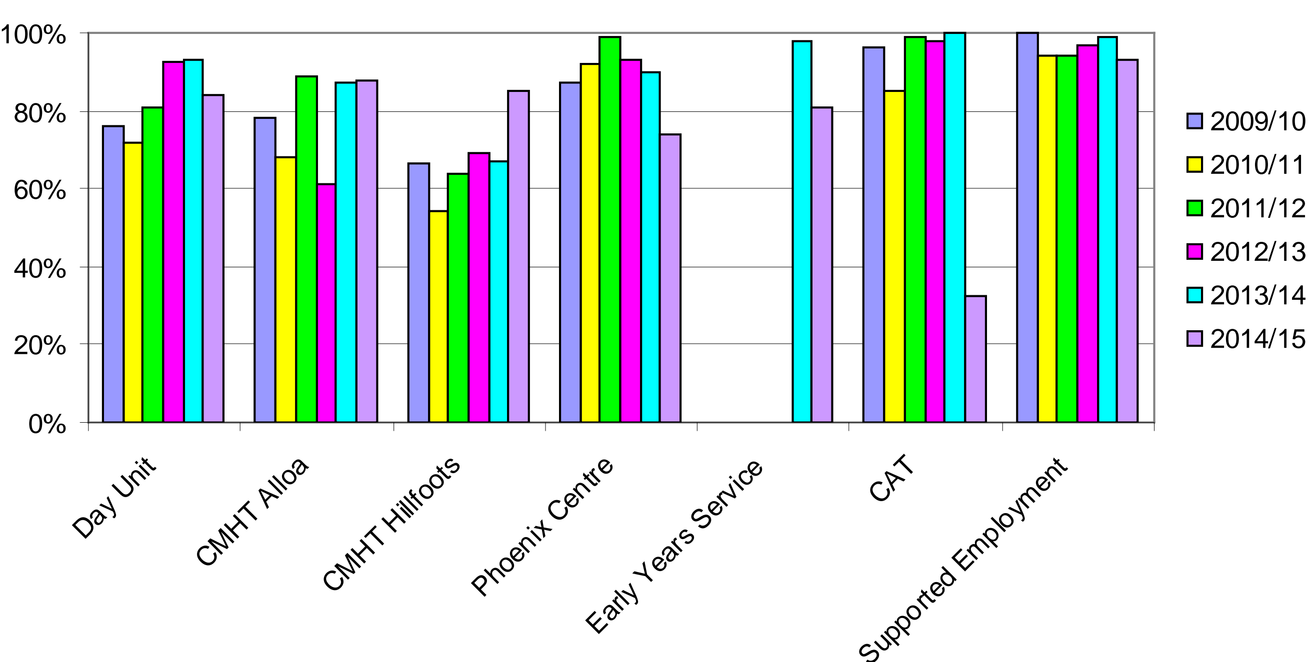
- Primary Care -1679
- Social Services - 4
- Intensive Home Treatment Team - 35
- Inpatient Care - 19
- Other - 108
- Internal referrals - 526



How well do we meet our timeframes?

The referral process offers clear timeframes for the referrer to decide when we should respond (within either one week or 6 weeks depending on whether the referral is urgent or routine).

The chart below shows how well services within the Integrated Mental Health Service have met those timeframes over the last 6 years.



The Day Unit, CMHT Alloa, Early Years Service and Supported Employment continue to attain a high percentage of timeframes within the 1 or 6 weeks target. CMHT Hillfoots has shown a significant improvement in achieving 85% for the overall year which is their best to date. .

For the service overall, 75% of timeframes were met this year which is 15% less than 2013/14. The main reasons for this are due to a vacancy in the Community Access Team and long-term absence in Phoenix Centre. We are currently looking at ways to resolve this.

The Integrated Mental Health Service uses formal and informal methods to obtain feedback on how service users, staff and stakeholders feel about our services. This includes surveys and various evaluation methods as well as informal ways such as comments made by service users, group members or people at meetings. We use this feedback to evaluate our services and identify areas where we can make improvements.

Some examples of the feedback we have received over the last year are as follows:

We are pleased to report that the results of this year's staff survey again shows high satisfaction in most areas. In particular, the results show an improvement in the area of training and development (100% satisfaction) which was area we identified for improvement last year.

Statement	Result
Staff **fully understand the role and responsibilities** of their job	**100%**
Staff are **clear on the purpose, aims and objectives of the tasks** they carry out	**100%**
Staff are **clear on the standards expected** in all areas of their job	**100%**
Staff feel **encouraged and supported** in taking on new responsibilities and tasks	**100%**
Staff feel encouraged to **strive for excellence and improvement**	**100%**
Staff feel encouraged to **contribute to service development and planning**	**100%**
Staff feel their **own ideas and suggestions** are encouraged	**100%**
Staff feel there is a **regular assessment of their training needs**	**100%**
Staff feel they **get the training and development they need** to carry out their jobs	**100%**
Staff feel they are **challenged to try new approaches**	**86%**
Staff feel their **efforts, achievements and successes are recognised and appreciated**	**86%**
Staff feel their **ideas and suggestions are welcomed**	**71%**

This year we distributed our 5th annual survey to obtain views on how our main stakeholders feel about our overall services. The survey was sent out to all GPs, partners and agencies that we have established close links with.

We are pleased to report that our stakeholders find the service easy to access and there is high level of satisfaction with the Single Referral Pathway as well as the information that we provide.

The level of satisfaction with general communication has improved since last year and we will continue to look at ways to improve and maintain this. However, this year's results show less satisfaction with the range of services we provide and we will make sure that this is discussed with stakeholders at consultation events which are being scheduled from April 2015 onwards.

Services and Information

The service is **easy to access** **100%**

The **range of services is adequate** to meet client needs **78%**

The **information provided about the service is sufficient and easy to obtain** **100%**

The **information provided is accurate and easy to understand** **88%**

Communication and the Single Referral Pathway

Stakeholders rate **the Single Referral Pathway as good - excellent** **88%**

Stakeholders feel **client related communication is good - excellent** **75%**

Stakeholders feel **general communication is good - excellent** **75%**

The Overall Service

Stakeholders are **satisfied with the overall service** **89%**

TELL US WHAT YOU THINK

We continue to regularly evaluate service users experience of the support given, ensuring that everyone receives the opportunity to give feedback every 6 months or when they are discharged from services. This year's results and some of the feedback we received from evaluations is as follows:

Access and Timeframes

"An excellent service and was surprised how quick I was given an appointment. Wish my doctor had referred me sooner".

Easy to access service

95%

Don't have to wait too long for a service

86%

The Service Provided

"My keyworker was fantastic. If it wasn't for her understanding my needs don't know where I'd be now".

Discussed and agreed the service to be provided

95%

Key workers are understanding & helpful

95%

Given choices about the service they received

95%

Needs were fully or partly identified

95%

Treated fairly

97%

Offered a written assessment of needs & action plan

55%

Service helped with all or some of their problems

95%

Service is of good quality

95%

"Time and the support given has made me feel more positive about my future".

