



**Clackmannanshire
Council**

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Comhairle Siorrachd
Chlach Mhanann

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

Partnership and Performance Committee

Thursday 31 October 2019 at 9.30 am

**Venue: Council Chamber, Kilncraigs,
Greenside Street, Alloa, FK10 1EB**



Partnership and Performance Committee

- (1) To determine policies for the resources, risk and governance and strategic support
- (2) To set standards for service delivery in the above mentioned areas
- (3) To secure best value in the provision of these services
- (4) To consider reports and plans from Community Planning Partners and other partnership arrangements and, where appropriate, to monitor the achievement of agreed outcomes, standards and targets
- (5) To monitor performance in the delivery of services including consideration of:
 - quarterly service performance reports
 - inspection or other similar reports
 - financial performance
- (6) To keep under review the impact of the Committee's policies on Clackmannanshire

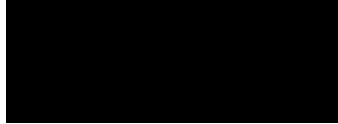
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23 October 2019

A MEETING of the PARTNERSHIP AND PERFORMANCE COMMITTEE will be held within the Council Chamber, Kilncraigs, Greenside Street, Alloa, FK10 1EB, on THURSDAY 31 OCTOBER 2019 at 9.30 am.



**NIKKI BRIDLE
Chief Executive**

B U S I N E S S

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1. Apologies	--
2. Declaration of Interests Members should declare any financial or non-financial interests they have in any item on this agenda, identifying the relevant agenda item and the nature of their interest in accordance with the Councillors' Code of Conduct. A Declaration of Interest form should be completed and passed to the Committee Officer.	--
3. Confirm Minute of Meeting of the Partnership and Performance Committee held on 29 August 2019 (Copy herewith)	05
4. Police Performance Report for Clackmannanshire 1 April 2018 to 31 March 2019 – report by the Local Police Commander (Copy herewith)	09
5. Fire Performance Report – 2018/19 – report by the Local Senior Officer Clackmannanshire and Stirling (Copy herewith)	29
6. Clackmannanshire and Stirling Health and Social Care Partnership Annual Performance Report 2018-19 – report by Chief Officer, Health and Social Care Partnership (Copy herewith)	53
7. Financial Performance 2019/20 – August Outturn – report by the Chief Finance Officer (Copy herewith)	115
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9. Workforce Development Delivery Plan – Update report by the Strategic Director, Partnership and Performance (Copy herewith)	167

Partnership and Performance Committee – Committee Members (Membership 8 - Quorum 4)

Councillors

Wards

Councillor	Helen Lewis (Convenor)	2	Clackmannanshire North	SNP
Councillor	Les Sharp (Vice Convenor)	1	Clackmannanshire West	SNP
Councillor	Donald Balsillie	2	Clackmannanshire North	SNP
Councillor	Dave Clark	2	Clackmannanshire North	LAB
Councillor	Kenneth Earle	4	Clackmannanshire South	LAB
Councillor	Ellen Forson	4	Clackmannanshire South	SNP
Councillor	Bill Mason	5	Clackmannanshire East	CONS
Councillor	Mike Watson	3	Clackmannanshire Central	CONS



MINUTES OF MEETING of the PARTNERSHIP AND PERFORMANCE COMMITTEE held within the Council Chamber, Kilncraigs, Greenside Street, ALLOA, FK10 1EB, on THURSDAY 29 AUGUST 2019 at 9.30 am.

PRESENT

Councillor Helen Lewis (Convenor)
Councillor Les Sharp (Vice Convenor)
Councillor Martha Benny (S)
Councillor Dave Clark
Councillor Kenneth Earle
Councillor Ellen Forson
Councillor Bill Mason

IN ATTENDANCE

Stuart Crickmar, Strategic Director (Partnership and Performance)
Fiona McOmish, Strategic director (People)
Lindsay Sim, Chief Finance Officer
Cherie Jarvie, Senior Manager, Partnership and Transformation
Chris Alliston, Senior Manager, Human Resources and Workforce Development
Paula Shiels, Locality Manager, Health and Social Care Partnership
Carol Johnson, Senior Analyst, Health and Social Care Partnership
Richard Thomson, Community Justice Policy Co-ordinator
Lindsay Thomson, Senior Manager, Legal and Democracy (Clerk to the Committee)
Gillian White, Committee Services

The Convenor welcomed Paula Sheils and Carol Johnson along to their first meeting of the Partnership and Performance Committee.

PPC(19)24 APOLOGIES

Apologies were received from Councillor Mike Watson and Councillor Donald Balsillie.
Councillor Benny acted as substitute for Councillor Watson.

PPC(19)25 DECLARATIONS OF INTEREST

None.

PPC(19)26 MINUTE OF PARTNERSHIP AND PERFORMANCE COMMITTEE HELD ON 30 MAY 2019

The minutes of the meeting of the Partnership and Performance Committee held on Thursday 30 May 2019 were submitted for approval.

Decision

The minutes of the meeting of the Partnership and Performance Committee held on Thursday 30 May 2019 were agreed as a correct record and signed by the Convenor.

PPC(19)27 HEALTH AND SOCIAL CARE PARTNERSHIP

The report, submitted by the Locality Manager, provided a summary on the work being undertaken within the Health and Social Care Partnership and raised awareness of issues which have an implication for the Clackmannanshire locality. The report provided an update on the overall performance of the Health and Social Care Partnership.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Les Sharp. Seconded by Councillor Ellen Forson.

Decision

The Committee agreed to note the report and the continuing work being undertaken to develop services. The Committee also noted the financial sustainability considerations and the performance of the Partnership.

PPC(19)28 FINANCIAL PERFORMANCE 2019/20 – JUNE OUTTURN

The report, submitted by the Chief Finance Officer, provided an update on the financial performance for the Partnership and Performance Division of the Council in respect of revenue spend for the current financial year 2019/20. The update was based on forecast information at June 2019. Capital expenditure will be reported to the Audit Committee on 26 September 2019 as part of the overall Council's financial performance report.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Les Sharp. Seconded by Councillor Ellen Forson.

Decision

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

PPC(19)29 HR POLICIES

The report, submitted by the Strategic Director (Partnership and Performance), sought approval of the Disclosure Scotland Referral Policy and the Career Break Policy.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Helen Lewis. Seconded by Councillor Les Sharp.

Decision

The Committee agreed the Human Resources policies (Disclosure Scotland Referral Policy and the Career Break Policy) subject to Council approval.

Action

Strategic Director (Partnership and Performance)

PPC(19)30 MAXIMISING ATTENDANCE AND EMPLOYEE WELLBEING – ACTION PLAN 2019/20

The report, submitted by the Strategic Director (People), outlined actions currently being taken to continue to promote measures and approaches to maximise attendance and employee wellbeing across Clackmannanshire Council.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Les Sharp. Seconded by Ellen Forson.

Decision

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

PPC(19)31 COMMUNITY JUSTICE PARTNERSHIP ANNUAL RETURN REPORT 2018/19

The report, submitted by the Clackmannanshire Community Justice Partnership, presented the Clackmannanshire Community Justice Annual report. The report referred to progress made to deliver the Community Justice Outcome Improvement Plan 2018/23 and is lined to the national outcome performance improvement framework for Community Justice in Scotland. The report is required under the Community Justice (Scotland) Act 2016.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Les Sharp. Seconded by Councillor Ellen Forson.

Decision

Having challenged and commented on the report, the Committee agreed to note the report. The Committee also noted that the Community Justice Annual Report will be submitted to Community Justice Scotland before the 30th September 2019 statutory deadline.

Ends 10:45 hours

Report to Partnership & Performance Committee

Date of Meeting: 31 October 2019

Subject: Police Performance Report for Clackmannanshire 1 April 2018 to 31 March 2019

Report by: Local Police Commander

1.0 Purpose

- 1.1. The purpose of this report is to provide the committee with information on the performance of Police Scotland in the Clackmannanshire local authority area for the period 1 April 2018 to 31 March 2019.
- 1.2. The report is aligned with the headings of the [Clackmannanshire Local Policing Plan 2017-2020](#) priorities (i.e. **Responsive to the concerns of our communities, Enhancing our collective resilience to emerging threats, Protecting people most at risk from harm and Promoting confidence through our actions**).
- 1.3. The Clackmannanshire Police Performance Report (Appendix 1) contains the current information on performance against selected performance indicators. This report provides complementary information to that in the table to present a summary of performance of policing in Clackmannanshire Council area and also identifies emerging trends, threats and issues.
- 1.4. Data for this report is sourced from Police Databases that are subject to changes as enquiries progress. They can be best regarded as Point in Time figures. 5 year average figures are not available for all measures. The information in the table should be regarded as provisional.

2.0 Recommendations

- 2.1. It is recommended that committee notes, comments on and challenges the report as appropriate

3.0 Considerations

- 3.1. Attention of members is drawn to the Management Information now published via Police Scotland Website which can be found at the following location - <http://www.scotland.police.uk/about-us/our-performance/>
- 3.2. Some of the risks and threats which continue to present in Clackmannanshire are:
 - I Tunes/Cyber Fraud,

- Local impact of serious organised crime groups,
 - Changes/trends in drugs.
- 3.3. By their nature, these remain longer-term threats and Forth Valley Division continues to focus on intervention and enforcement to address them.
- 3.4. There were no significant new operational issues emerging during the previous reporting period.
- 3.5. There were no significant new operational issues emerging during the current reporting period.

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Mervyn Almeida	Performance Support, Forth Valley Division	01786 456 033

Approved by

NAME	DESIGNATION
Thom McLoughlin	Chief Superintendent Forth Valley Division

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CLACKMANNANSHIRE COUNCIL

PARTNERSHIP & PERFORMANCE COMMITTEE



APPENDIX 1 POLICE PERFORMANCE REPORT

THOM MCLOUGHLIN
CHIEF SUPERINTENDENT

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Police Scotland internal systems and are correct as at 4th April 2018.*

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<i>Promoting confidence through our actions</i>	pages 10 -11
Breakdown of Stop and Search Data	pages 12-17

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BACKGROUND TO THIS REPORT

As from April 2013, the Police and Fire Reform (Scotland) Act 2012 has required Police Scotland to produce and publish a Local Policing Plan (LPP) for each local authority area. The LPP clearly sets out the policing priorities for Clackmannanshire.

Performance in relation to the identified policing priorities is monitored and reviewed internally on a weekly basis. Bi-annual reports are produced to allow scrutiny by Clackmannanshire Council Scrutiny Committee. This report covers the period from April 2018 to March 2019.

The year-end figures are currently not available due to an embargo on sharing year end data (internally and externally) being in place until such time as it is officially released by Police Scotland. The timetable for this is determined by SPA (Scottish Police Authority) meetings and publication of Management Information reports.

In order to support effective scrutiny and determine whether our preventative approach is having a lasting positive impact, members of the Clackmannanshire Council Scrutiny Committee will consider information linked to the priorities outlined within this plan which includes:-

- Responsive to the concerns of our communities
- Enhancing our collective resilience to emerging threats
- Protecting people most at risk from harm
- Promoting confidence through our actions

This report will make reference to crime groupings. Groups 1-5 refer to an amalgamation of five crime groups. They are Group 1, consisting of violent crime; Group 2 covering sexual offences; Group 3 covers a wide range of crimes of dishonesty, Group 4 includes vandalism, fire-raising and malicious mischief; and group 5 includes Pro-Active Crimes. All statistics are provisional and should be treated as management information. All data is sourced from Police Scotland internal systems and is correct as at 4 April 2019.

Sexual Offending Preventions Campaign

In December 2018 the DRIU and DAIU worked with partners in Licencing and NHS Forth Valley to compile and implement a Sexual Offending Preventions Campaign over the festive period. The campaign targeted persons at work parties/house parties who do not normally socialise in this way or persons subject to increased alcohol consumption including potential perpetrators seeking access to victims through these means.

The campaign consisted of officers from DRIU attending at a Full Day Licencing workshop in Falkirk presenting on sexual consent and how holders licence, bar staff and door personnel can support the public should they feel at risk of or report sexual offending to them. This was supported through the 'Ask for Angela' campaign which was promoted at this event and also through the Social media campaign.

The social media campaign promoted not only the 'Ask for Angela' but also the National Rape Consent Campaign and posters for this were displayed on Social media and licenced premises throughout Forth Valley. NHS Forth Valley supported the campaign by displaying National Consent Posters in all GP surgeries and Forth Valley Royal Hospital in Larbert but also via electronic messaging in waiting areas. School Based officers supported the campaign by promoting it within schools and again Posters were distributed to High Schools across Forth Valley. Feedback from the public on Social Media was supportive of the campaign as was partner feedback.

Although it is too early to report if the campaign has prevented offending or through the promotion material has encouraged victims of sexual crime to come forward early indications show an increase in recorded offences which is consistent with the year on year figures for 2017/2018.



Alloa Town Centre Anti-Social Behaviour

A number of complaints of anti-social behaviour from members of the public and local business owners in Alloa town centre were received by Clackmannanshire Police. In order to address this various methods/tactics were put in place to combat this issue. The local community officers carried out high visibility foot patrol in the town centre and engaged with the persons complained about. The main concern was that the group responsible were all drug or alcohol abusers and their behaviour was deemed as unacceptable.

Community policing supervisors and officers met with residents and business owners at Alloa Police station to discuss these concerns. A number of actions for various agencies were identified and actioned in order to address concerns, as well as detailed discussions taking place explaining the difference between criminal and anti-social behaviour which assisted the understanding for many of the persons present.

In support of the local community officers, officers on court duties provided additional foot patrols in the town centre. This increased presence discouraged anti-social behaviour and any criminality discovered was dealt with in a robust and prompt manner. National resource the Violence Reduction Unit were requested and deployed into the town centre to also assist in prevention and detection of criminality. These consisted of plain clothes officers, who were not known in the area, carrying out patrols and intelligence led operations against known individuals resulting in numerous arrests for drugs and theft offences. This had a positive effect on the community and disruptive to those committing crimes and unacceptable behaviours.

As well as managing criminality and disorder the police engagement with individuals allowed identification of vulnerability requiring support. This resulted in several people being signposted to third sector organisations who were able to support them with any social, welfare or addictions issue they had with a view to trying to resolve their issues to prevent further antisocial behaviour/criminality.

Drugs Seizure

A male pled guilty to being concerned in the supply of controlled drugs between July 2017 and October 2018.

This case attributes the recovery of 30,000 MDMA tablets (£300,000 worth) and 1kg of MDMA crystals (£35,000-£50,000) to this male. Also able to evidence the purchase of a pill press (recovered), 13 pill stamps and 74kg of mixing/bulking agent as being purchased by the male.

On 6 March 2019, this male was sentenced to 4 years imprisonment.

Another significant seizure was on 4 February where 156,00 Etizolam tablets, 2kg of Amphetamine, 213.5g of Heroin, 24g of Cannabis and 39 Ecstasy tablets were recovered in the Forth Valley Area. Enquiries are ongoing in relation to this.

Forth Valley Officers carried out numerous activities in support of the National Hate Crime campaign. Some of the key highlights are noted below:-

National Hate Crime Campaign

Hate Crime Roadshow in partnership with Central Scotland Regional Equality Council and Disability Scotland. The National Hate Crime Campaign was discussed, with relevant campaign leaflets provided to organisations and representatives. Email addresses were obtained from those present with a view to cascading campaign messaging to a wide ranging, relevant audience.

Hate Crime Input at Pride Event organised by Stirling University. Links made with LGBT+ society president, who was willing to act as a sounding board to cascade the messaging throughout the duration of the campaign.

Forth Valley Officers distributed Awareness leaflets and engage with the public and security staff during Weekend night time economy patrols to ensure that support was provided to key groups which were the focus of the campaign, including

- Security Staff (retail premises, venues and licensed premises)
- Taxi/private hire drivers
- Retail sales staff (convenience and hot food)

Bespoke posters and stickers were distributed for display on retail windows, taxis and public transport. This was well received and we have had to place an order for more.

The Schools Based officers were key in promoting the key message of the campaign in schools this was also extended to the Divisional PSYV Group. A number of local businesses proactively requested and were trained under the banner of Keep Safe. Third party reporting centres were advertised throughout the Forth Valley area and through local diverse groups.

Human Trafficking

Human trafficking occurs across Scotland. A recent inquiry by the Equality and Human Rights Commission found evidence of trafficking in Argyll, Glasgow, Edinburgh, Skye and Aberdeen. It is a form of modern day slavery involving sexual exploitation, domestic servitude, forced labour and forced criminal activities.

Although there have been no reported incidents in Clackmannanshire this is clearly an emerging trend and one which we are not naïve to think cannot happen here. As such Clacks officers have undertaken training to quickly recognise victims of trafficking and respond to such incidents accordingly and quickly ensuring involvement of the pertinent partner agencies.

Working alongside partners in immigration police have conducted proactive and unannounced visits, based on intelligence, to private addresses and businesses alike to ensure the welfare of occupants and the respective work force.

Continuous professional development of officers in this area is maintained through regular seminars, conferences and bulletins on the latest activities and national picture.

PROTECTING PEOPLE MOST AT RISK OF HARM

Mental Health Triage

As reflected nationally mental health is one of the biggest driver of demand in Forth Valley. Although similar initiatives are being rolled out in other divisions, our size makes us more agile and responsive to the changing nature of these calls.

This process is taking between 1 hr and 2hrs from start to finish as opposed to 6-7 hours occasionally more.

The benefits are the time saving for officers but more importantly this offers an enhanced service to those in distress and takes away the embarrassment of being sat in A&E with two police officers which can be detrimental and even more distressing, this offers more dignity and respect to them.

So far there has been a high uptake of this service and although early days (week 3) the figures show a significant reduction in the numbers of hours spent at hospital and the feedback thus far has been extremely positive.

Clear communication and robust information sharing stimulates Preventative interventions before a crisis point is reached and rise to innovations like remote assessments (a possibility).

Additional “decider” training to be rolled out to officers on how to deal with a person in crises or mental health issues

OPERATION ALAMO

In the run up to 5th November 2018 Forth Valley Division ran Operation Alamo to provide a pro-active approach to potential anti-social behaviour and disorder relating to Bonfire night celebrations. This ran under the umbrella of Operation Moonbeam with the purpose of preventing incidents and encouraging safe and responsible sale and use of fireworks.

The operation was run in conjunction with Scottish Fire and Rescue Service and the three local authorities and involved media pro-active visits to retailers, educational visits to schools, uplifts of flammable materials and patrols by Community Wardens and uniformed Police Officers providing a deterrent effect.

The result of this approach was a less than anticipated demand on police resources, reduced number of calls regarding anti-social behaviour from the public and no incidents of concern attracting adverse media attention.

Online Safety for Children and Parents

One of our Schools Based Officers was approached by a 13 year old female pupil seeking advice as she was very uneasy about comments made on pictures she had shared on line. It was clearly evident that she had very poor knowledge of safety settings on her phone and the workings of social media. She had received a large amount of friend requests on social media and accepted them all (almost 5000 friends). She had wrongly assumed that all her online friends of a similar age did the same. Of note, this young female had previously had internet inputs at school.

Following engagement with the pupil and staff, the Schools Based Officer immediately recognised the risk posed and quickly identified that neither parent of the pupil had any knowledge in internet safety. The officer then visited the female's home and logged onto household computers, horrifying her parents when they saw how much access web users had to their daughter and families information. The Digital Parenting (Vodafone) magazine was left with parents to provide further guidance on internet safety.

The pupil was allowed supervised access to school computers to work through her security settings/pictures/friends lists with the school wellbeing worker. Continued work was undertaken with the pupils peer group to enhance and widen safety advice. This incident further highlighted the potential dangers from online activity that young people face. The actions carried out have increased this pupil's safety and enhanced the knowledge of her parents who can now support and monitor her. The learning from this incident has also be used by school staff to share such potential issues with other pupils in Clackmannanshire, providing a safer environment for our young people.

Skill Development

Forth Valley Officers have undertaken a review of 112 undetected Domestic House Breaking crimes.

This exercise has helped weed out any errors with recording and housekeeping. Some of the records were identified as No Crime or incorrectly categorised.

Appropriate learning has been disseminated to all officers and the cases have been passed to the Crime Manager for updates. Specific possible lines of enquiry have been highlighted to the reporting officers and details of common issues and missed opportunities for detection have been collated for further learning opportunities.

The Priority Crime Team is made up of highly skilled detective / uniformed officers tackling series, linked and cross-border acquisitive crime, in particular housebreakings.

Operation Willpower saw the Priority Crime Team officer stop 48 transit vans to verify that the engine/chassis number conform to the true identity. The planned outcome for this activity was effective disruption.

As part of their internal communications strategy the team now produce interactive multimedia updates. This approach ensures better engagement and coordination when targeting cross border criminals.

Through video, officers are made aware of current risks, patterns and any disruption activity carried out in other divisions, mitigating crime displacement. This has been well received and a regular feature.

This team has been effective in investigating and detecting complex cross divisional crimes. Of note, one crime series involved 38 charges across 4 divisions (C, D, P and L) involving a nominal who used the road networks to travel to commit crime.

In support of Forth Valley's commitment for continuous improvement, the team conducted a DNA ident operation. The approach was two pronged, upskilling officers in DNA awareness and exploring forensic opportunities in existing undetected cases. This operation resulted in 30 offenders charged with 43 offences in one week. Positive lines of enquiry were identified for several further undetected offences.

Crime series response

Clackmannanshire experienced a significant rise in motor vehicle crime last year with reports rising from 80 to 158 with a strong detection rate of 53.8%. In particular in the lead up the Christmas period, a notable spike in the recorded number of thefts from insecure motor vehicles was highlighted. This type of crime carries a significant impact on victims who were losing personal property through these crimes of dishonesty and feeling of violation of personal space.

In order to deter and detect the offenders a patrol plan was implemented which targeted the

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affected areas utilising both high visibility and plain clothes officers at peak times. Engaging partners in divisional intelligence and analytical unit and dedicated local officers progressing forensic strategies, the identification of perpetrators was established and an action plan for their apprehension implemented.

This resulted in fourteen persons being charged with vehicle crimes and a large amount of the stolen property being recovered and returned to owners.

Fourteen persons in total were charged with the following breakdown;

- two individuals were working together - 21 charges
- one male - 9
- one male - 6
- one male - 5
- one male - 3

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Violence, Disorder & Antisocial Behaviour					
		Apr 2018 - Mar 2019	Apr 2017 - Mar 2018	Victims	% Change
1	Total No Group1: Crimes of Violence	107	81	26 more	32.1%
2	Murder	0	2	2 fewer	-100.0%
3	Attempted Murder	1	3	2 fewer	-66.7%
4	Culpable Homicide (common law)	0	0	None	-
5	Culpable Homicide (other)	0	1	1 fewer	-100.0%
6	Serious Assault detection rate	84.0%	100.0%		-16.0%
<p><i>Almost all serious assaults are subject of enquiry by detective officers and produce a high standard of enquiry with a strong detection rate. The reduction in detections comprises of factors involving lack of evidence, cooperation of victims and witnesses, lack of witnesses and reporting times also undetected at end of year. These are closely monitored by DCI from CID through divisional performance meetings.</i></p>					
7	Serious Assault	50	44	6 more	13.6%
<p><i>13 serious assaults occurred within Glenochil prison over the period which is more than double that of 2017/18 reporting period and is partly responsible for the rise in numbers. 5 were domestic incidents and 3 occurred in or around a licensed premises. Most crimes occurred within residential dwellings (23) with others in public space (12). Knives, poles, baseball bats were some of the weapons used to commit crimes however there were also several incidences of one punch resulting in serious injury through impact or subsequent fall. The weekend policing plan reduces the incidents of violence in Alloa Town centre especially in relation to alcohol fuelled violence.</i></p>					
8	Robbery detection rate	79.3%	91.7%		-12.4%
<p><i>Robberies are investigated by detective officers from divisional CID to ensure the appropriate level of specialist skillset is applied. Two robberies remain under live investigation.</i></p>					
9	Robbery	29	12	17 more	141.7%
<p><i>One incident in April 2018 saw a male charged with 5 robbery crimes at dwellings in Tillicoultry. One incident in Alloa consisted of 2 robberies and numerous other offences by one accused. Knives were used in both these incidents. 2 robberies were crimes within a domestic incident between partners. A profile was raised due to the increase and actions were conducted around safety at premises and targeted stop and search in identified areas. 2 offenders were responsible for 2 robberies each of licensed betting shops and person in public involving weapons both of whom have been remanded in custody</i></p>					
10	Common assault detection rate	69.6%	71.1%		-1.5%
<p><i>The detection rate has fallen slightly with no specific reason attributable to this. Weekly and monthly performance meetings monitor these crimes to ensure robust and diligent investigation is conducted and all opportunities are exhausted prior to completion.</i></p>					
11	Common assault	609	717	108	-15.1%

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				fewer	
<p><i>Violence remains a priority within Clacks and the Weekend Policing plan along with daily scrutiny of violent crimes and priority tasking ensure a robust response. Alcohol related violence remains significant and increasingly with in domestic dwellings. Good engagement between Police and licensing trade have reduced violence in and around licensed premises over the reporting period. MATAC is utilised to manage properties of repeat incidents where violence, ASB or disorder is occurring and ensure a multi-agency response is tasked.</i></p>					
12	Number of complaints regarding disorder	2,882	3,670	788 fewer	-21.5%
<p><i>ASB and disorder continue to reduce. Strong connections between local officers and their communities improves relations with young people and especially between Schools Based Officer Schools Based Officer's and schoolchildren. MATAC, good partnership working and effective use of mobile CCTV cameras ensure serious incidents and hotspots are dealt with swiftly and robustly.</i></p>					

Violence, Disorder & Antisocial Behaviour (continued)					
		Apr 2018 - Mar 2019	Apr 2017 - Mar 2018	Victims	% Change
13	Number of Domestic Abuse Incidents Reported to the Police	694	829		-16.3%
<p><i>Daily scrutiny of domestic incidents and tasking of the Divisional Alcohol and Violence Reduction Unit (DAVRU) ensure swift and effective response for victims and offenders alike. MATAC and MARAC now delivered locally in Clacks by divisional PPU with partners and local officers ensuring stronger focus on repeat offenders and assistance to victims. This local knowledge and service delivery is assisting in reducing the instances of repeat victims through dedicated resources, specialised divisional units, proactive bail visit protocol on offenders and victim checks. Introduction of new Domestic Abuse legislation, which began a full days training in 2018, assisted with an increase in knowledge and awareness of coercive control aspects of domestic abuse cases prior to its implementation on 1 April 2019</i></p>					
14	Total Crimes and offences in domestic abuse incidents	443	506		-12.5%
<p><i>Domestic crimes are reducing in alignment with incident reduction overall.</i></p>					
15	Percentage of Domestic Incidents that result in a crime being recorded	43.8%	45.6%		-1.8%
<p><i>A slight drop in the amount of incidents which resulted in criminality however remaining within force averages.</i></p>					
16	Total crimes and offences in domestic abuse incidents detection rate	71.3%	69.0%		2.3%
<p><i>The DAVRU are responsible for dealing with domestic assaults on a daily basis and have built local knowledge and expertise in this area which has improved detection rates. Sustained activity against the most prolific and repeat offenders improves the response to victims also.</i></p>					
17	Total Detections for Domestic Bail Offences	35	44		-20.5%
<p><i>With the reduction in crimes offender visits have reduced resulting in a decrease in detections. The protocol however is robust for all offenders and can be seen as an increase in compliance by offenders to their restrictions</i></p>					
18	Ensure 95% of domestic abuse initial bail checks are conducted within a prescribed timeframe (24hrs)	94.4%	-		-
<p><i>Victims of crime are contacted within 24hrs of the accused's release from court to update them and check on their welfare. Although not met the positive rate remains high with those out with the 24hrs reviewed for</i></p>					

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<i>enquiries done and reasons for failure. All non-compliance were incidents were for reasons out with police control. Enhanced enquiry avenues are being progressed to maximise compliance for safety of victims.</i>					
19	Hate Crime and offences detection rate	75.4%	82.3%		-6.9%
<i>Hate crimes are prioritised daily ensuring appropriate resources are tasked and diligent enquiry undertaken. Proactive work with victims enabled a restorative justice process within schools to be progressed to understand victim impact in relation to hate speech. SBO's work closely with the LGBT groups established in schools to improve awareness, support and educate students. Of the 65 hate crimes recorded last year approx. 25% were directed at police officers.</i>					
Violence, Disorder & Antisocial Behaviour - Stop and Searches					
		Apr 2018 - Mar 2019	Apr 2018 - Mar 2019 Positive	Victims	% Change
20	Number of stop and searches conducted (total)	214	100		
21	Number of statutory stop and searches conducted	214	100		
22	Number of consensual stop and searches conducted	0	0		
23	Number of consensual stop and searches refused	0	-		
24	Number of seizures made	9	-		
<i>On the 11th May 2017 Police Scotland adopted a new code of practice on the use of stop and search. At this time the use of non-statutory (Consensual) search ceased. The period covered by this report includes searches conducted prior to the introduction of the code. The table above provides information on consensual searches carried out before 11th May. Further information on Police Scotland's use of stop and search and on the code of practice is available on the Police Scotland Website.</i>					

Additional Identified Local Priorities					
		Apr 2018 - Mar 2019	Apr 2017 - Mar 2018	Victims	% Change
25	Number of detections for drugs supply, drugs productions, drugs cultivation	41	41		0.0%
<i>These operations are intelligence led from information from the public and are conducted timeously. Figures are for those with detections and do not take account of executed warrants where no drugs are recovered or possession amounts only are seized. The number of executed warrants remains high and above the 5 year average.</i>					
26	Theft by housebreaking (including attempts) detection rate	23.2%	28.4%		-5.2%
<i>Lack of forensic opportunities and witnesses in these crime types have proved problematic in detecting offenders responsible. Many crimes are committed against empty homes or premises. Over this period there remains open investigations into several crimes and lab reports are awaited for outcomes. Improved guidance and investigative processes have been circulated to officers to increase detections and an experienced Sgt has been delegated the lead for acquisitive crime to drive forward improvements.</i>					
27	Theft by housebreaking (including attempts)	95	88	7 more	8.0%
<i>Housebreaking figures are on a par with previous year however remain a priority. Priority Crime Unit are used for travelling criminals and cross border crimes series. Ownership of local crimes are allocated to</i>					