Information

"Any information was relayed to me effectively and accurately".

Information accurate, easy to understand, given at right time and given all the information needed

92-95%

The Venue

Venues are clean, comfortable and suitable

97-100%

The Overall Service

"This was a very good service and would have no reservation about recommending this to anyone else".

Service users rate the **overall service** as **good - excellent**

92%

In last year's report we advised that the Stress Control courses had been introduced to Stirling in January 2014 and were being held alternatively in Clackmannanshire and Stirling areas. However, due to the high demand for places it was decided to run them continuously in both areas, but to continue to give people the option to attend in either area. In the reporting period 2014-15 there were 12 courses held across both areas.

The results and feedback below are from evaluations for the 8 courses which were held in Clackmannanshire in the period 2014-15. We are pleased to report that there continues to be high level of satisfaction in all aspects of the course.

Course Access, Information and Presentation

	Registering a place on the course	Information was accurate and easy to understand	Booklets & relaxation CD	Instructors and their presentation
	99%	99%	98%	100%

"Was only a couple of emails, very easy to sign up".

"The booklets are really good as I have found myself going back to them to help me".

"Knowledgeable, helpful, informative and relaxed - absolutely great.".

Effectiveness of the Course

	Ability to manage stress had improved	Participants who would recommend the course to someone else	Participants who rated the overall course good - excellent
	96%	98%	99%

"I have found the course easy to follow and understand. It has really helped me".

"Every class taught me a new skill to use and now I feel so positive and living without 'what if'!!"

Recovery Journeys

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process."

Scottish Recovery Network

"For me the hardest part was admitting that I needed help. Once I got the courage up the support received from the staff at the Phoenix Centre was 5. They are always available on the end of the phone and are willing to listen whether they are your key worker or not.*

I found the Self Esteem Course has really improved my life, now I am able to say 'No' without feeling guilty, put myself first and also came off medication. My life and my kids has changed for the better. I no longer sit in the house by myself all the time. I have more confidence and self belief in myself.

The hardest part is making the first move but now I'm so glad I did and would recommend the service to anyone."

Phoenix Centre service user

"I moved to Alloa March 2013. I knew no-one in this area except for my family who work full time. I suffer from depression which has been long term. Due to this I have lost the confidence to go out on my own and was getting more and more depressed.

June came along and took me for a coffee then introduced me to WISH in the Leisure Bowl and also to classes for computing. This helped to build my confidence and also encouraged me to go out alone."

Community Access Team service user

Recovery is a Journey...

share yours with others...

"I was referred to Integrated Mental Health Services early 2012. Due to my poor mental health I needed help and support in overcoming my difficulties. One of my issues was the fact that due to circumstances in my private life my mental health was very poor which had a bad influence on my job as a driver.

I found the help and support I got from Lesley Gavin who works in the Phoenix centre was of a great help to me and it was when I started to feel better I was able to tell her that if I could find work this would go a long way to improve my mental health.

It was at this time that Lesley gave me information about a service they had called Supported Employment. Lesley discussed this with me and I made the decision to be contacted by Alan Gordon who is the Supported Employment Worker. I was very anxious about this as, although I wanted a job, actually doing something about was a difficult decision for me to make.

I met with Alan I think in August 2012. I think his experience in business as well as having many years experience in Mental health support reassured me. I found that being able to work closely with him I was able to undertake and complete the tasks that we both agreed had to be done, such as putting together a CV, job searching and applying for jobs. The more I did this type of work the more confident I became. I was still seeing Lesley and with both supports my mental health improved to enable me to apply for jobs. I also received from the both of them a great deal of support in addressing the other issues I had.

This whole process took a long time, around 16 months, but I eventually started to get interviews and I am pleased to say that in April 2014 I secured a job as a delivery driver with a local store, part time, then a few days later I was offered another full time post with a charity working within their furniture delivery team, which I accepted.

It was the support I received from Lesley and Alan that has enabled me to move on, my mental health has improved to an extent that I did not think would be possible.

Thank you all once again".

Phoenix Centre and Supported Employment service user

Pooled Budget

The service is supported significantly by the establishment of Scotland's first Pooled Budget.

- A pooled budget offers opportunity for partners to amalgamate monies in a discrete fund
- A Service Specification outlines approved services covered by the agreement
- The Service Development Plan outlines service strategic and operational priorities for a 3 year period
- Expenditure is based on the needs of the service users and not directed by boundary or contribution
- A pooled budget is uniquely flexible
- Resources can move freely in response to client need and service demand

Budget 2014-15

Our budget for 2014-15 was £1,171,150 with £561,720 budgeted income.

Our actual expenditure, as shown in the adjacent diagram, was a total of 1,147,325 and actual income was £552,849.

This resulted in an underspend of £14,954 which was due to temporary staff vacancies.

How did we spend our budget?

Many of our staff are involved personally in raising funds for charity and we would like to give recognition to the work, time and effort they put into this, outwith their working hours. Some of the charities they have supported this year are highlighted below.

Christmas Wish Tree

Instead of giving each other cards at Christmas, the staff at Carsebridge House wrote their Christmas messages on tags and decorations for their Wish Tree and donated money which is normally spent on cards to charity.

This year the money raised went to a local charity, Women In Sport and Health (WISH) who assist and support socially isolated women.

Cake Rota

Staff at Carsebridge introduced a fortnightly rota last year for making cakes and selling them to their colleagues. Funds raised were donated to local charity 'The Gate' which is based at Ludgate Church. The charity aims to prevent or relieve poverty and improve the conditions of the lives of people who are marginalized, facing exclusion, vulnerable or homeless in the Clackmannanshire area.

The photograph below shows some of the staff presenting a 'cheque' for £100 to Adrienne from The Gate, which was the amount raised by the end of March 2015.

Musicians Fundraising

Audrey with fellow musicians at the Scribblers picnic

Audrey Williams, Community Access Worker and musician played with the Wee County Ceilidh Band on several occasions last year to raise funds for Women In Sport and Health (WISH), and also with fellow musicians at last year's Scribblers Picnic raising funds for 'Musicians against Cancer'. The photographs shows Audrey (right) with her fellow band members.

Wee County Ceilidh Band at the Wish Ceilidih

Information on our services can be found on our website: ***www.clacksweb.org.uk***

We can be contacted either using the details of the relevant service/team below or by email: ***integratedmentalhealth@clacks.gov.uk***

Integrated Mental Health Service

Service Manager Partnership
Integrated Mental Health Service
Social Services
4th Floor
Kilncraigs
Greenside Street
Alloa, FK10 1GB
Tel: 01259 225021 / 450000

Quality & Performance

Quality & Support Manager
Integrated Mental Health Service
Carsebridge House
3-8 Carsebridge Court
Alloa, FK10 3LQ
Tel: 01259 215048

Community Mental Health Team and Day Unit

Team Leader
Mental Health Resource Centre
Clackmannanshire Community Healthcare Centre
Hallpark Road
Sauchie, FK10 3JQ
Tel: 01259 290343

Phoenix Centre, Community Access Team, Supported Employment and Early Years Service

Team Manager
Carsebridge House
3-8 Carsebridge Court
Alloa, FK10 3LQ
Tel: 01259 215048

Klacksun

Involvement Development Worker
Carsebridge House
3-8 Carsebridge Court
Alloa, FK10 3LQ
Tel: 01259 215048

www.klacksun.org.uk
*email:****admin@klacksun.org.uk***

SAMH Devon House and Counselling Service

Team Leader
SAMH, Devon House
Carsebridge House
3-8 Carsebridge Court
Alloa, FK10 3LQ
Tel: 01259 217382

email: ***devon.house@samh.org.uk***

NHS
Forth Valley

KLACKSUN

Clackmannanshire
Council

CUSTOMER
SERVICE
EXCELLENCE
CSE

CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 09 ON THE AGENDA

Report to Housing, Health & Care Committee

Date of Meeting: 28 January 2016

Subject: Integrated Care Fund Plan 2015/16 Progress Report

Report by: Head of Social Services

1.0 Purpose

1.1. This report informs the Housing, Health and Care Committee that the Integrated Care Fund Plan (ICP) for 2015/16 is being implemented and that the Clackmannanshire & Stirling Health & Social Care Partnership have completed and returned the 'Integrated Care Fund – Mid Year Reporting Template for 2015/16' to the Scottish Government. A copy of the Clackmannanshire & Stirling report to the Scottish Government is appended to this report.

1.2. This report also informs Committee that an approval process is being developed for the allocation of 2016/17 ICF resource via the Reshaping Care Strategy Group (RCSG), the Joint Management Team (JMT), and the Integration Joint Board (IJB). This process will align existing ICP services and the finalised Health & Social Care Integration Strategic Plan priorities by the end of the 15/16 financial year.

2.0 Recommendations

The Committee agrees:-

2.1. To note the following:

2.1.1. That the Scottish Government created a successor to the Reshaping Care for Older People's Change Fund called the Integrated Care Fund (ICF). This fund commenced on the 1st April 2015 and is intended to support the rollout of Health and Social Care Integration.

2.1.2. That on the 6th October 2015 the Scottish Government requested that an Integrated Care Fund – Mid Year Reporting Template for 2015/16 was completed and returned by 6th November 2015. A copy of the letter from the Scottish Government requesting the ICF Mid-year Report is appended to this report (Appendix 1).

2.1.3. That the Clackmannanshire & Stirling Health & Social Care Partnership have completed and returned the Integrated Care Fund – Mid Year Reporting Template for 2015/16 to the Scottish Government. A copy of

the Clackmannanshire & Stirling report to the Scottish Government is appended to this report (Appendix 2).

2.1.4. That it is expected that a further report on the 2015/16 ICF will be requested by the Scottish Government for submission in early May 2016. The Clackmannanshire & Stirling response will be compiled following the receipt of reports from services supported through the ICF at the end of April 2016. An update on progress including a copy of the report submitted to the Scottish Government will be provided to the Stirling Council Social Care & Health Committee at the 25th August 2016 meeting.

2.1.5. That an approval process is being developed for the allocation of 16/17 ICF resource via the Reshaping Care Strategy Group (RCSG), the Joint Management Team (JMT), and the Integration Joint Board (IJB). This process will align existing ICP services and the finalised Health & Social Care Integration Strategic Plan priorities by the end of the 15/16 financial year.

3.0 Considerations

3.1. In July 2014, the Scottish Government wrote to Health and Social Care Partnerships to announce the allocation of additional resources for 2015/16 to support the delivery of the National Health and Wellbeing outcomes for Health and Social Care Integration. In December 2014 the Clackmannanshire and Stirling Partnership submitted its Integrated Care Fund Plan (ICP) to Scottish Government. The Integrated Care Fund (ICF) supports investment in integrated services for all adults. The 2015/16 allocation for the Clackmannanshire & Stirling Partnership area is £2.48million. (Clackmannanshire £0.96m and Stirling £1.52million).

3.2. The Scottish Government ICF guidance sets out a number of key messages that reinforces and builds on the successes of the Reshaping Care for Older People's (RCOP) Change Fund programme. It is recognised that the full ambitions of the RCOP 10 year programme have yet to be fulfilled and that partnerships require to continue to make progress within the context of the new integrated arrangements for adult services from 1st April 2015. This work is led by the Integration Joint Board (IJB) and supported by the development of the Strategic Plan by April 2016.

3.3. In line with Scottish Government Guidance, the Integrated Care Plan (ICP) for Clackmannanshire and Stirling focuses on the following priorities:

a) Reducing health inequalities.

b) Tackling the challenges associated with multiple and chronic illnesses for adults and older people.

c) Focus on multi-morbidity and the correlation with mental health physical health problems and deprivation.

d) Transformational activity focused on prevention and preventative spend to redesign and redirect activity from complex and high cost service models.

e) Working with the third sector and the independent sector as key partners in the delivery of care.

f) Ensuring that personal outcomes for individuals and carers are at the centre of the plan.

3.4 The introduction of the ICF also builds on the achievements of the Reshaping Care for Older Peoples' programme for Clackmannanshire and Stirling these include:

a) The implementation of a Joint Commissioning plan for older people.

b) The redesign and roll out of intermediate care and enablement services to support hospital discharge and prevention of admission.

c) The implementation of winter planning arrangements including, telecare & additional support for delayed discharge.

d) The redesign of Health and Social Care pathways to ensure they are consistent with transformation programmes namely Clackmannanshire Councils Making Clackmannanshire Better (MCB) Stirling Council Priority Based Budgeting (PBB) and NHS Forth Valley Clinical Service Review.

3.5 The ICP was developed by a wide partnership of people across a broad range of organisations. The partnership approach has been assisted by having close links to, and subsequent scrutiny by, the Reshaping Care Strategy Group (RCSG). The RCSG has a formal role within the Community Planning structures in both Clackmannanshire and Stirling.

3.6 RCSG recommendations relating to the ICP are received by the Joint Management Team (JMT) and the JMT in turn makes further recommendations to the Integration Joint Board (IJB).

4.0 Sustainability Implications

4.1. Following consideration of the sustainability implications of this report no relevant issues have been identified.

5.0 Resource Implications

5.1. Following consideration of the resource implications of this report no relevant issues have been identified.

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☑

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box ☑)

The area has a positive image and attracts people and businesses ☐
Our communities are more cohesive and inclusive ☐
People are better skilled, trained and ready for learning and employment ☐
Our communities are safer ☐
Vulnerable people and families are supported ☑
Substance misuse and its effects are reduced ☐
Health is improving and health inequalities are reducing ☑
The environment is protected and enhanced for all ☐
The Council is effective, efficient and recognised for excellence ☐

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☐ No ☐

It was determined that an Equality Impact Assessment was not required as this paper provides information for the Committee to note rather than asking the Committee to approve a proposal.