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<i>community officers to progress in their areas. There was no pattern of offending noted over the period or linked crimes. A divisional operation was created to enquire into further opportunities for forensic recovery and linking potential offenders. Many crimes are attributed to sheds and garages with drug dealing featuring also as the motive in some incidents.</i>					
28	Theft by shoplifting detection rate	78.5%	74.9%		3.6%
<i>Detection rates remain strong for shoplifting due to CCTV within shops, local officer knowledge and a core group of repeat offenders responsible for numerous crimes. Good intelligence and retail engagement assist in this level of detections.</i>					
29	Theft by shoplifting	302	235	67 more	28.5%
<i>There has been an increase which it is likely to be connected to the economic climate. Anecdotally it has been noticed that there is an increase in basic foodstuffs being stolen along with alcohol. Engagement with our communities and partners inform us that daily living is becoming more difficult for people and this may partly potentially be responsible for the increase. Several individuals have been noted to repeatedly steal basic daily food items and first time offenders are coming to light for the same reason.</i>					
30	Vandalism & Malicious Mischief detection rate	33.6%	32.2%		1.4%
<i>Good investigative work, positive engagement with communities by local officers and visible patrolling have contributed to the increased detection rate.</i>					
31	Vandalism & Malicious Mischief	470	584	114 fewer	-19.5%
<i>A significant reduction in vandalism is noted and can be attributed to positive engagement with schools by SBO's and community officers. Weekend Policing Plan and intelligence led high visibility patrolling are instrumental in deterring these types of crimes. There have been no notable linked or repeated crimes/locations recorded with the exception of a stone throwing series in Sauchie which the local CP officer resolved through an action plan.</i>					
32	Number of detections for Consuming Alcohol in a designated place (where appropriate byelaws exist)	8	7		14.3%
<i>Officer discretion is the strongest and best tactic deployed in this issue where the criminalisation of young people is not the aim. Warnings and low level interventions are used in the first instance along with parental engagement for young people</i>					
Public Protection					
		Apr 2018 - Mar 2019	Apr 2017 - Mar 2018	Victims	% Change
33	Number of Sexual Crimes	122	117	5 more	4.3%
<i>Sexual crimes continue to increase nationally and impacts of operations on high profile cases increase confidence in reporting of historic offences which amount for approx.</i>					
34	Sexual Crimes detection rate	47.5%	70.1%		-22.6%
<i>Increased inputs to officers around initial investigations, early evidence opportunities and better understanding of victim impact has contributed to the increased rate. Officer confidence in managing these crimes from the outset has increased.</i>					
35	Rape detection rate	50.0%	57.1%		-7.1%

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Road Traffic Casualty Statistics				
	Apr 2018 - Mar 2019	Apr 2017 - Mar 2018	Victims	% Change
People Killed	1	1	same number	0.0%
People Seriously injured	16	7	9 more	128.6%
People Slightly Injured	30	44	14 fewer	-31.8%
<p><i>The divisional Road Safety Group drives the actions for operations and initiatives in Clacks to influence driver behaviour and reduce casualties on our roads through education, prevention and enforcement. Road Policing Unit (RPU) use the data of RTC's to inform the priority routes requiring monitoring or action. Overall RTC's reduced by more than half over the reporting period however Police Scotland, with effect from August 2018, no longer record non-injury accidents.</i></p>				
Children (aged<16) Killed	0	0	None	-
Children (aged<16) Seriously Injured	1	1	same number	0.0%

Road Safety & Road Crime				
	Apr 2018 - Mar 2019	Apr 2017 - Mar 2018	Victims	% Change
36 Dangerous driving	20	23		-13.0%
37 Speeding	152	183		-16.9%
<p><i>Officers conduct speeding operations generally in response to complaints from the public on identified roads. RTC analysis also assists in targeting those roads where repeat accidents occur. The Camera Safety Partnership vehicle is used at hotspots also.</i></p>				
38 Disqualified driving	12	4		200.0%
<p><i>The increase is partly due to the use of the divisional Crime Car to target those individuals known to be driving whilst disqualified as well as local officer operations, patrols and road checks.</i></p>				
39 Driving Licence	30	54		-44.4%
40 Insurance	89	121		-26.4%
41 Seat Belts	26	22		18.2%
42 Mobile Phone	10	17		-41.2%
<p><i>This continues to reduce most likely due to increase technology in new vehicles for hands free calling/talking.</i></p>				

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*Produced by Police Scotland Analysis & Performance Unit on 28/05/2018.
All statistics are provisional and should be treated as management information. All data are sourced from Police Scotland internal systems and are correct as at 4th April 2018.*

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Public Confidence					
		Apr 2018 - Mar 2019			
		Number of Complaints about the Police	Number of Complaints per 10,000 Police Incidents		
43	Complaints received about the Police	49	32.7		
<i>All complaints received are initially assessed and investigated by a single point of contact (SPOC) supervisory officer who ensures professional enquiry in line with our values and code of ethics. Any learning is shared and acted upon to ensure there are no repetitions or where required changes to policy or procedures are implemented.</i>					
		On Duty Allegations	Off Duty Allegations	Quality of Service Allegations	Total Number of Allegations
44	Total Allegations Recorded	57	0	21	78
<i>Complaints continue to be monitored closely to ensure we act in accordance with our values and constantly strive to improve service delivery to our communities.</i>					

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*Produced by Police Scotland Analysis & Performance Unit on 28/05/2018.
All statistics are provisional and should be treated as management information. All data are sourced from Police Scotland internal systems and are correct as at 4th April 2018.*

Report to: Partnership & Performance Committee

Date of Meeting: 31st October 2019

Subject: Fire Performance Report – 2018/19

Report by: Local Senior Officer Clackmannanshire and Stirling

1.0 Purpose

- 1.1 The purpose of this report is to provide committee with:
- 1.2 An annual performance of the Scottish Fire and Rescue Service (SFRS) in Clackmannanshire covering the period 1st April 2018 to 31st March 2019. The report is based on performance against objectives and targets set out in the Local Fire and Rescue Plan for Clackmannanshire. Performance indicators are detailed in the summary report at appendix 1.

2.0 Recommendations

- 2.1. It is recommended that committee note and challenge the report as appropriate.

3.0 Considerations

- 3.1. A number of significant trends are worth highlighting.
- 3.2. There have been no fire related fatalities and sixteen fire casualties in the reporting period.
- 3.3. A Serious Fire Task Group has been set up within the SFRS. This group will produce a quarterly report providing information on fire fatalities which will assist in local Community Safety Engagement activity.
- 3.4. The SFRS delivered their Seasonal Thematic Action Plans from 1st April 2018 to 31st March 2019 and targets included reducing accidental dwelling fires, reducing fire fatalities and casualties, reducing deliberate fire setting, reducing the number of outdoor fires, and reducing fire related anti-social behaviour.

- 3.5. Accidental dwelling fires have decreased by two when compared with the same period the previous year. The cause of these fires has predominantly been cooking related activities which in Scotland is the number one cause of fires in the home. This will continue to be a focus of our on-going prevention work.
- 3.6. Work is on-going to identify and support vulnerable people in Clackmannanshire, through the Home Fire Safety Visit Programme and fire safety referrals through the multi-agency activity. The quantity and quality of referrals from partners allow the service to target resources within Clackmannanshire, with the aim of reducing the number of accidental dwelling fires and casualties from these fires in the long term.
- 3.7. The SFRS Stirling and Clackmannanshire area have been working with “Oor Clacks Voices” supporting the Care Experienced Children within the area, hosting and taking part in various activities throughout 2018/19.
- 3.8. There were fifteen deliberate primary fires, a reduction of nine compared with the same period last year. There were fifty-nine deliberate secondary fires, which is a reduction of eighteen compared with the same period last year.
- 3.9. The number of Unwanted Fire Alarm Signals during the reporting period was two hundred and twenty-seven. This is a reduction of fourteen compared to the same period last year.
- 3.10. We continue to monitor all UFAS activity and contact all duty holders to discuss the implications of UFAS and where improvement can be made.
- 3.11. We are informing duty holders of the latest fire detection technology available which has a proven record in reducing unwanted signals.

Author(s)

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PERFORMANCE REPORT

Covering the activities and performance in support of the Local Fire and Rescue Plan for Clackmannanshire



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

**Working together
for a safer Scotland**

ABOUT THE STATISTICS IN THIS REPORT

The activity totals and other statistics quoted in this report are provisional in nature and subject to change because of ongoing quality assurance and review.

Because all statistics quoted are provisional there may be differences in the period totals quoted in our reports after original publication which result from revisions or additions to the data on our systems.

From 2015-16 onwards responsibility for the publication of end-year statistical data transferred from the Scottish Government to the SFRS. This change of responsibility does not change the status of the figures quoted in this and other SFRS reports reported to the Committee.

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DEFINITIONS

Accidental Dwelling Fire

Building occupied by households, excluding hotels, hostels and residential institutions. In 2000, the definition of a dwelling was widened to include any non-permanent structure used solely as a dwelling, such as caravans, houseboats etc. Caravans, boats etc. not used as a permanent dwelling are shown according to the type of property. Accidental includes fires where the cause was not known or unspecified.

Fire Fatality

A person whose death is attributed to a fire is counted as a fatality even if the death occurred weeks or months later.

Fire Casualty

Non-fatal casualties consist of persons requiring medical treatment including first aid given at the scene of the fire, but not those sent to hospital or advised to see a doctor for a check-up or observation (whether or not they actually do). People sent to hospital or advised to see a doctor as a precaution, having no obvious injury are recorded as precautionary 'check-ups'.

Deliberate Fire

Includes fires where deliberate ignition is merely suspected, and recorded by the SFRS as "doubtful".

Non-Domestic Fires

These are fires identified as deliberate other building fires or accidental other building fires.

False Alarms

Where the FRS attends a location believing there to be a fire incident, but on arrival discovers that no such incident exists, or existed.

Unwanted Fire Alarm Signal

Where the FRS attends a non-domestic location believing there to be a fire incident, but on arrival discovers that no such incident exists, or existed.

Primary Fires:

- Buildings (including mobile homes) fit for occupation (i.e. not wholly derelict) and those under construction.
- Caravans, trailers etc.
- Vehicles and other methods of transport (not derelict unless associated with business e.g. scrap metal).
- Outdoor storage (including materials for recycling), plant and machinery.
- Agricultural and forestry premises and property.
- Other outdoor structures including post-boxes, tunnels, bridges, etc.

Secondary Fires

- Single derelict buildings.
- Grassland etc., including heath, hedges, railway embankments and single trees.
- Intentional straw or stubble burning.
- Outdoor structures, including: lamp-posts, traffic signs and other road furniture, private outdoor furniture, playground furniture, scaffolding, signs and hoarding etc.
- Refuse and refuse containers.
- Derelict vehicles (a vehicle without a registered keeper).

INTRODUCTION




































This is the full year 2018-2019 monitoring report covering the SFRS's performance and activities in support of the seven priorities in the Local Fire and Rescue Plan for Clackmannanshire 2018, namely:







- Priority 1 – Local Risk Management and Operational Preparedness
- Priority 2 – Unintentional Harm and Injury
- Priority 3 – Domestic Fire Safety
- Priority 4 – Deliberate Fire Setting
- Priority 5 – Built Environment
- Priority 6 – Unwanted Fire Alarm Signals
- Priority 7 – Transport and Environment

As well as supporting the seven priorities in the Local Fire and Rescue Plan for Clackmannanshire, this monitoring report shows how SFRS activities and performance contribute to the wider priorities of the Clackmannanshire Council Community Planning Partnership (CPP), as set out in the Local Improvement Plan for Clackmannanshire.

PERFORMANCE SUMMARY

The table below provides a summary of activity between April 1st 2018 to 31st March 2019 compared to the same activity on the previous year against headline indicators and annual targets. It aims to provide at a glance our direction of travel during the current reporting year.

		2017-18	2018-19	Previous 3 Year Average	Short Trend	Long Trend
		Value	Value			
	HI 1 Accident Dwelling Fires	47	45	62		
	HI 2 ADF Fatal Casualties	0	0	0		
	HI 3 ADF Non-Fatal Casualties	8	16	13		
	HI 4 Deliberate Primary Fires	24	15	19		
	HI 5 Deliberate Secondary Fires	77	59	74		
	HI 6 Non-domestic Building Fires	20	17	21		
	HI 7 Fatal Casualties in Non-Domestic Building Fires	0	0	0		
	HI 8 Non-Fatal Casualties in Non-Domestic Building Fires	1	10	2		
	HI 9 Unwanted Fire Alarm Signals	241	227	239		
	HI 10 Road Traffic Collision (RTC) Incidents	12	13	16		
	HI 11 Fatal RTC Casualties	0	0	0		
	HI 12 Non-Fatal RTC Casualties	13	11	12		

KEY TO SYMBOLS	Improving	No Change	Getting Worse
Short Trend This year compared with last year			
Long Trend This year compared with the previous 3 year average			

PERFORMANCE HIGHLIGHTS

Of the 12 headline indicators, the following performance figures should be noted for the year 2018/19:

- There were **forty-five** ADF's during 2018/19. This is a decrease of **two** compared to the same period last year.
- There were **zero ADF Fatal Casualties** during 2018/19.
- The number of **ADF Non-Fatal Casualties** for 2018/19 was **sixteen**. This is an increase of **eight** compared to the same period last year.
- The number of **Deliberate Primary Fires** for 2018/19 was **fifteen**. This is a reduction of **nine** compared to the same period last year.
- The number of **Deliberate Secondary Fires** during 2018/19 was **fifty-nine**. This is a reduction of **eighteen** compared to the same period last year.
- The number of **Non-Domestic Building Fires** during 2018/19 was **seventeen**. This is a reduction of **three** compared to the same period last year.
- The number of **Fatal Casualties in Non-Domestic Building Fires** during 2018/19 was **zero**.
- The number of **Non-Fatal Casualties in Non-Domestic Building Fires** during 2018/19 was **ten**. This is an increase of **nine** compared to the same period last year.
- The number of **Unwanted Fire Alarm Signals (UFAS) caused by automatic fire alarms (AFAs) in non-domestic buildings** during 2018/19 was **two hundred and twenty-seven**. This is a reduction of **fourteen** compared to the same period last year.
- The number of **Road Traffic Collisions (RTC)** during 2018/19 was **thirteen**. This is an increase of **one** compared to the same period last year.
- The number of **Fatal RTC Casualties** during 2018/19 was **zero**.
- The number of **Non-Fatal RTC Casualties** during 2018/19 **eleven**. This is a reduction of **two** compared to the same period last year.

Priority 1: Local Risk Management and Operational Preparedness

Description

Risk Management and operational preparedness is a key area of work for the SFRS. In Clackmannanshire, this means:

- Knowing what the risks are in Clackmannanshire and then making plans, so we are resilient to respond to any event.
- Being prepared to respond to national threats or major emergencies.
- Developing flexibility to deploy crews, to take on a broadening role within the community.
- Firefighters being equipped to deal with emergencies safely and effectively and our stations being in a constant state of readiness.
- Ensuring that firefighter safety is paramount in everything we do. This will ensure that our personnel are able to meet the challenges we face

Activity

During 2018/19 we delivered our training commitment to operational firefighters which included the following:

Whole-time shifts have received Initial Casualty Assessment & Treatment providing them a better knowledge for responding to medical emergencies.

Whole-time and Retained Duty System (RDS) personnel took part in various off-station exercises focusing on incident command and breathing apparatus search and rescue.

RDS personnel took part in off station exercises to confirm their extrication knowledge to maintain their competency in extricating persons trapped in vehicles.

RDS personnel undertook familiarisation of heavy rescue and what they can achieve if they are mobilised to any incidents involving LGVs HGVS or Coaches.

RDS personnel took part in off station exercises to confirm their extrication knowledge to maintain their competency in extricating persons trapped in vehicles

RDS personnel took part in off station breathing apparatus training in which they covered fire development and how they can control fire gases and make them more aware of how to deal with potential Back Draught & Flashover.

SFRS training staff carried out familiarisation training with Scottish Ambulance Service (SAS) trainees. This is a joint working initiative developing rescue techniques and casualty centred rescues.

RDS stations have carried out swift water flood responder maintenance of skills training and how crews can safely respond to water incidents

Priority 2: Unintentional Harm and Injury

The Building Safer Communities programme is a collaborative initiative which seeks to help national and local partners and communities work together to make Scotland safer and stronger. The programme vision is of a flourishing, optimistic Scotland in which resilient individuals, families and communities live safe from crime, disorder, danger and harm.

In October 2016 a strategic assessment of Unintentional Harm in Scotland was completed. This assessment aims to provide a picture across Scotland and is intended for use as a resource of information for policy makers and local practitioners. This is the first time that the different sources of relevant data and information that inform incidents of unintentional harm in Scotland has been put together into one single strategic assessment.

The strategic assessment is designed to complement the wide range of good work that is underway across the country, both at national and local partnership level. In so doing it provides a snapshot in time of trends and is designed to inform strategic planning and help direct future action and intervention.

In setting this out, the strategic assessment identifies five areas of priority, representing both those identified as most at risk of unintentional harm; and those areas for focus of partnership activity:

- Under 5s
- Over 65s
- areas of increased deprivation
- strategic data gathering, analysis and sharing
- bridging the gap between strategy and delivery

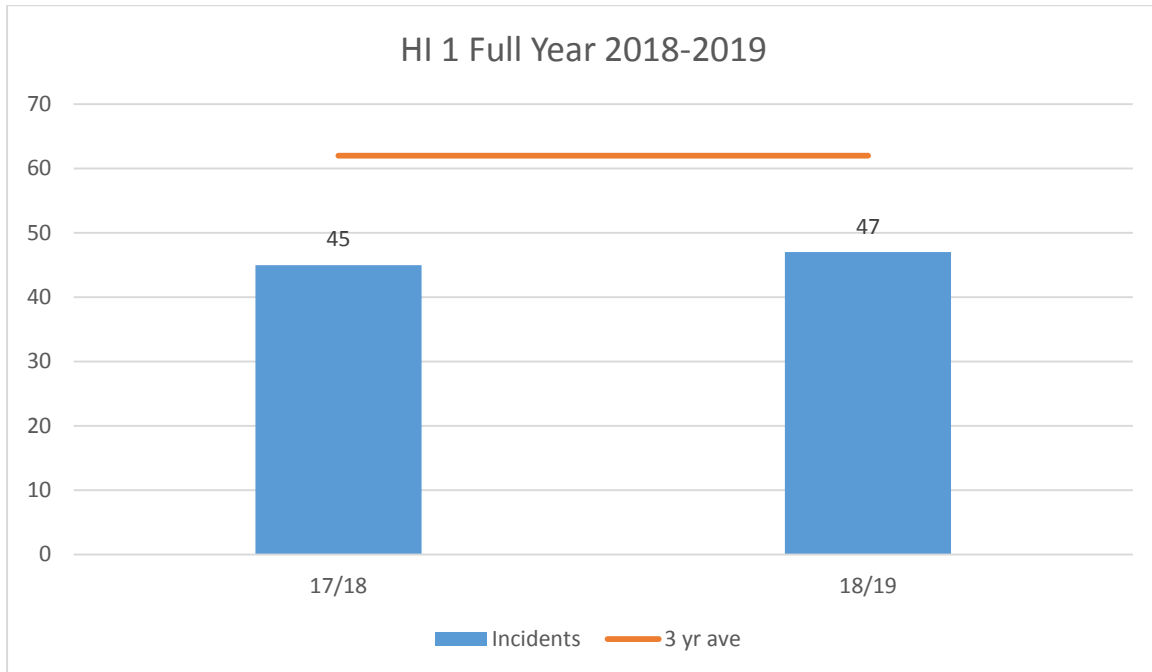
The strategic assessment is complimented by a summary document that captures the main findings and recommends for some next steps to action. Case studies and a short literature review of interventions to prevent and reduce unintentional harm have also been produced.

In addition, a number of thematic briefing papers are available for practitioners which cover key points relating to specific unintentional harm and set out in clear format the key trends and considerations relating to:

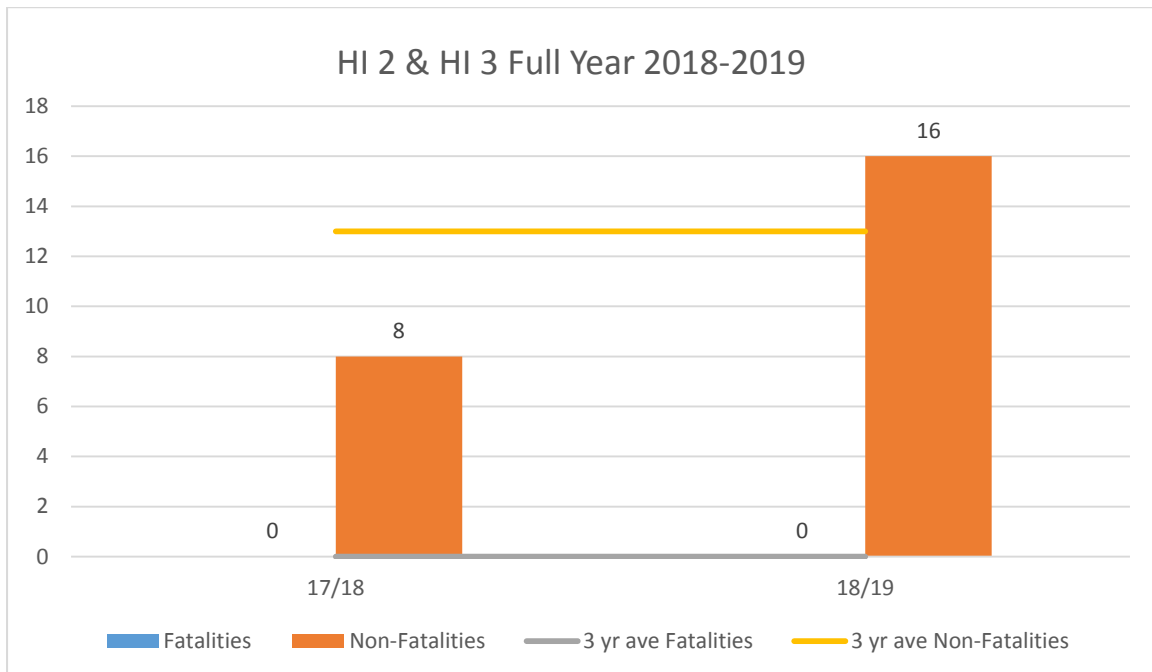
- Children and Young People
- Older People
- Deprivation
- Home Safety
- Road Safety
- Outdoor Safety

Priority 3: Domestic Fire Safety

HI 1 – Accidental Dwelling Fires (ADF)



HI 2 - ADF Fatal Casualties & HI 3 - ADF Non-Fatal Casualties



Indicator Description

The largest single type of primary fire in Clackmannanshire is accidental fires in the home and their prevention is a key focus of the Service's community safety activity.

HI 1 – Accidental Dwelling Fires (ADF)

As a headline target, the aim is to reduce the rate of ADF's, in a growing Clackmannanshire population, by keeping these fires **below 62**, each year.

HI 2 – ADF Fatal Casualties

This indicator counts those people for whom fire has been clearly identified as the cause of death, even if they die some-time after the actual fire. Those who die at, or after, the fire but where fire is **not** identified as the cause of death are not included in these figures. As a headline target, the aim is to have **0** ADF Fire Fatalities.

HI 3 – ADF Non-Fatal Casualties

This headline target counts all types of non-fatal fire injury in the home, including precautionary checks. As a headline target, the aim is to reduce the risk of injury from fire in the home, in an increasing Clackmannanshire population, by keeping fire injuries **below 13**, each year.

Performance Management

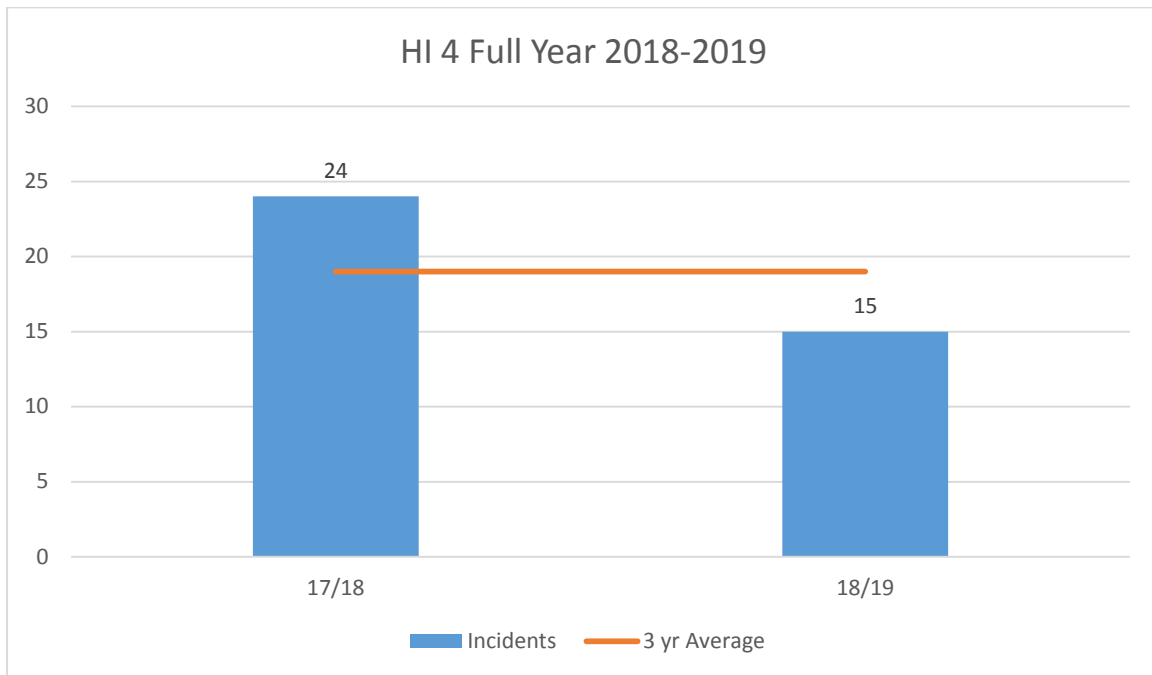
There were 45 ADF's reported during 2018/19. 23 of these ADF's were cooking related.

There were 0 ADF Fatal Casualties during 2018/19.

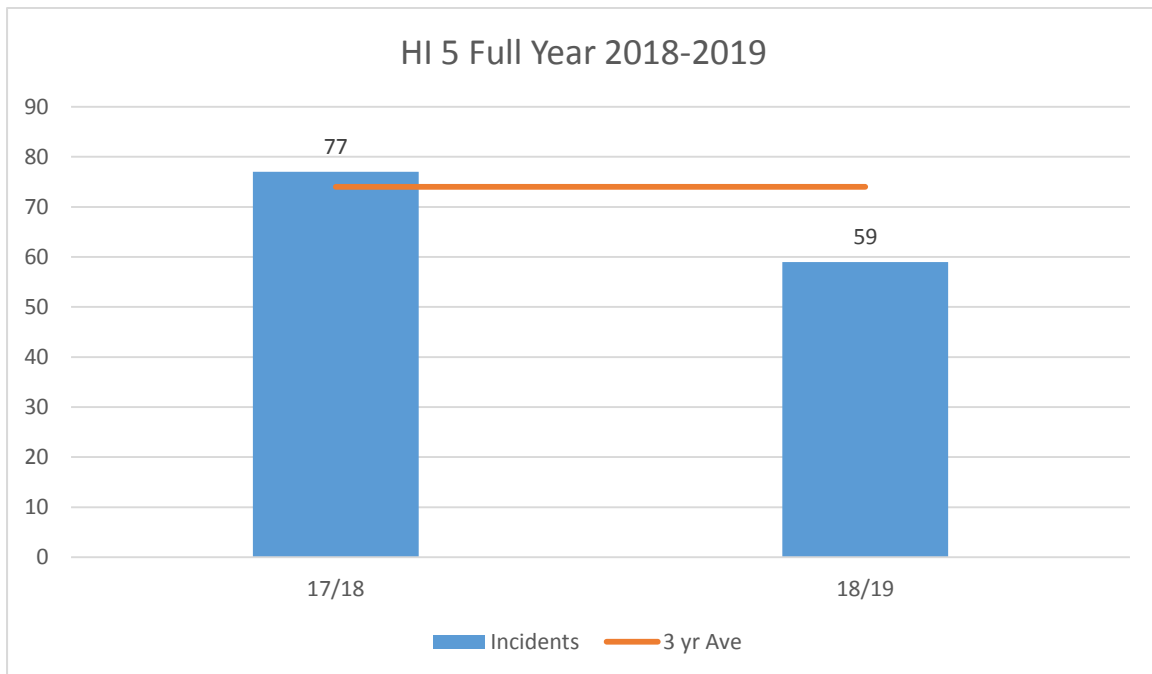
There were 16 ADF Non-Fatal Casualties during 2018/19.

Priority 4: Deliberate Fire Setting

HI 4– Deliberate Primary Fires



HI 5 – Deliberate Secondary Fires



Indicator Description

These headline and indicators targets account for all types of fire that are believed to have been started intentionally, and are categorized as Deliberate Fires and Deliberate Secondary Fires.

HI 4 – Deliberate Primary Fires

These deliberate fires cover the following types:

- Fires in the home
- Fires in non- domestic buildings
- Fires in motor vehicles

As a headline target the aim is to reduce the rate of deliberate primary fires in Clackmannanshire by keeping these fires **below 19** each year

HI 5 – Deliberate Secondary Fires

These deliberate fires cover the majority of outdoor fires including grassland and refuse fires and includes fires in derelict buildings, but not chimney fires.

As a headline target the aim is to reduce the rate of deliberate secondary fires in Clackmannanshire by keeping these fires **below 74** each year

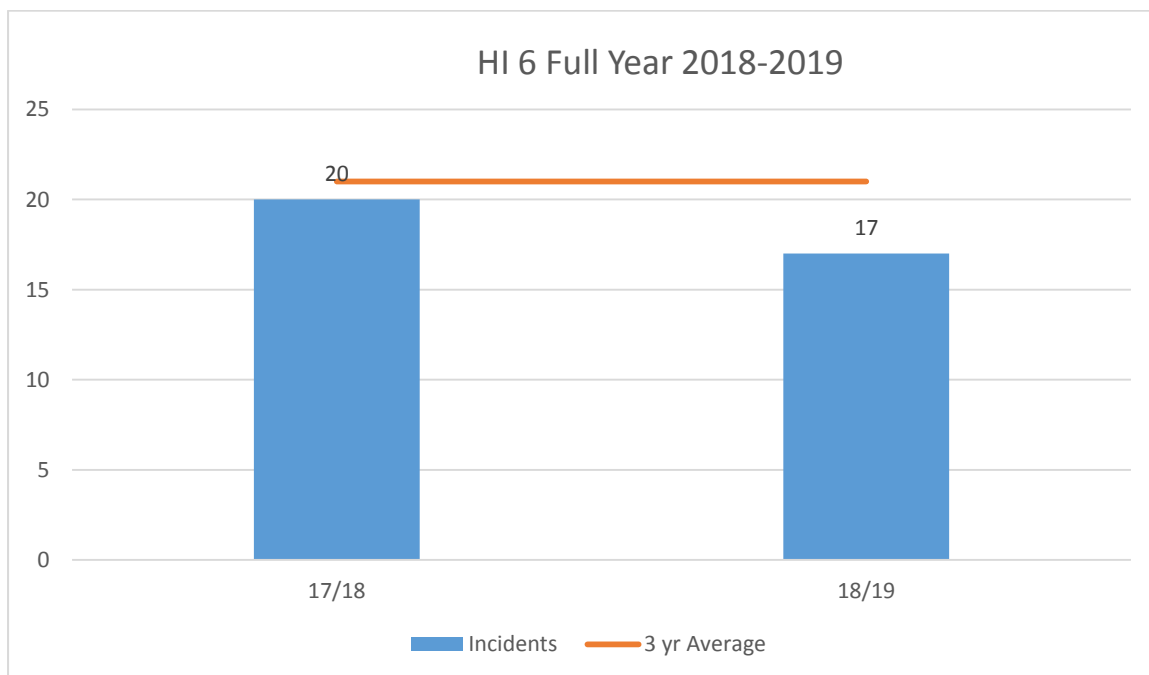
Performance Management

There were **15** Deliberate Primary Fires reported during 2018/19. There were **5** fires involving grassland, **1** dwelling house, **3** vehicles, **4** prisons, and **2** outdoor structures.