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☐

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 – Scottish Government Letter, INTEGRATED CARE FUND – MID YEAR REPORTING 2015/16.

Appendix 2 – Completed Clackmannanshire & Stirling Integrated Care Fund – Mid Year Reporting Template 2015/16 returned to the Scottish Government.

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☑

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Val de Souza	Head of Social Services	
Elaine McPherson	Chief Executive	Signed: E McPherson

Health and Social Care Integration Directorate
Integration and Reshaping Care Division

T: 0131-244 3588
E: brian.nisbet@scotland.gsi.gov.uk

The Scottish Government
Riaghaltas na h-Alba

To Chief Officers, Integration Joint Boards
Lead Officer of The Highland Partnership
Copy to - Local Authority, Chief Executives
NHS Chief Executives

Our ref: ICF/MYR
6 October 2015

Dear Chief Officers

INTEGRATED CARE FUND – MID YEAR REPORTING 2015/16

As you know, the Scottish Government has allocated additional resources of £100m to Health and Social Care Partnerships in 2015-16 through the Integrated Care Fund (ICF). The Cabinet Secretary for Health, Wellbeing and Sport announced on 19 March 2015 that an additional £200m will be shared between health and social care partnerships during the period between 2016/18.

The first tranche of Integrated Care Fund monies of £100m were included in NHS Board's baseline funding allocation letters for 2015-16. The allocations to local health and social care partnerships were based on a composite of the following two distributions on a 1:1 ratio:

- The NHS National Resource Allocation Committee (NRAC) distributions for adults in the Acute, Care of the Elderly, Mental Health and Learning Difficulties, and Community care programmes;
- Local Authority Grant Aided Expenditure (GAE) distributions for People aged 16+ derived using a population weighted composite indicator based on a number of factors.

Individual allocations to each health and social care partnership are profiled at Annex A and it is expected that all Integrated Care Fund resources should be used in 2015/16.

As you will be aware, ICF resources are to be used by health and social care partnerships to support investment in integrated services for all adults and should be used to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen local approaches to tackling inequalities.

As stated in the Integrated Care Fund guidance which was issued to health and social care partnerships on 7 July 2014; it is important that the approaches for the use and monitoring of Integrated Care Fund resources are built in to and sustained through the longer term strategic commissioning approach. In addition, one of the conditions attached to the

Integrated Care Fund was that all partnerships in receipt of funding are required to monitor their own performance and must submit two progress reports at six monthly intervals to the Ministerial Strategic Group on Health and Community Care.

With this in mind, Annex B provides a template for partnerships to use when reporting progress. The template asks for information in relation to the following areas;

- Spend to date in 2015/16 against the activities identified within partnership's ICF plans (submitted January 2015);
- Progress towards achieving the outcomes outlined in partnerships ICF plans and how this has been measured;
- ***For those partnerships that were in the process of developing robust monitoring arrangements when their Integrated Care Fun plan was submitted. We now expect details of their locally agreed outcomes to be finalised and reported on,***
- Where partnerships are not making progress towards achieving the outcomes outlined in their ICF plans information on what action is being taken to address this should be included; and finally
- Partnerships should include, information into the broader impact that ICF resources have had in;
    - Establishing links with wider Community Planning Activity;
    - Progress made in linking ICF activity with wider strategic commissioning activity;
    - How ICF funding has strengthened localities including input from Third Sector, Carers and Service Users;
    - What evidence (if any) is available to the partnership that ICF investments are sustainable; and
    - Where applicable - what impact the ICF has had on implementing the National Action Plan for Multi-Morbidity

You will also wish to note that discussions with Stakeholders on the shape and content of guidance for future years of the Integrated Care Fund will begin shortly and it is envisaged that this will be issued to partnerships by the end of 2015.

If you have any questions regarding the reporting arrangements outlined above please contact me on 0131 244 3588 or via e-mail brian.nisbet@gov.scot.

In the meantime I would be grateful if you would submit your returns to the IRC@gov.scot mailbox **by Friday 6 November** outlining progress that your partnership has made thus far with Integrated Care Fund Resource.

Yours sincerely

Brian Nisbet

Annex A

NHS Board	Partnership	£m
Ayrshire & Arran	*East Ayrshire*	2.47
	North Ayrshire	2.89
	South Ayrshire	2.34
		7.70
Borders	*Scottish Borders*	**2.13**
Dumfries & Galloway	*Dumfries & Galloway*	**3.04**
Fife	*Fife*	**6.73**
Forth Valley	*Clackmannanshire*	0.96
	Falkirk	2.88
	Stirling	1.52
		5.36
Grampian	*Aberdeen City*	3.75
	Aberdeenshire	3.78
	Moray	1.59
		9.12
Greater Glasgow & Clyde	*West Dunbartonshire*	1.99
	East Dunbartonshire	1.70
	East Renfrewshire	1.43
	Glasgow City	13.29
	Inverclyde	1.76
	Renfrewshire	3.49
		23.66
Highland	*Argyll & Bute*	1.84
	Highland	4.31
		6.15
Lanarkshire	*North Lanarkshire*	6.51
	South Lanarkshire	6.04
		12.55
Lothian	*East Lothian*	1.76
	Edinburgh, City of	8.19
	Midlothian	1.44
	West Lothian	2.85
		14.24
Orkney	*Orkney Islands*	**0.41**
Shetland	*Shetland Islands*	**0.41**
Tayside	*Angus*	2.13
	Dundee City	3.10
	Perth & Kinross	2.63
		7.86
Western Isles	*Eilean Siar*	**0.64**
Scotland		**100.00**

ANNEX B

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

Integrated Care Fund – 2015/16 – Mid-Year Financial Summary

(Insert Partnership Name) – (Insert Total ICF allocation for 2015/16)

	Allocation for 2015/16	Spend - April to September 2015	Forecast Spend – October to End March 2015	Projected Over/Underspends
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
[Insert workstream/project)		[Insert spend to date]		
Total ICF spend to date-2015/16				

Integrated Care Fund – 2015/16 – Progress towards ICF Outcomes

WORK STREAM ACTIVITY OR PROJECT	OUTCOMES FOR 2015/16	PROGRESS TOWARDS OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE

ANNEX B

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

Integrated Care Fund - Indicators of progress

Question	Comment
How has ICF funding allowed links to be established with wider Community Planning activity?	
What progress has been made linking ICF activity to work being taken forward through Strategic Commissioning more broadly?	
How has ICF funding strengthened localities including input from Third Sector, Carers and Service Users	
What evidence (if any) is available to the partnership that ICF investments are sustainable	
Where applicable - what progress has been made in implementing the National Action Plan for Multi-Morbidity	

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

PARTNERSHIP DETAILS

Partnership name:	
Contact name(s)	
Contact Telephone	
Email	
Date Agreed	

The content of this template has been agreed as accurate by:

………………………………. (name) for NHS Board

………………………………. (name) for Local Authority

………………………………. (name) for Third Sector

………………………………. (name) for Independent Sector

When complete and signed please return to:

Brian Nisbet
GE-18, St Andrew House,
Regent Road,
Edinburgh,
EH1 3DG

Or send via e-mail to IRC@gov.scot

ANNEX B

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

Integrated Care Fund – 2015/16 – Mid-Year Financial Summary

Clackmannanshire & Stirling Partnership – Total ICF allocation for 2015/16: £0.96m+£1.52 = £2.48million

	Allocation for 2015/16	**Spend - April to September 2015**	**Forecast Spend – October to End March 2016**	**Total Forecast Spend 2015/16**
1.1 Test and Deliver action to ensure a responsive 24/7 Health & Social Care Model	£700,000	£48,333	£272,145	£320,478
1.2 Develop and Extend intermediate care model to all adults – particularly implement a dementia intermediate care pathway	£508,254	£186,000	£333,084	£519,084
1.3 Embedding a range of person centred anticipatory and prevention planning – across areas of poverty and high multimorbidity	£284,980	£74,569	£104,363	£178,932
2.1 Extending Community Based Supports	£203,125	£52,831	£87,812	£140,643
2.2. Direct Support to Carers	£174,747	£87,374	£87,374	£174,748
2.3 Communications, Navigation/Way Finding	£76,756	£0	£23,667	£23,667
2.4 Targeted Resource to Support Lifestyle Change	£20,000	£5,000	£10,000	£15,000
3.1 Enablers for Transformational Change	£484,001	£99,865	£232,837	£332,701
Total ICF spend to date- 2015/16	**£2,451,863**	**£553,972**	**£1,151,282**	**£1,705,254**

Notes:

1) The Transitional IJB approved the Integrated Care Plan at its meeting of 13th May 2015 with further detail of the programme being presented to the Transitional IJB Briefing session on 28th August 2015.
2) The partnership are considering the Integrated Care Plan as year 1 of a 3 year investment programme which will be subject to ongoing monitoring, scrutiny and review particularly in light of the development and approval of the partnership's strategic plan.
3) Given the above the partnership does not consider the above to represent an underspend, but rather a timing of expenditure issue across the 3 year investment programme. NHS Forth Valley will manage the difference in timing of expenditure compared to timing of allocation through its financial management regime. The partnership anticipate, particularly in light of a very challenging financial environment, that this approach will assist with sustainability of the programme.

Integrated Care Fund – 2015/16 – Progress towards ICF Outcomes

WORK STREAM ACTIVITY OR PROJECT	OUTCOMES FOR 2015/16	PROGRESS TOWARDS OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE
1.1 Test and Deliver action to ensure a responsive 24/7 Health & Social Care Model	***More people supported to live independently at home Through a time of crisis / increasing vulnerability / acute illness*** The commissioning of "Responsive" Assessment and Care services particularly focussing on ability to deliver appropriate service at times of urgency out-with normal weekday hours and at weekends. This particularly focuses on prevention of hospitalisation, social crisis or escalation to long term care and requires: Sufficient Capacity of Rapid Access Community Care services to provide a safe, prevention based, alternatives to hospital admission. ○ Dedicated capacity for 7 day Rehabilitation / Reablement Assessment /urgent intervention and increasing capacity Community Nursing	**Measuring Impact:** • Hospital Admissions appropriately avoided • Hospital bed days saved through reducing delay in discharge • Service user testimony of support through a period of "crisis" / "acute vulnerability/ illness" • Demonstration of personal Outcomes regarding independent living of care input pre and post episode of care. • Resource use per Care episode **Demonstrating Reach:** • capacity for 5 additional full care packages or equivalent home care visits(for an average of 5 days) • Improved direct referral pathway from Primary Care to Rapid Response care team. • Improved competence and augmented care training for Support Workers employed to provide home care visits. • Opportunities to access	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service changes, and to • Demonstrate the reach achieved by service changes (more output focussed). This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15. RCSG Role & Remit 20July15.pptx First service based ICF reporting is scheduled for Jan '16. NHS Forth Valley recruitment is now underway.

	○ Enabling Services to respond quickly and appropriately to urgent need To achieve this outcome we will: • Provide additional capacity of Rapid Response Community Care for adults • Relax criteria on duration of rapid response care from 72hrs to circa 5 days • Provide a 7 day dedicated urgent AHP response: OT and Physio • Provide a 7 day dedicated urgent enhanced nursing response • Provide enhanced overnight support • Support and co-produce the development of the frailty / enhanced care at home model • Resource Leadership/ time to develop a resilient co-ordinated Community Response model	telecare to enhace enablement. • 1 additional Nurse, OT & Physio 8-10 hours over 7 days offers total new capacity for 4-6 assessments and circa 15 follow up visits per day. • Per night -1 additional carer,1 support worker, 1 nurse will enable continuation of winter model of doubling night nursing and will enhance MECs capacity and role by 1/3)) . • Continue with rapid access frailty clinic & support alternative to hospital admission for 10 care at home users (capacity incl in above)	within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	
1.2 Develop and Extend intermediate care model to all adults – particularly implement a dementia	***Shift the balance of care to enable more adults to remain in their own homes as independently as possible.*** Refining and Extending	**Measuring Impact:** To achieve this we will measure Numbers • (%) of people living at home • Numbers of recipients of reablement & outcome in terms of level of home care required after enablement	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group

intermediate care pathway	Intermediate care models for adults with physical disabilities, Dementia, Learning Disabilities and Mental Health. To achieve this outcome we will: • Extend the enablement approach to a greater proportion of service users including Implementing recommendations of "Keys to Life" for service users with a learning disability • Include relevant groups of existing service users within the enablement approach • Provide additional intensive care at home packages as an alternative to residential care • Integrate Reablement and Rehabilitation services • Develop and transition to the Stirling care village integrated model including early implementation of intermediate care model for individuals with dementia in Allan Lodge? • Outline the Scope out the options for a similar model in Clackmannanshire • Increase hospital SW	• We will seek service user feedback on services and engagement in design of services • % reduction in personal care following enablement /short stay assessment • % home care clients receiving personal care • % of people aged 65+ with intensive needs (plus 10 hours) receiving care at home • Delays due to social work assessment in SCH • Delayed discharges >2wks • Change in Number / rate of individuals in long term care **Demonstrating Reach:** Spread of reablement to under 65's including adults with physical and learning disability • Evidence of integrated Rehab at home and reablement services in Stirling / Clacks and Rural. • Increase range of adults receiving reablement • Integrate Occupational therapy roles across health and social care • Estimated 15 short stay care episodes generated by first 5 additional Short stay beds in Allan Lodge over first year. • SW Assessment Capacity for	(Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service changes, and to • Demonstrate the reach achieved by service changes (more output focussed). This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/	has been in place since July '15. First service based ICF reporting is scheduled for Jan '16. NHS Forth Valley recruitment is now underway. Some update information provided proactively by Adult Provisions Service Manager: Additional capacity within Allan Lodge (Internal Intermediate Care Facility in Stirling) to provide 5 beds for old age psychiatry model of intermediate care – capacity has reached 3 available beds with an expectation of rising to 4 beds by mid-November 2015.