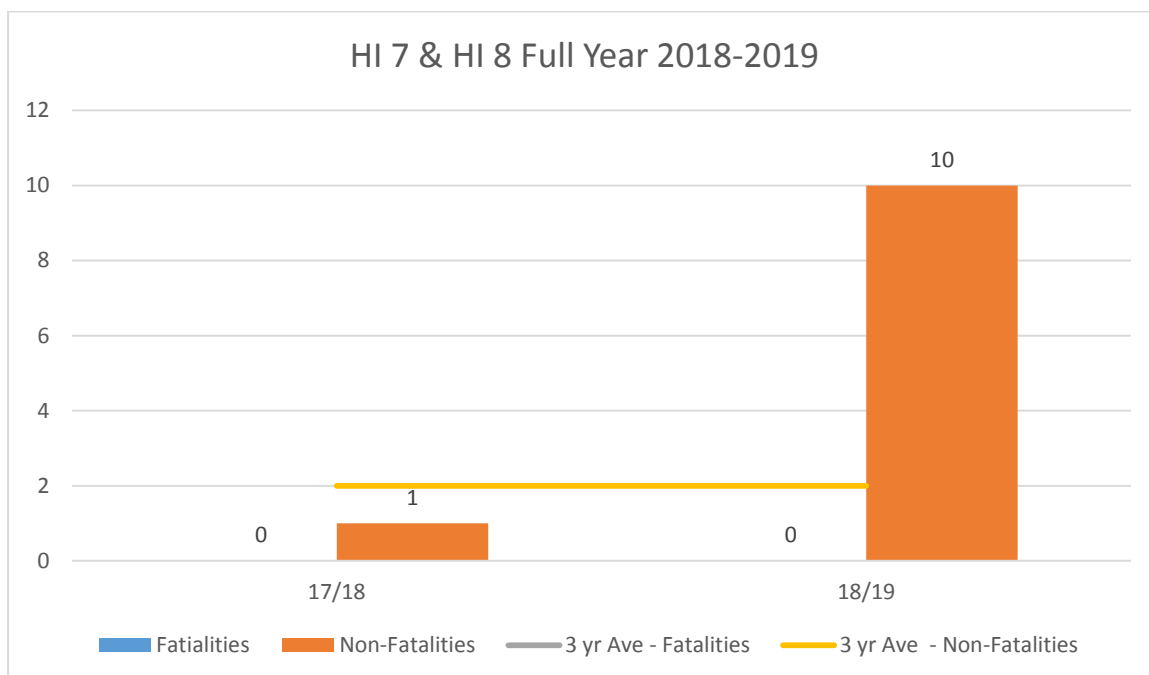
There were **59** Deliberate Secondary Fires reported during 2018/19. This is a reduction of **18** compared to the same period last year.

Priority 5: Built Environment

HI 6 – Non-Domestic Building Fires



HI 7 – Fatal Fire Casualties in Non-Domestic Buildings & HI 8 – Non-Fatal Fire Casualties in Non-Domestic Buildings



Indicator Description

These headline and indicators targets cover the types of non-domestic buildings applicable to Part 3 of the Fire (Scotland) Act 2005 and is designed to reflect the effectiveness of fire safety management in respect of these types of building. These include buildings like Care Homes, Hotels, and hospitals

HI 6 Non-domestic Building Fires Applicable to the Act

As a headline target, the aim is to reduce the rate of accidental fires in non-domestic buildings (where the Act applies), by keeping these fires **below 21**, in Clackmannanshire each year.

HI 7 Fatal Fire Casualties in Non- Domestic Building Fires Applicable to the Act

As a headline target the aim is to have **ZERO Fatal Fire Casualties** in Non- Domestic buildings.

HI 8 Non- Fatal Fire Casualties in Non-Domestic Building Fires Applicable to the Act

As a headline target, the aim is to reduce the rate of Non-Fatal Fire Casualties in Non-Domestic Buildings by keeping these below 1 in Clackmannanshire each year.

Performance Management

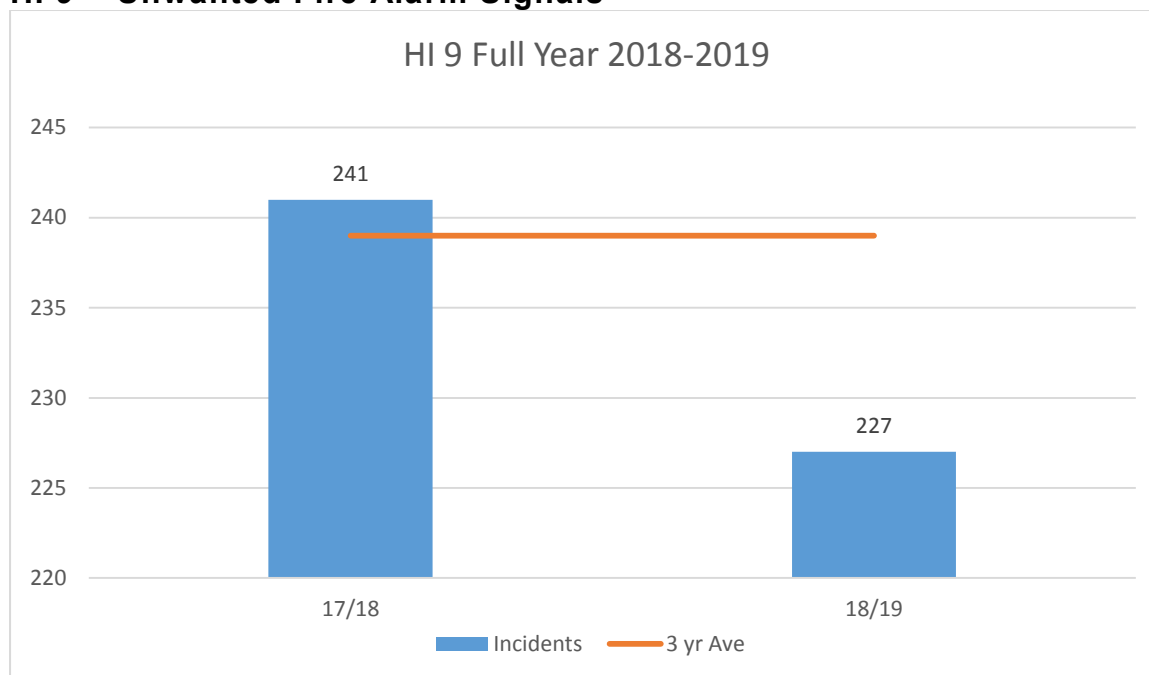
There were **17** Non- Domestic Building Fires during 2018/19. This is a reduction of **3** compared to the same period last year.

There were **0** Non-Domestic Fatal Casualties during 2018/19.

There were **10** Non-Domestic Non-Fatal Casualties during half year 2018/19. This is an increase of **9** compared to the same period last year. However, **5** of these casualties were as a result of a fire at the Glassworks in Alloa where employees suffered smoke inhalation tackling the fire and **3** prisoners injured from cell fires at Glenochill Prison.

Priority 6: Unwanted Fire Alarm Signals

HI 9 – Unwanted Fire Alarm Signals



Indicator Description

Automatic Fire Alarms (AFA) are fundamental to providing early warning from fire, giving people the chance to evacuate safely. However, to be effective, they must be properly installed, and a good fire safety management regime must be in place by the duty holder, so they do not activate where there is no fire.

Every Unwanted Fire Alarm Signal (UFAS) from an AFA has an impact in terms of unnecessary blue light journeys, redirecting SFRS resources away from other activities such as community safety work and causing considerable disruption to businesses.

HI 9: Unwanted Fire Alarm Signals (UFAS)

As a headline target, the aim is to improve fire safety management and awareness, by reducing the number of attendances to unwanted fire alarm signals from automatic systems in non-domestic buildings to **less than 239** each year.

Performance Management

During 2018/19 we were called out to **227** Unwanted Fire Alarm Signals (UFAS). This was a reduction of **14** compared to the same period last year.

Example of UFAS Premises during 2018/19;

Education Facilities = **40**

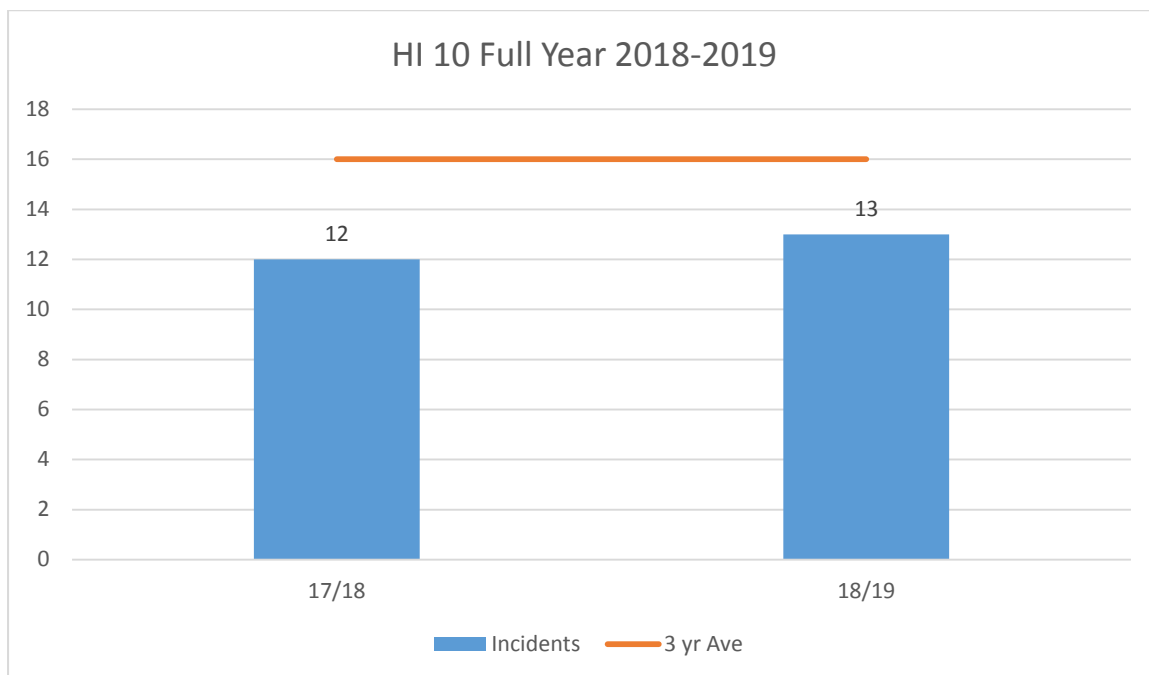
Industrial Premises, warehouses, and bulk storage areas = **24**

Residential Home, Nursing/Care = **19**

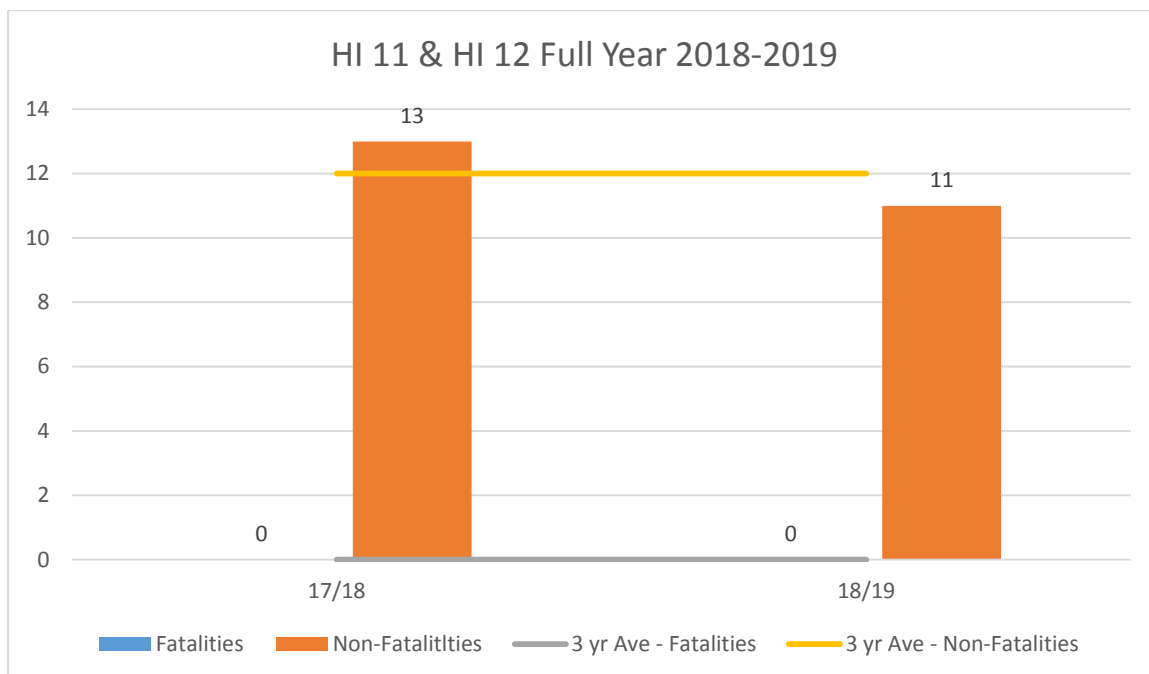
UFAS incidents create a significant number of unnecessary blue light journeys, placing our firefighters and communities at risk, and tying up resources that may be needed at a real emergency elsewhere. To reduce the impact of UFAS, we have introduced a process, that will ensure our weight and speed of response to UFAS incidents is based on risk.

Priority 7: Transport and Environment

HI 10 – Road Traffic Collision (RTC) Incidents



HI 11 – Fatal RTC Casualties & HI 12 – Non-Fatal RTC Casualties



Indicator Description

The SFRS has become increasingly involved in more non-related fire prevention work, in support of its role in promoting the wider safety and wellbeing of its communities. The headline indicators and targets reflect the fact that most of the non-fire related incidents attended by the SFRS in Clackmannanshire are RTC incidents.

HI 10: RTC Incidents

As a headline target, the aim is to reduce the rate of RTC's in Clackmannanshire, by keeping them **below 16** each year.

HI 11: Fatal RTC Casualties

As a headline target, the aim is to reduce the risk of death from RTC's in Clackmannanshire, by keeping **zero** Fatal RTC Casualties

H12 : Non- Fatal RTC Casualties

As a headline target, the aim is to reduce the risk of injury from RTC's in Clackmannanshire by keeping them **below 12** each year

Performance Management

We attended **13** RTC Incidents, to assist in the release/extrication of the occupants of the vehicles during 2018/19. This is an increase of **1** compared to the same period last year.

There were **0** Fatal RTC Casualties during 2018/19.

There were **11** Non-Fatal casualties during 2018/19. This was a reduction of **2** compared to the same period last year.

Appendix 1

Acts of Violence

There were no reports of acts of violence towards firefighters in 2018/19.

Report to: Partnership & Performance Committee

Date of Meeting: 31 October 2019

**Subject: Clackmannanshire and Stirling Health and Social Care
Partnership Annual Performance Report 2018-19**

Report by: Chief Officer, Health and Social Care Partnership

1.0 Purpose

- 1.1. This report outlines the statutory requirement for the Partnership to deliver and publish an Annual Performance Report before the end of July 2019.

2.0 Recommendations

- 2.1. Note the Annual Performance Report and note that this was published on the Partnership website by the end of July 2019 as required.

3.0 Considerations

- 3.1. The draft Annual Performance Report for 2018-19 included in Appendix 1, has been compiled with input from colleagues across the Partnership. The Annual Performance Report reflects the Partnership activity in relation to the Strategic Plan 2016-19 and the core delivery priorities agreed as part of the Delivery Plan. Where possible this report also provides comparator information from the previous 3 years of performance to help track the impact of the work being undertaken.
- 3.2. The focus for the presentation of the Annual Performance Report is to make it an interesting and easy to read document, written in plain English and making use of charts, diagrams, photographs and graphics as much as possible.
- 3.3. Timescales were challenging, particularly as the timeframe coincides with production of the annual accounts and verified data from the Information Services Division (ISD) is not fully available during the drafting period of the report. This is a national issue, and has been raised with Scottish Government via the Chief Officer Network. The statutory requirement to publish by end July remains however.
- 3.4. The Annual Performance Report is an opportunity to highlight the milestones and successes of the Partnership over the duration of the Strategic Plan 2016-19, as well as identify next steps and areas for improvement.

- 3.5. Section 4 of the report summarises the outcomes achieved and includes benchmark information against the Scottish average and comparator partnerships wherever possible.
- 3.6. The Partnership performs positively in 16 out of a total of 20 relevant indicators covering areas such as; service user experience, good health, independence, inequalities and effective use of resources.
- 3.7. The report also reflects upon the Strategic Inspection carried out during 2018, noting that the Partnership were graded 4 – Good overall for performance.
- 3.8. As the final Annual Performance Report for the Strategic Plan 2018-19, it also reflects on areas for development and continuation in the new Strategic Commissioning Plan for 2019-22.

4.0 Sustainability Implications

4.1. N/A.

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 X

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

5.4. Staffing

6.0 Exempt Reports

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

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)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all

Our families; children and young people will have the best possible start in life

Women and girls will be confident and aspirational, and achieve their full potential

Our communities will be resilient and empowered so

that they can thrive and flourish

X

(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 X

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 X

10.0 Appendices

10.1 Annual Performance Report 2018-19.

11.0 Background Papers

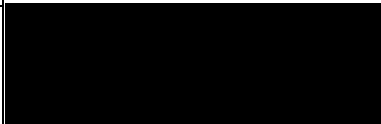
11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Annemargaret Black	Chief Officer	



Clackmannanshire & Stirling
**Health & Social Care
Partnership**

Annual Performance Report

2018 – 2019



Clackmannanshire
Council



NHS
Forth Valley

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Our Third Year

Message from the Chair

Welcome to our third Annual Performance Report which reflects on our progress together as a Partnership since it was established on 1 April 2016.

We are the only Health and Social Care Partnership in Scotland incorporating two Local Authorities and one Health Board – and this provides us with some unique opportunities to work together to develop our services to improve the outcomes for the people of Clackmannanshire and Stirling.

As an Integration Joint Board we recognise the considerable contribution of the workforce of Clackmannanshire Council, NHS Forth Valley, Stirling Council, providers of services in the independent and voluntary sectors, and wider partners to the delivery of high quality, effective care and support. Their knowledge, skills and experience along with the feedback from the people who use services and their communities has been invaluable in shaping the ambitious change agenda.

The recent independent joint inspection evidences that there is much to be proud of but it also shows that we have work to do to continue to meet the challenge of the growing and changing level of need in our population, against a backdrop of financial challenge.

The Partnership now has its own visual identity which will help staff working across the constituent authorities to identify themselves within the Partnership and work towards the seamless service we aim to become.

Special thanks must go to the service users and carers who have been willing to share their story with us throughout this report and online.



John Ford, IJB Chair



Introduction

Our vision is:

‘to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities.’

Our Strategic Plan sets out how we work together to achieve this vision. Delivery of the Health & Care Village marks the **achievement of one of the eight priorities identified within the 2016-2019 Strategic Plan**. Other key achievements over this year include:

- ✓ Supporting primary care services to develop their services in local clusters.
- ✓ Working with communities to develop a model of neighbourhood care based upon the Buurtzorg principles.
- ✓ Working to change the way we support unpaid carers in line with the new carers legislation.

The Partnership published a new strategic plan 2019-2022 on 1st April 2019 and this will be the focus of our annual performance report going forward. You will find this document on our new website clacksandstirlinghscp.org

This report tells us that we have maintained a **good performance** against the national Health and Wellbeing Outcomes, with the Partnership performing above or in line with the national average in most of the core indicators. This performance is set against a backdrop of the increasingly complex needs of the people who require care and support and a challenging financial environment.

Stirling Adult Social Services were delegated to the Chief Officer in Autumn 2018. Discussion around the delegation of NHS Forth Valley services is expected in 2019.

We are undertaking a range of reviews of services to ensure they offer best value in terms of both effectiveness and efficiency to help us live within the available resources.

We have continued to work closely with the Alliance in Clackmannanshire and the Community Planning Partnership in Stirling, clinicians, staff groups, providers of services, volunteers, local communities and not least patient, service user and unpaid carer groups to help us develop our services to deliver safe, effective care and support to people and to begin to address some of the issues for our wider communities.

"The partnership has delivered some positive performance in shifting the balance of care and towards enabling more people to stay at home"

Source: Inspection Report

A Strategic Inspection took place between January and June 2018 by the Care Inspectorate and Health Improvement Scotland, with the findings published in November 2018.

The purpose of the inspection was to help the Integration Authority answer the question "How well do we plan and commission services to achieve better outcomes for people." Key performance outcomes were evaluated as good which means there are important strengths with some areas for improvement.

Operational and strategic planning arrangements were evaluated as adequate which means that strengths just outweigh weaknesses or areas for improvement. Whilst leadership was not evaluated within this inspection there was commentary on this area.

The report highlights strengths as well as areas for development, there is a particular focus on work with Housing services, locality planning and delegation of services into the Partnership. An improvement plan is in place and this is monitored by the Care Inspectorate Strategic Link Inspector. Fuller details can be found later on in this report.

"A review of the partnership's performance against national outcome measures shows that across a number of social care indicators Clackmannanshire and Stirling has consistently performed well either at or above the Scotland average. The partnership benchmarks itself against comparator authorities and performs well against them."

Source: Inspection Report

The Forth Valley Primary Care Improvement Plan 2018-2021 has demonstrated how partners are working together to redesign primary care services through a multi-disciplinary approach, including the integration of mental health services. Primary care Mental Health Nurses have been introduced to General Practice in three clusters across Forth Valley and provide assessment and treatment for mild to moderate mental health presentations for adults in Primary Care. This work done under Action 15 of the national Mental Health Strategy, is

particularly important to our Partnership given the concerns where we know we are outliers in some areas of poor mental health outcomes for our residents.

Thanks go to the members of the Strategic Planning Group and to our partners and their staff, clinicians, and not least to the many people who use our services and local communities for their willing engagement, ideas and energy.

Within the Stirling Rural Locality we are seeing emerging volunteering models; handy person service development; support around palliative care and partnerships with Trossachs Search and Rescue; Strathcarron Hospice; Dementia Friendly activities and support for unpaid carers.

Finally, I would also like to take the opportunity to thank the Chair of the Integration Joint Board during 2018/2019, John Ford, the Vice Chair Les Sharp and the members of the Integration Joint Board for their work and support over this year.



Marie Valente Interim, Chief Officer

1. About Us

Background

The Clackmannanshire and Stirling Integration Authority and its governing Integration Joint Board is a separate legal body which became responsible for the strategic planning and delivery of community based health and social care services to adults and older people from April 2016.

The Integration Joint Board, often referred to as the IJB, has 10 voting members: 4 are NHS Forth Valley Board and 6 are Elected Members from the two Councils [3 from Clackmannanshire Council and 3 from Stirling Council]. There are also advisory members, and representatives from service user, patients, unpaid carers and the third sector. The Board is supported in its work by the Strategic Planning Group which has membership drawn from across the Partnership area. Importantly, it includes the third and independent sector, carers' organisations, the local Hospice and palliative care services, service users/patients and unpaid carers.



Our Strategic Plan and Partnership Priorities

The first Strategic Plan 2016-2019 established the Partnership's vision and outlined the local and national outcomes which formed the basis for the performance framework. The Partnership has recently reviewed and published a

new strategic plan 2019-2022 and this will be the focus of our annual performance report going forward.

The high level priorities, expressed as a series of *'we will'* statements, in the Strategic Plan 2016-2019 are –

- ❖ Further develop systems to enable front line staff to access and share information
- ❖ Support more co-location of staff from across professions and organisations
- ❖ Develop single care pathways
- ❖ Further develop anticipatory and planned care services
- ❖ Provide more single points of entry to services
- ❖ Deliver the Stirling Health & Care Village
- ❖ Develop seven day access to appropriate services
- ❖ Take further steps to reduce the number of unplanned admissions to hospital and acute services.

"There is evidence that the partnership has a focus on transformational change and improvement and that this links to the strategic plan. This is seen in recent improvement activity and the development of new models of care."

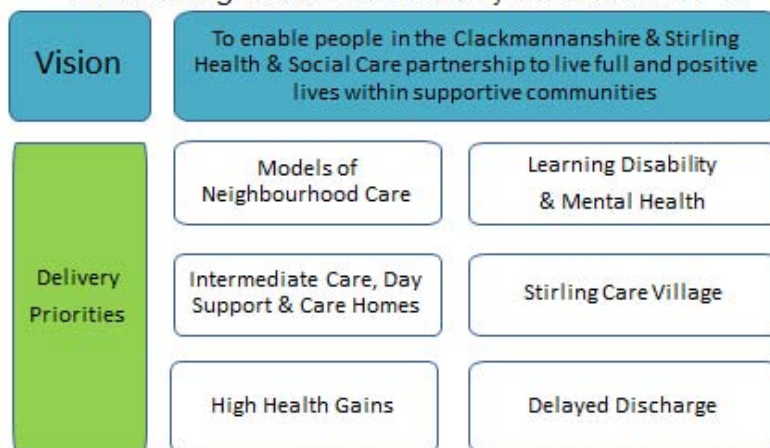
Source: Inspection Report

The following diagrams represent the core Partnership delivery priorities for 2016-2019 and the underpinning enablers, which also involve redesign activity. Together they make up the content of the Partnership's Transforming Care Programme and focus on the actions the Partnership can take together to strengthen and develop the building blocks for community based services.

The enablers are a set of activities which support the delivery of priorities.



Transforming Care: Core Delivery Priorities 2017-19



Transforming Care: The Enablers



There are strong links between this work and Community Planning Local Outcome Improvement Plans (LOIP) for Clackmannanshire and Stirling.



"Given our long-term demographic projections and the strength of feedback from partners and communities we have agreed to keep a watching brief on inequality and our older people in Clackmannanshire. We will do this through our Health and Social Care Partnership and where it is considered appropriate we will develop specific multi-agency partnership strategies to tackle particular disadvantage to this age group."
Clackmannanshire LOIP

Planning Localities

The Strategic Plan 2016-2019 identified the planning localities for the Health and Social Care Partnership.

Locality Managers have now been appointed in all three areas, with interim arrangements supporting the transition.

As Localities become fully established, it will be a requirement of Locality Managers to lead on the development of Locality Plans with communities which reflect the priorities outlined within the Strategic Commissioning Plan. As these are developed, they will be brought to the Integration Joint Board for approval and on-going monitoring of progress.

There has been ongoing engagement through the Strategic Planning Group and the Public Partnership Forums to identify and agree the high level priorities and how these should support the development of locality plans.

As part of the over-arching programme we have work-streams which are specific to each of the Localities and reflect their priorities. A considerable amount of work has been carried out with our communities, building on the work already taking place through the Community Justice Partnerships, Community Planning Partnership for Stirling and Clackmannanshire Alliance.

Locality profiles are publically available, and management information provided for a range of indicators. This data continues to develop along with the localities.

Clackmannanshire



2,227 Delayed Discharge
Bed Days Occupied in
2017/18



Suicide Rate
per 100,000 Population
Clackmannanshire 21.7
Scotland 13.3



14.2% People
Income Deprived
(12.2% Scotland)

Rural Stirling



22.5% of Population
Are Aged 65+
(18.7% Scotland)



5,775.8 Emergency
Hospital Admissions
per 100,000 Population
(7,601 Scotland)



179 Alcohol Related
Hospital Stays
per 100,000 Population
(680.8 Scotland)

Stirling City with the Eastern Villages, Bridge of Allan and Dunblane



Coronary Heart Disease
Rate per 1,000 Population
34.9 vs 42 Scotland



151.7 Drug Related
Hospital Stays
per 100,000 Population
(146.9 Scotland)



626 Estimated Number
With Dementia



Clackmannanshire Locality

- ❖ The rate of unplanned hospital admission/bed days (especially mental health) are highest in the Partnership, and attendance at the Emergency Department is rising.
- ❖ Alcohol related deaths and hospital stays are much higher than the national rate in the most deprived areas of the locality.
- ❖ Prevalence of problem drug use is higher than national average. Drug hospitalisation is much higher than the national rate in the most deprived areas of the locality.
- ❖ Has some of the most deprived areas in Scotland with associated health challenges.
- ❖ **Locality Workstream** – work ongoing to review commissioning of care at home services and review delivery the model of intermediate care.

Stirling City, Eastern Villages, Bridge of Allan and Dunblane Locality

- ❖ Rising trend of attendances at the Emergency Department and emergency hospital admissions.

- ❖ Alcohol related deaths and hospital stays are much higher than the national rate in certain areas within the locality.
- ❖ Drug hospitalisation is much higher than the national rate in certain areas within the locality.
- ❖ Areas of marked contrast in terms of inequalities with some of the least deprived areas in Scotland sitting alongside some of the most deprived.
- ❖ In more deprived areas, levels of heart disease, cancer, stroke, emergency admissions and other conditions are much higher than other areas in Stirling.
- ❖ **Locality Workstream** - in the initial operational phase for our integrated model of care to support people accessing the Stirling Health and Care Village and in particular the services which are provided from the Bellfield Centre for older people.