	assessment capacity • Develop a transitional integration plan for Stirling Care Village • Develop an Intermediate Care Strategy	12-14 additional cases at any one time • SC Allocation with next working day • Assess NHS long stay clients in SCH • Education on AWI legislation to increase proactivity around POA	Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	
1.3 Embedding a range of person centred anticipatory and prevention planning – across areas of poverty and high multimorbidity	***More people supported to live well and independently at home.*** Embedding a range of person centred anticipatory and prevention planning approaches across all community services whilst focussing specialist ACP resource to areas of poverty and high multimorbidity with more awareness of the under 65yrs population and those with mental health problems. To achieve this outcome we will: Keep Well Primary Prevention • Support Individuals experiencing inequalities through primary prevention programme targeting health inequalities (Keep Well). Anticipatory Care Planning Adults Frailty / Multimorbidity • Scale up ACP through targeted	**Measuring Impact:** • Referral rates into lifestyle services, core NHS services (as above) and 3rd sector agencies e.g. weight management support, mental health services. • These models have all identified a range of measures including • health and wellbeing outcome measures, • Achievement of personal outcomes • Number of Key Information Summaries (KIS) completed • acute hospital admissions rates from target localities / GP practices • Level of Hospital admissions from care homes • Referrals, post implementation of nutrition champions, for Nutritional and Fluid **Demonstrating Reach:**	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service changes, and to • Demonstrate the reach achieved by service changes (more output focussed). This approach is one that has been developed over a number of	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15. First service based ICF reporting is scheduled for Jan '16. NHS Forth Valley recruitment is now underway.

	support to Individuals with multimorbidities, at risk of hospital admission or recently discharged from hospital to remain well and living at home. • Proactively support needs of carers of same individuals • Share learning and embed Primary Prevention and ACP approaches in mainstream services Nutritional Support: Prevention Models • Deliver nutritional support to more individuals in care homes and support more adults with complex care needs • Support Service users with nutritional support needs identified through the ACP/frailty/ 24/7 pathway Deliver more Food First Training to care providers, Care Homes, Carers ***Area Wide Model Implementation in conjunction with Falkirk Plan*** Alcohol Related Brain Damage To achieve this outcome we will:	Keep Well • 200 more clients referred into Keep Well health assessments from these practices. • 20% more referrals into core services (weight management, stop smoking etc.) ACP • Building on the pre-existing change funded baseline of more than 200 people to support to a further 600 individuals and carers in year. Nutritional Awareness Training and Support • 4 frailty "set up" training sessions & ongoing implementation of nutritional screening support to 100 paid home carers (care at home) • Nutrition Champion in every Care Home, including intermediate care, supported Individual Treatment and Support • High level input complex hospital discharges -20 • Frail Older People at Home – 80 medium level • Intermediate Care Beds – 20 low level **Measuring Impact:** • Quality of Life (e.g. with quality of life and satisfaction	cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	

	• Development of a nurse-led case management service that will offer a community based, assertive outreach model of care for adults with ARBD / Korsakoff Syndrome and their carers.	questionnaire) • Occupational Therapy functional assessments, where possible • Saved bed days from acute wards (scope tbc by test of change) **Demonstrating Reach:** • Expected referrals: 100 in first year from across Forth Valley. • 12 training sessions provided in first year. • Assessment of carer need completed by end first year.		
2.1 Extending Community Based Supports	***More people supported to live well and independently at home through or following a time of crisis / increased vulnerability / acute illness / dementia diagnosis.*** The commissioning of services that support people to improve or maintain their physical and social health and independence while returning to or remaining within their own homes and communities for longer. This includes third sector provided services that: compliment and extend the reablement journey using local volunteer support; community based dementia support services;	**Measuring Impact:** • Total number of referrals into third sector provided services • Total number of third sector provided services delivered • Total number of appropriate discharges from third sector provided services • Hospital admissions/re-admissions appropriately avoided • Progress towards service users' independence related personal outcomes e.g. to go shopping, catch the bus, attend other community groups. • Service user testimony • Total number of groups applying for a small grant and total number of grants awarded. **Demonstrating Reach:** • Support up to 200 new 'step down' referrals per year from reablement/rehabilitation/ReAC	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service changes, and to • Demonstrate the reach achieved by service changes (more output	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15. First service based ICF reporting is scheduled for Jan '16. Some services are at an early stage of development and delivery. Alzheimer Scotland have decided not to progress with the additional WTE Post

	and small grant funding for purely voluntary community groups that promote ongoing independence and social connection . To achieve this outcome we will: • Extend the enablement approach to include 6 weeks of third sector provided volunteer support following discharge from reablement/rehabilitation/ReACH and ACP teams – step down support. • Extend the enablement approach to include 6 weeks of third sector provided volunteer support following self/family/GP referral – step up support. This will include a focus on those experiencing inequalities and multiple/long term conditions. • Provide a rolling year long programme of post-diagnostic dementia support for those with a new diagnosis. • Continue to deliver the community connections programmes of dementia specific events and activities including: football reminiscence; walking group; musical memories; and dementia café.	H and ACP teams across Clackmannanshire & Stirling. • Support up to 200 new 'step up' referrals per year from self/family/GP's across Clackmannanshire & Stirling. • Support 100 new post diagnoses dementia families during the next year with one year of post-diagnostic dementia support (with up to an extra 10 families receiving 'light touch' support) across a range of venues in Clackmannanshire & Stirling. • Provide up to 1200 service user / carer places at Community Connections events over the year. • Provide 6 Cognitive Stimulation Therapy Groups during the year, each group running for 1 hour per week over 14 weeks, with a maximum of 8 service users. • Provide 6 CST Maintenance Groups during the year, each group running for 1 hour per week over 6weeks, with a maximum of 8 service users. • At least 60 small grants of up to £400 made to local groups. (detail still tbc)	focussed). This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	Diagnostic Dementia Link Worker role in addition to their previous level of service. The reason for not progressing with the additional role was based on an unwillingness to accept a one year funding commitment as the basis for forming a new post.

	• Support people with dementia by delivering a cognitive stimulation therapy programme, providing group support and helping to promote wellbeing and social interaction. • Deliver a small community grants fund for local voluntary groups that welcome new participants/members and contribute to social and physical health.			
2.2. Direct Support to Carers	***Carers are supported to live healthy and independent lives even if the person that they care for experiences periodic times of crisis / increased vulnerability / acute illness / or long term condition(s).*** To achieve this outcome we will: • To provide emotional and practical support & advice to Carers on a 1-1 basis to address a range of issues • To identify and offer support to a wide range of carers including "hidden" carers • To undertake carer assessments on behalf of Social Services in Stirling area • To work in partnership with Social Services, NHS and	**Measuring Impact:** Percentage of carers reporting improved outcomes in relation to issues they've identified, including: • % of carers reporting improved or sustained outcomes in relation to their health and wellbeing • % of carers receiving Carers Assessment reporting improved access to support • % of carers reporting improved or sustained outcomes in relation to having confidence in their caring role • % of carers reporting improved or sustained outcomes in relation to being able to retain a life outside of caring • % of carers reporting improved or sustained outcomes in relation to their economic wellbeing • % of carers reporting improved	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service changes, and to • Demonstrate the reach achieved by service changes (more output	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15. First service based ICF reporting is scheduled for Jan '16. Some update information provided proactively by Stirling Carers Centre is noted in the document embedded below:

	Voluntary Organisations including Community Anticipatory Care and Hospital Enhanced Discharge teams • To provide information and advice to carers • To establish signposting and referral services with other agencies • Production of information and advice in a range of formats e.g. leaflets, newsletter, web • To provide a meeting place and a focal point for carers • To provide support to secure respite / short breaks / information / funding • To provide rural and urban peer group support. • To provide welfare benefits advice • To advocate on behalf of carers if appropriate • To provide training sessions to Social Service, NHS and other statutory staff around carers issues • Liaison with other relevant agencies in signposting carers to services and in contributing to policy and service developments	or sustained outcomes in relation to involvement in planning and shaping services (including carers being treated as equal partners in care). • Annual cumulative figure of benefits claimed by carers (Baseline annual rates are available from carers centres) **Demonstrating Reach:** • number carers' support plans completed to national standard • number of carers worked with per year (including new/hidden carers identified) (expect approx. 1200carers/400new in Stirling and 500carers/200new in Clackmannanshire) • The number of newsletters distributed • The number of carers supported to secure respite / short breaks / funding to do so • Number of peer group support sessions delivered over the year • Number of training sessions (including 'Caring with Confidence') delivered over the year • Number of training/ information sessions delivered to other professional groups (minimum 2 per year) • No of unique Carers taking part in Stirling Carers Voice and other forums throughout the year • Evidence from each identified	focussed). This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	Integrated Care Fund – Stirling Care

		work stream on the scale to which impact on carers has been considered and monitored.		
2.3 Communications, Navigation/Way Finding	***Personal outcomes for individuals and carers are at the centre of the plan.*** ***Workforce is engaged and developed*** ***Health and social care services contribute to reducing health inequalities*** ***Needs are identified at a locality level and local service provision and redesign is tailored to the locality.*** To achieve this outcome the Community Navigator will: • Make links with GP's, CPN's, ACP Nurses and care workers to: 1) offer a navigation service where relevant public sector service users are helped to access local community services and supports; 2)increase knowledge and understanding amongst local public sector colleagues of local community based activities and services; and 3)	**Measuring Impact:** • % of service users referred to the navigator service reporting that they feel the service has helped them to build confidence and become more independent. • % of public sector staff using the navigator service that report seeing evidence that service users experience health benefits. • % of individuals and their carers reporting that they are better informed about local activities and more likely to be proactive and take control of their own health and social needs (including the management and spend of self-directive support (SDS)). • % of participating local voluntary groups that see the navigator service as beneficial to them. To achieve this Integrated Care Planning will measure: • Experience from staff, partners and users to gauge how well the system is working. A review of complaints over time may also indicate increased satisfaction with the new ways	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service changes, and to • Demonstrate the reach achieved by service changes (more output focussed). This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15. First service based ICF reporting is scheduled for Jan '16. Some services are at an early stage of development and delivery. NHS Forth Valley recruitment is now underway.

	to establish referral pathways. • Make contact with individuals and their carers following referral, to link them with local services. • Work with residents, community groups, service providers and statutory partners to identify local assets, including volunteers and existing community networks. • Publicise the HSCI small grant fund. To achieve this outcome Living it Up will: • work to promote volunteer opportunities with 3rd sector interfaces and voluntary organisations, and promote educational opportunities • Signpost to relevant services/ products/ interests, produce 'how to guides and work with libraries to enhance their service To achieve this outcome Integrated Care Planning will: • help people access the services they need when they need them from health promotion and education to end of life care and everything in between. • identify people with specific	of working. • Service user experience. **Demonstrating Reach:** • Number of individuals referred to the Community Navigator that engage with the navigator. • Number of individuals who make contact with a local group or service following the Community Navigator intervention. • Number of individuals who feel the contact made was of benefit to them. • Number of community events held. • Distribution of leaflets. • Number of public sector workforce personnel the Community Navigator makes links with. • Number of public sector personnel who go on to make referrals. • Total number of referrals made. • Number of people who are not tech aware provided with training opportunities by Living it Up • Number of opportunities provided for remote monitoring of long term health conditions via Living it	will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	

	needs and anticipate change or react swiftly to allow individuals to remain independent at home. allow access to important information e.g.ACPs.	Up. Integrated Care Planning will: • Survey staff and users • Review pathways and systems • Use Significant Event Analysis • Review a sample of admissions of individuals supported at home • Audit access to ACPs • Review the outputs from the review of services and the upcoming WSW sessions (September and February) Conduct a review of process to make changes to pathways and strategies		
2.4 Targeted Resource to Support Lifestyle Change	***People are able to live in good health for longer*** ***Health & Social Care services contribute to reducing health inequalities*** ***Coproduction*** ***Carers are supported*** ***Personal Outcomes for Individuals are at the centre of the plan.*** To achieve these outcomes the exercise referral scheme will:	**Measuring Impact:** To achieve this we will measure • Physiological and psychological data gathered from targeted referrals. • Behaviour change in relation to physical activity as a result of brief intervention • Service user testimony highlighting impact of intervention on targeted individuals. • Referrals from Clackmannanshire Number of carers who take up the option of free access when accompanying the GP referral client that they care for.	Data used to monitor progress will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to: • Measure the level of impact on the expected outcomes of the service	Monthly reporting on implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15. First service based ICF reporting is scheduled for Jan '16. Some services are at an early stage of development and

	• Deliver an outcomes based brief exercise intervention focusing on behaviour change, targeting those who are living in one of the identified areas of need, or receiving income support, and suffering from at least one long term condition. • Expand scheme into communities of identified need, delivering consultations and programmes within such communities. • Provide free access to the scheme for those who are in the most need. • Establish referral pathway from the exercise referral scheme into other person centred community services such as Keep Well and Employability who target similar individuals from areas of need. • Expand the scope of the scheme to offer free access to the facilities for carers of GP referral patients.	**Demonstrating Reach:** • 150 service users from specified target groups. • 70% of service users classed as 'physically active' at week 12. • Active Living for Life being delivered in at least 1 additional community venue • Number of service users from deprived area. • Number of service users who are on income support or other benefits • Number of service users with co-morbidities • 250+ 1-2-1 annual exercise consultations. • Lead 2 evaluative focus groups with Exercise Referral Clients from target group. • 50 service users accessing the scheme within their own community.	changes, and to • Demonstrate the reach achieved by service changes (more output focussed). This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015. http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	delivery.
3.1 Enablers for	***Resources are used***	• Support organisational culture	Data used to monitor progress	Monthly reporting on

Transformational Change	***effectively and efficiently***
	
	Positive experiences and outcomes
	
	Engaged Workforce
	
	OD & Workforce Development
	
	Information and eHealth programme social care integration
	
	Business Development Support
	
	Flexible Fund - to be utilised in line with a submitted and agreed plan with reshaping care strategy group.
		change work, workforce development across local authority, health and third sector.
		