Rural Stirling Locality

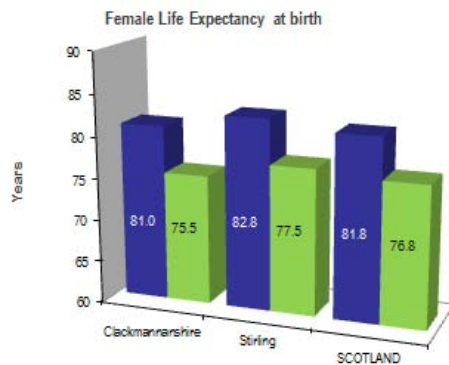
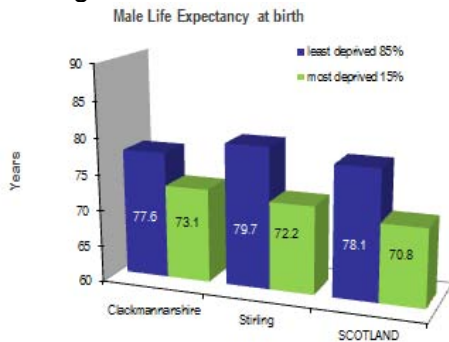
- ❖ Least populated area in the Partnership with the lowest rate of Emergency Department attendance.
- ❖ Most of the northern part of the rural area lies within the most deprived 5% nationally for accessibility. This is calculated using drive times and public transport travel times to facilities such as GPs, shops, post offices and schools.
- ❖ Health in the rural area is generally better than the Stirling and Scotland averages. Where deprivation and older populations are more prevalent rurally, there are greater incidences and early deaths from coronary heart disease and cancer.
- ❖ **Locality Workstream** - the work on the Models of Neighbourhood Care continues. The integrated team is in place supported by a Team Coach & Resource Worker. Weekly Team huddles are reducing bureaucracy and making positive changes.

Inequalities

What are health inequalities?

They are the unfair and avoidable differences in people's health across social groups and between different population groups.

We know there are a disproportionate number of people in poverty across the partnership in comparison to the Scotland average.



Source: Strategic Needs Assessment Refresh

It is noted that in order to successfully support localities, there is a need to work closely to promote healthy living initiatives which tackle inequalities in line with Scotland's Public Health Reform priorities. To be meaningful, these initiatives may differ across the localities, but should be aligned to the Local Outcomes Improvement Plans produced by each constituent Community Planning Partnership.

It is concerning that Clackmannanshire had the highest crude rate per 100,000 population in Scotland for male, and female suicides.

Rank	Top 10 conditions/diseases in the most deprived areas	Burden of disease in most deprived areas (percentage of overall DALYs)
1	Drug-use disorders	8.1
2	Ischaemic heart disease	7.9
3	Depression	5.6
4	Lung cancer	5.3
5	COPD	4.7
6	Alcohol dependence	3.9
7	Low back and neck pain	3.9
8	Stroke	3.8
9	Anxiety disorders	3.8
10	Chronic liver disease	3.7

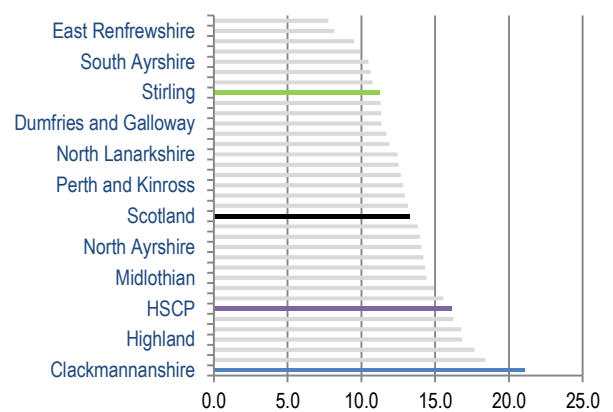
Source: The Scottish Burden of Disease Study: Deprivation Report, ISD 2016

Suicide

Deprivation is a significant determinant of suicide. Published analysis tells us that suicide deaths:

- Are three times more likely among those living in the **most deprived areas** than among those living in the least deprived areas.
- The majority (86-97%) have a **diagnosed or undiagnosed mental health problem** at the time of death.
- Are disproportionately higher amongst **males, people in their 'middle years', people who are not married/partnered**.

Suicide Rate of Persons 2013-2017



Source: ISD

2. Transforming Care: Core Delivery Priorities 2016/19

This section highlights some of the work taking place across the Partnership to deliver our Transforming Care Programme.

The Buurtzorg Model of Neighbourhood Care



Models of Neighbourhood Care

The Partnership set out to develop a model of neighbourhood care on a pilot basis in rural southwest Stirling, which will provide a framework for the service delivery with the three Localities across the Partnership. The model is based on the Buurtzorg principles of neighbourhood care, adapted to our local circumstances. This provides an opportunity to build services with this neighbourhood, supported by a community reference group.

The pilot team consists of staff currently delivering reablement, adult social care and district nursing to people in rural southwest Stirling.

Primary Care Implementation Funding supported the recruitment of a Team Coach and a Resource Worker. Coaching is seen as pivotal in facilitating growing team autonomy as opposed to a line management function. The Resource

Worker's role is to act as the key link with the community building up informal support networks, focusing on self-management and early intervention.

The team are co-located within the locality at Buchlyvie Health Centre. Huddles enable the team to discuss mutual cases and develop more detailed and holistic care plans and create a smoother path for inter-team referrals. This approach has led to numerous advantages including the reduction of paperwork and has had an impact on manager's approaches to the guidance of workers. Team huddles are an example of how the team have built their approach to working together and support holistically the people they care for.

The multi-disciplinary, integrated team will work on the principles of placing the individual at the centre, with promotion of supported self-management, independence, and active involvement of friends, family and the community.

Neighbourhood Care Team Case Study

At the end of her 6/8 week Reablement period it was assessed that Jean could manage independently without any support. Jean felt that she did need some support but more community based. She was advised that the Neighbourhood Care Team had a Resource Worker who could discuss local community supports and opportunities, and Jean agreed to the offer of support. Jean advised she would like to become involved in some community activities around volunteering, as she was running a small group for people within the housing development where she lived, delivering chair based exercises.

Jean also joined the Neighbourhood Reference Group who work along with the Neighbourhood Care Team. Through Strathcarron Hospice, Jean was made aware there were a number of End of Life Palliative Care people living in the village where she lives, and she volunteered as Befriender with the Hospice.

Jean has been connected to volunteering initiatives in her area which keeps her connected to her community and was one of her personal outcomes. This supports the early intervention and prevention agenda through helping people build a network of support around them in their community.

Taking the time to have a good conversation and listen to Jean's views on what she needed, and having a network of community supports were key to achieving her outcomes. Jean said that participating had helped her feel empowered to make a meaningful difference to the people she had helped in her community.



Learning Disability & Mental Health

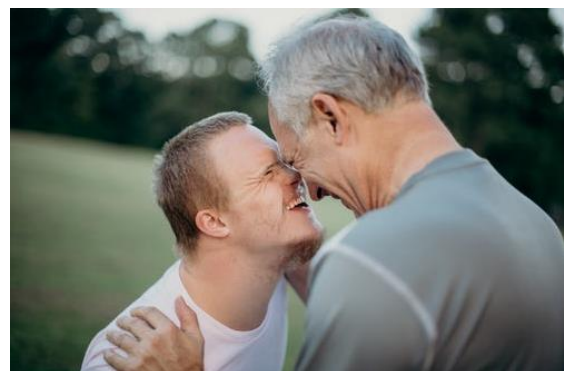
Social Care

The Learning Disability Service and community adult Mental Health Services offer a range of assessment, support and intervention services.

The redesigns of both Learning Disability and Mental Health have common strategic and operational priorities: ensuring cost effective single management system providing consistency of approach across health and social care professionals and the development of an integrated single care pathway.

Work is ongoing to redesign the community services to **ensure Best Value and consistency of service** across the

Partnership. This includes the re-design of day services and the wider use of Self-directed Support to support service users and their unpaid carers to exercise choice and control over their care.



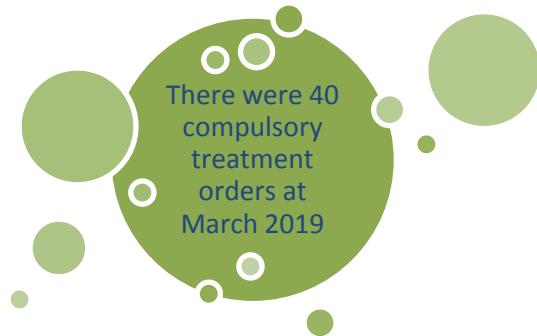
Action in Mind

The provision of support services for people with mental health problems. This includes the Hub Centre which provides a planned programme of social and group services, counselling services, and befriending services for adults and young people.

Commissioned Services

We will also continue to work with a wide range of partners to develop our services in line with the national Mental Health Strategy 2017-2027.

The rates of detention under the Mental Health (Care and Treatment) Act 2003 have risen. The increase in the use of orders has been due to a variety of factors including a rise in the rate of those affected by drug induced psychosis, as well as mental ill health presenting in the older people population.



Primary Care

This helps deliver a seamless journey for patients and supports multi-professional collaboration with Primary Care Colleagues. Advanced Practice roles have been scoped and will provide key elements of Mental Health Services in the future.

Care Providers

The partnership has also begun engaging on the strategic commissioning of third-sector Mental Health Services. This work is invaluable in ensuring cohesive working between all partner organisations delivering care and providing access to support.

Acute Care

Over the past three years there have been significant changes in the delivery of

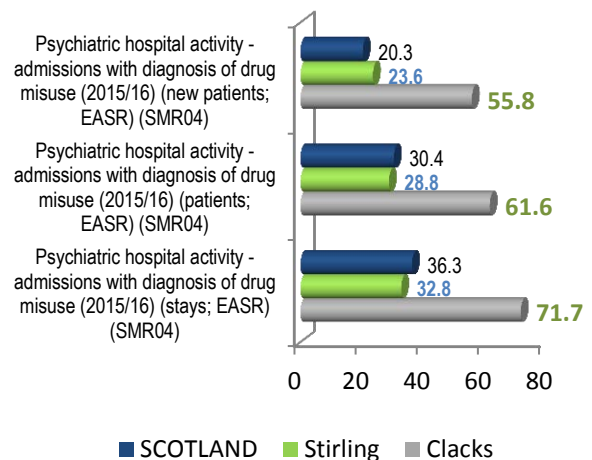
hospital based Mental Health Services with redesign of existing teams and additional resources to meet the increasing demands on service. There is now a joined up, 24/7 Mental Health Assessment Services based in FVRH which also fields calls for people calling NHS 24 with Mental Health Concerns.

Scotland's Mental Health Strategy calls for parity of esteem with physical ill health. Services across the partnership are working to ensure that people accessing services for support with mental health problems do not experience a lesser service than those accessing support for physical ill health.

We aim to:

- ❖ Deliver 20 new posts by 2021 in line with Action 15 of the Mental Health Strategy. Focussing on areas of high need; the Police, Custody, Emergency Department and in Primary Care.
- ❖ Provide access to pre-hospital triage to people who come to the attention of Police Scotland with Mental Health problems.
- ❖ Improve pathways for people using mental health services.
- ❖ Implement a commissioning plan to ensure joined up working across statutory and non-statutory organisations.

Psychiatric Hospital Stays – Drug Misuse



Source: ScotPHO – www.scotpho.org.uk

Alcohol & Drug Partnership ADP

- ❖ The recent ADP Needs Assessment has reflected the impact that substance use and mental health difficulties are having on people who use our services. The ADP will work to increase staff competence and confidence relating to substance use within the Mental Health workforce.
- ❖ We will further develop and strengthen our alcohol treatment pathway to ensure that staff are more able to initiate a referral to substance use services at the earliest opportunity. We will ensure that the revised pathway is marketed appropriately to social care / health staff to increase the treatment ratio levels across the life stages for those with substance use problems.

Dementia

The Partnership is working to ensure that services delivered to people with dementia are as seamless as possible and that people get access to the right support at the right time.

Scotland's third National Dementia Strategy moves away from a healthcare model and places more emphasis on people being supported to live well within their own communities following a diagnosis, as well as reducing the amount of time people with dementia spend in a hospital environment.

There is also an emphasis on the importance of good quality post diagnostic support and the impact this can have on outcomes for people with dementia. **It is therefore important that all people newly diagnosed and beyond, as well as their unpaid carers, have access to support that suits their needs.**

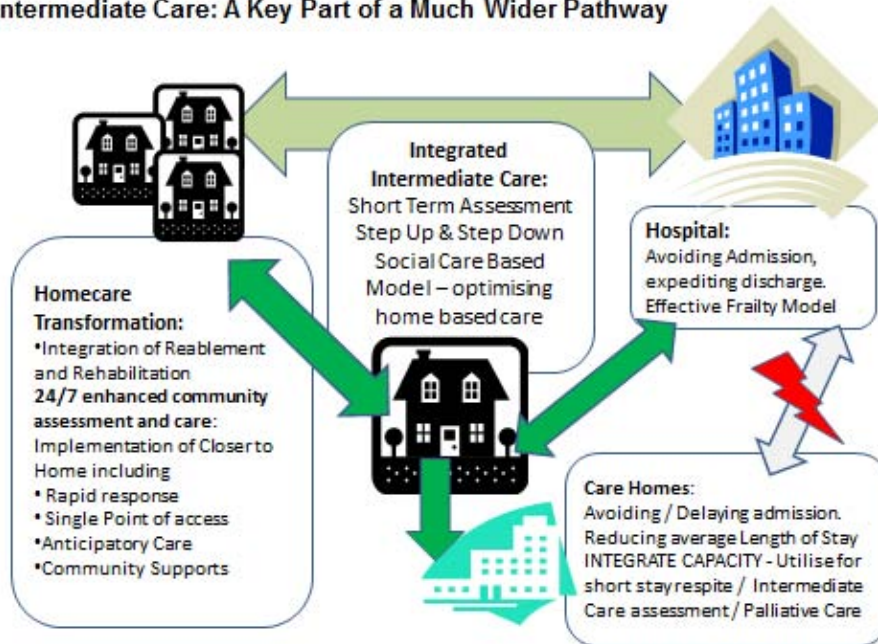
We aim to:

- ❖ Develop a Forth Valley Health and Social Care Dementia Strategy.
- ❖ Continue to progress the redesign of services.
- ❖ Develop knowledge and skills within Primary Care and Community Teams to support people with dementia to stay at home for longer.
- ❖ Spread dementia friendly community work to all areas within the partnership.



Intermediate Care

Intermediate Care: A Key Part of a Much Wider Pathway



The Partnership has a range of intermediate services all operating within the national framework. A plan was published in November 2018 aiming to improve personal pathways within Intermediate Care provision. It stated that in order to successfully integrate and transform, an Intermediate Care Development Group would be established. This group will set out the full ambitions of the programme alongside the Partnerships Strategic Commissioning Plan for 2019-2022.

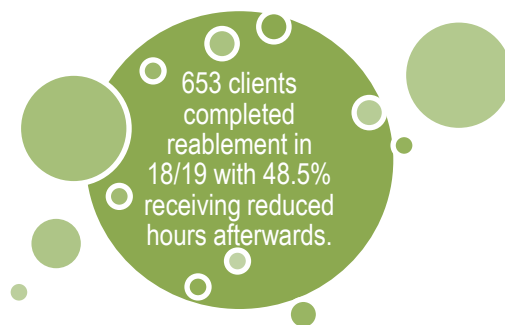
Intermediate Care at Home

This provides people with **rapid access to assessment, rehabilitation and support at home** in order to **promote independence and prevent crisis** situations. It can **prevent unnecessary and avoidable hospital admission** for people who have experienced an acute health event that has resulted in a change in physical functioning. It is usually provided by a mix of health and social care professionals. This model is often referred to as Reablement.

People using reablement experience greater improvements in physical functioning and improved quality of life compared with using standard home care.