		• Support analytical needs for Health and Social Care Integration. This would include:
		  ○ Undertake the strategic needs assessment;
		  ○ Support Integration Joint Board to develop a performance framework;
		  ○ Create the performance framework
		  ○ Complement any resource available from LIST service
		
		• Oversee commissioning of services based on priorities identified for the Integrated Care Fund.
		
		• Support commissioned services to report on outcomes
			will be gathered by and within services and presented in periodic reports. Reports will be fed into the Reshaping Care Strategy Group, the Joint Management Team, and then to the IJB (Integration Joint Board). The expected mixture of quantitative and qualitative data will be used to:
			
			• Measure the level of impact on the expected outcomes of the service changes, and to
			
			• Demonstrate the reach achieved by service changes (more output focussed).
			
			This approach is one that has been developed over a number of cycles of improvement and reporting with the Change Fund and is clearly demonstrated within the Change Fund End of Programme Report. The Change Fund End of Programme Report will be available at the following web link from Monday 16th November 2015.
				implementation progress (development of Job Descriptions, Advertising of Posts; Staff in Post etc.) to the Clackmannanshire & Stirling Reshaping Care Strategy Group has been in place since July '15.
				
				First service based ICF reporting is scheduled for Jan '16.
				
				Some services are at an early stage of development and delivery.
				
				NHS Forth Valley recruitment is now underway.

		achieved. • Support Integration Joint Board, Integrated Change Projects Evaluation, Reshaping Care Group. • Lead an agreed programme of change in partnership with operational managers • Support strategic planning • Support Third Sector and Third Sector Interfaces • Support projects during transitional year with integration, such as consultation and engagement with prescribed consultees on the strategic plan. • A fund which can be utilised to support organisational development work (culture & behaviour development) for integration across local authority, health and third sector. • Consideration of a fund which can be utilised to support	http://nhsforthvalley.com/health-services/az-of-services/reshaping-care-for-older-people/clackmannan-and-stirling/reshaping-care-change-fund/ Monitoring data is not yet available because the Integrated Care Programme for Clackmannanshire & Stirling 'went live' in June 2015 and first reporting is scheduled for Jan '16.	

		eHealth work for integration of data and systems across local authority, health and third sector to improve outcomes for people. • A fund which can be utilised to support strategic planning and commissioning work as well as performance framework for the Integration Joint Board. • Consideration of a fund which can be utilised to support workforce development work (integrated ways of working) for integration across local authority, health and third sector.		

ANNEX B

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

Integrated Care Fund - Indicators of progress

Question	Comment
How has ICF funding allowed links to be established with wider Community Planning activity?	The Clackmannanshire & Stirling Integrated Care Programme reports to the Reshaping Care Strategy Group (RCSG) at monthly meetings. The RCSG is a sub group of the Community Planning Partnerships in both Clackmannanshire and Stirling (Clackmannanshire Alliance and Stirling Community Planning Partnership) which helps to ensure that all efforts are aligned to the respective Single Outcome Agreements. ICF funding has also enabled investment to be made in projects / services that are tailored to address inequalities and that enable public and third sector organisations to play a crucial role in aligning the needs of service users and the priorities of CPP partners.
What progress has been made linking ICF activity to work being taken forward through Strategic Commissioning more broadly?	The Clackmannanshire & Stirling Integrated Care Programme has been established on the basis that a commissioning based approach is taken to directing ICF investment in contrast to the grant based approach taken to the Change Fund previously. The Joint Strategic Needs Analysis and the Draft Strategic Plan that is being developed and currently going through governance processes will direct future commissioning efforts and the use of ICF resources. ICF funding will be a crucial to enabling investment in priorities identified in the Strategic Plan in advance of the need to disinvest from other services. Social Services Planning & Commissioning colleagues have also been leading on a 'Health & Social Services Route-map in Context of Integration' to show how services are linked to each other and how priorities can be programmed. ICF funded services profiled within the Route-map help demonstrate how integrated, improvement focused, commissioning can be developed and implemented.
How has ICF funding strengthened localities including input from Third Sector, Carers and Service Users	Localities have been strengthened as result of the Integrated Care Programme in Clackmannanshire & Stirling by showing that universal services based upon assumptions that once services start they will remain in perpetuity can be challenged. The ICF investment has helped third sector services to tailor their provision to priorities such as inequalities within communities, targeting some communities rather than all, and offering free programmes to the carers of targeted service users as well as the service users themselves.

	All of these approaches help to demonstrate that strategic priorities can be progressed by targeted activity tailored to local geographies and demographics which echoes the main underlying message of the localities approach.
What evidence (if any) is available to the partnership that ICF investments are sustainable	Too early to say given that the Clackmannanshire & Stirling ICF went live in June 2015 and first reporting is due in January '15. The development and implementation of the Integration Authority's Performance Framework following the completion of the integration process will also help to measure the sustainability of ICF investments.
Where applicable - what progress has been made in implementing the National Action Plan for Multi-Morbidity	The Clackmannanshire & Stirling Integrated Care Programme has been developed in alignment with the National Action Plan for Multi-Morbidity including: **Care Planning and consultations help people to have control over their conditions, care and support and to achieve their personal outcomes.** Outcomes based assessments & Holistic care planning – during: NHS Forth Valley - Anticipatory Care Planning within Theme 1.3; Clackmannanshire & Stirling Council social Services - Extended Intermediate Care & Reablement supported within Theme 1.2; Royal Voluntary Service – Well and Connected (Clackmannanshire & Stirling) within Theme 2.1; and Alzheimer Scotland – Post Diagnostic Link Worker & Community Connections Programme within Theme 2.1 **Integrated care and support builds on community assets and promotes independence, wellbeing and resilience.** Self-Management information, advice and support to help people stay well, active and at work & Build enablement and generalist skills in the workforce – during: NHS Forth Valley – 'Keepwell' within Theme 1.3; Royal Voluntary Service – Well and Connected (Clackmannanshire & Stirling) within Theme 2.1; Alzheimer Scotland – Post Diagnostic Link Worker & Community Connections Programme within Theme 2.1; Local Third Sector Interfaces - Community Navigation (Simplifying Access to Community Supports) within Theme 2.3; and Active Stirling - Active Living for Life within Theme 2.4

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

PARTNERSHIP DETAILS

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.... (Val de Souza) for Local Authority

.... (Jim Gilmour - tbc) for Third Sector - Clackmannanshire

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