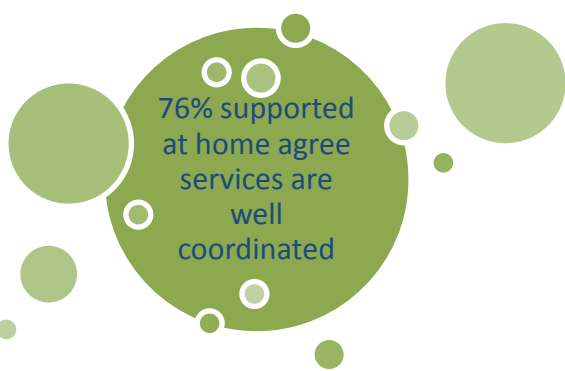
Carers Guide

Currently there are differing models of Intermediate care across the Partnership but the range has reduced over the year through rationalisation. A preferred model has now been developed which is integrated with community healthcare services, and progress to a fully costed model of care is required as the next step.



Technology Enabled Care (TEC) supports people to maintain their independence and self-management, and provides the means to summon assistance in an emergency. This service is available across the Partnership localities and has successfully increased access to technology and telecare over the previous 3 years.

- ❖ Increased provision of basic telecare community alarm units and monitoring equipment such as falls monitors, smoke and heat detection, front door contacts etc.
- ❖ Technology such as Just Checking is now used regularly to support reablement and home care assessment.
- ❖ Increased use and awareness of GPS technologies to support people living with dementia to remain safe in their own homes.
- ❖ Improved referral pathways have been developed with Scottish Fire and Rescue Service to promote access to Home Safety Visits, including information sharing to support people to keep safe.
- ❖ Testing of improved referral pathways with Scottish Ambulance Service to support the care needs of uninjured fallers in the communities.



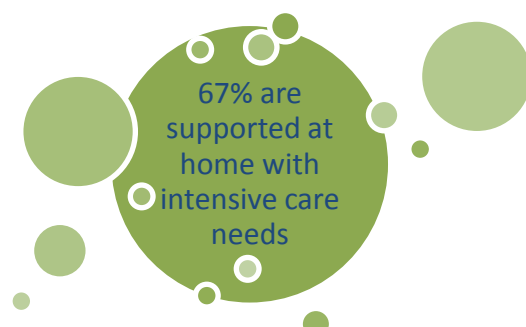
Technology Enabled Care .Case Study

The TEC team worked with a private care home where a resident who required full assistance from staff with all aspects of daily living activities, and regularly required to summon help due to her medication condition.

She was becoming distressed constantly shouting for staff and the other residents were becoming distressed because of her shouting. The team worked with the care home manager and her care manager to introduce “Alexa” (amazon echo dot). This was connected to the home’s Wi-Fi and the app was downloaded both to her mobile phone and the home’s mobile phone. The service user could then ask “Alexa call help”, and a call would be made to the home’s mobile phone asking staff for assistance. Further support options were available to enable her to be more independent, e.g. switch on her own TV, lights, and fan using the echo dot.

This was cost effective for the care home and a good outcome and experience for the resident, staff and other residents. Expensive “Telecare equipment” isn’t always required. Involving service users in identifying solutions, listening to what matters to them, and allowing them to make decisions is key.

The resident and family felt her needs were met and she is looking forward to her next adventure with smart technology.



Enhanced Community Team

The Enhanced Community Team is a Community Nursing led model of care which supports people who have been assessed as requiring additional care and treatment for a short period of time, avoiding their admission to hospital. This team has rapid access to Allied Health Professionals as well as including Health Care Support Workers to support the delivery of this service.

These services provide a bridge between health and social care, with the aim of supporting people to live in their own homes or in a homely setting, reducing dependence on acute hospital facilities. The Team provides an urgent response 24 hours a day, 7 days a week.

Enhanced Community Team Case Study

After breaking her hip and a lengthy stay in hospital, my mum got discharged from hospital not long ago. She fell three times in the three weeks she was home. On the second fall her own GP placed her under the care of an Enhanced Community Team based in Stirling Community Hospital.

This team looked after her at home for 6 days before placing her for her own safety into emergency respite. The ECT, which we had not heard of, were excellent, they checked her health, reviewed her medication and collected it from her chosen chemist, checked her legs which were badly swollen, and sent in Physios to try to increase her mobility.

My two brothers were on holiday and I was looking after mum on my own while working. They were great at keeping me informed of mum's daily health and their plans for her i.e. respite care.



Enhanced Community Team ECT Case Study

An 85 year old gentleman was referred by his GP with a short history of increased confusion and falls. The GP had started the patient on antibiotics for a suspected Urinary Tract Infection. The man lived alone in a 2 storey house and was having difficulty with the stairs, struggling to get to bed and toilet, and had no services in place. He wished to remain at home, but had no family locally, and had been struggling for several months prior to illness.

A full medical, nursing social and environmental assessment was undertaken and included:

- ReACH for assessment of poor mobility
- MECs for Telecare
- Social work for assessment of care needs

Carers attached to ECT provided care initially, and he was referred to 3rd sector for assistance with shopping tasks.

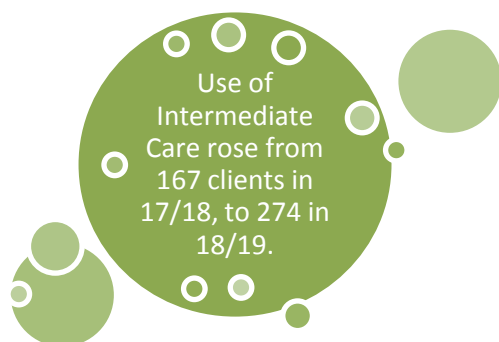
The man's urinary tract infection resolved with medication, his mobility improved, and he was able to remain at home. An onward referral was made to the Anticipatory Care Planning team to develop a plan for his future needs.

All health and social care services involved in this gentleman's care worked together to support him to meet his outcome, which was to remain at home with support.



Bed Based Intermediate Care

Similar to Intermediate Care at Home, this is a **time limited episode of care currently provided in Bellfield Centre [116 rooms Stirling] and Ludgate [4 rooms Clackmannanshire]**. It often provides an **alternative to admission to hospital** [step-up] or to provide further assessment and rehabilitation, following discharge from hospital [step-down].



This work being done within the Intermediate Care Implementation Plan will collaboratively develop integrated service provision for:

- ❖ Closer to Home services including Reablement and Enhanced Care Team.
- ❖ Evaluation of the Bellfield Centre and development of a bed based model for the Clackmannanshire locality.
- ❖ Technology Enabled Care Services and how these can be used more effectively across the whole system.
- ❖ Workforce planning including job profiles and skills/competence.
- ❖ Pathways which complement Unscheduled Care workstreams and improved experience for the person.
- ❖ Recommendations for single points of access/community front door, aligned to work being undertaken at a Forth Valley level.

We will embed short stay assessment care within the Bellfield Centre and review bed based provision within Clackmannanshire Community Healthcare Centre.

Bellfield Centre Case Study

Mrs B was referred to the Bellfield Centre for a period of rehabilitation and discharge planning following an admission to hospital. She had fallen at home which resulted in a hip replacement. She had also been assessed as not having mental capacity, and her family had raised concerns around her return home, and not managing daily living skills.

Mrs B and her daughter completed a Pre Admission Assessment with staff from the Hospital Discharge Team, which included a 'good conversation' to ensure that Mrs B understood the service. The Intermediate Care process was explained and outcomes were reviewed and agreed. Mrs B and her daughter agreed to a period of Intermediate Care in the Bellfield Centre and she was admitted shortly after.

Through assessing and engaging with Mrs. B, staff were able to identify the right support at the right time in the right place, which included Occupational Therapists, Physiotherapists, Psychiatric Liaison Service, and Third Sector supports.

Mrs B was transferred to an Assessment Flat within the Bellfield Centre, which simulates the home. Staff encouraged daily living skills, supported Mrs B to carry out housekeeping and personal business, visit social work services herself, visit local shops to buy her own shopping; promoting her to live independently and to make her own choices. This informed the care package required for a return home.

Mrs B is now waiting on a care package to return home to independent living, and said that she was grateful that staff continued to work with her and support her until she was able to return home.

Stirling Health & Care Village



Stirling Health and Care Village is a health and social care development on the Stirling Community Hospital site which has been taken forward through an innovative partnership between NHS Forth Valley, Stirling Council, the Scottish Ambulance Service, Forth Valley College and the Health and Social Care Partnership.

The construction phases for the main buildings of the Health and Care Village site were completed by Autumn 2018, allowing occupation of the GP and Minor Injuries Centre, Scottish Ambulance base, and Bellfield Centre comprising of 32 nurse led health rooms and 84 intermediate care rooms.

As this service became operational during winter 2018/19, the development of pathways, team and skills mix within the service, will continue to evolve over the next 3 years. It is important that this links to the core priorities and the Implementation Plan for Intermediate Care for the Partnership.

During 2018 Partnership staff worked closely with Care Inspectorate colleagues to secure registration for the 84 Intermediate Care beds.

Given the change in ratio of Health to Intermediate Care rooms from the previous model of care, NHS discharge and referral pathways were reviewed and updated. There are now clearly defined routes from Frailty at the Front Door, the Discharge Hub, as well as FVRH wards.

There are improving levels of awareness within community and primary care teams of the opportunities that exist to 'step up' into the Bellfield Centre for short term rehab/reablement and assessment which avoid admission to acute services, minimise lengths of stay, and maximise independence to support successful return to the community.

A Clinical & Care Governance Group has been established to monitor and evaluate the quality of all of the services provided at the Bellfield Centre.

This development is a corner stone of the Strategic Plan 2016-2019, and replaces intermediate bed based services previously provided in local care homes and community hospital settings in Stirling. This innovative project establishes the Health and Social Care Partnership and is a model for the integrated approach intended.



Care will be delivered in a comfortable, homely environment for older adults to help them recover, regain their independence and, where possible, return to their own homes.

Bellfield Centre Case Study

Mrs L was admitted to Forth Valley Royal Hospital after having a fall at home and suffering from a fractured femur. She was non-weight bearing on her left side, using a pulpit frame for mobilising and required a further period of rehabilitation before returning home. Staff met with Mrs L to talk about the Bellfield Centre, and what she could expect. Her main goal was to return home with a minimum care package. They discussed the outcomes focussed assessment and agreed a number of personal outcomes.

Using an Outcomes Focussed Approach they looked to Mrs L's future care needs and what could be done to support her to meet these outcomes. Mrs L received support from Physiotherapists, Occupational Therapists, and Intermediate Care Staff, helping her to build strength in her leg, and plan her safe discharge home which included environmental visits, and supporting her to build confidence and make her own decisions about her care.

Regular reviews were held between Mrs L, her daughter, Physiotherapists, Occupational Therapists, and Intermediate Care workers to develop an outcomes focussed plan for returning home. Mrs L was thankful for the opportunity, stating that she would not have felt prepared to go home straight from hospital and acknowledged if she had then she would have probably failed.



Day Support

The growing older population, along with the drive for people to be supported to live in their own homes means that there is a requirement for services to be able to respond in different ways.

A management review of Day Services has been undertaken with the aim of identifying how a more responsive service could be developed. This work has focused on service provision within the Clackmannanshire locality.

Following outcome-focused reviews of the remaining users of Ludgate House Day Service, alternative provisions were put in place including utilising the Whins Resource Centre. The Care Inspectorate registered service operated by the Partnership ceased to operate in January 2019.

A collaborative approach with the Third Sector ensured co-production of supports for older people and their carers, utilising part of Ludgate House as a Third Sector resource, while developing CCHC's Day therapy unit as a key location to support people with more complex needs (often referred to as High Health Gain needs).

We know that people with dementia wish to remain at home for as long as possible and ensuring that people with dementia and their families remain included in their communities, and in society more generally, should be the 'norm'.

Dementia Friendly community groups are established within the partnership with the aim of working with local businesses and service providers to raise awareness of dementia and what role they can play in supporting individuals and their carers.

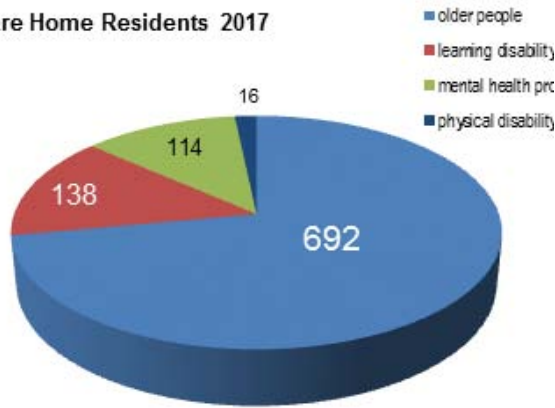
- ❖ Clackmannanshire Third Sector Interface continues to identify alternative services and organisations that are able to use Ludgate House as a community hub.
- ❖ Hosting of a number of events including information sessions, and food/healthy eating events.
- ❖ The Carers' Centre is also using this to host networking meetings weekly.



Care Homes

Registered care home places are low for the size of the population, and the Partnership continues to be in the lowest quartile.

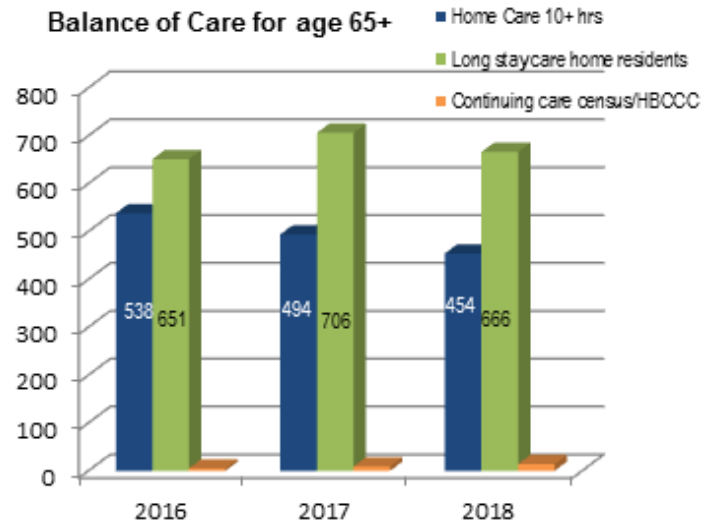
Care Home Residents 2017



- ❖ The most recent Care Home census tells us that in Clackmannanshire 72% of residents require nursing care, and 52% in Stirling.
- ❖ Average length of stay is above Scottish average [2.4] in Clackmannanshire [2.8] and below in Stirling [2.2]. But it is higher for both areas for those under 65 years.
- ❖ Average age is younger than Scotland for both areas for all adults. But similar for older people.

Redesign of the models of care has seen the reduction of local authority owned care homes within the Partnership, whilst resources are shifted to new integrated care models. As these develop, bed-based services for intermediate care will be provided in both Stirling Health and Care Village and in Clackmannanshire Community Healthcare Centre **with long term care focussing more on nursing care home provision where residents can no longer be supported at home.**

Balance of Care for age 65+



Adult Support and Protection (ASP) referrals from Care Providers are monitored, along with the quality of care grades awarded by the Care Inspectorate.

In a recent example where ASP concerns were identified within a care home, a Large Scale Inquiry (LSI) was set up to identify specific risks and thereafter support the Provider to deliver practice improvements across a number of areas. Families and carers were involved and kept informed throughout.

This LSI had a collaborative approach involving the Partnership, the Care Inspectorate and third sector agencies to support the provider to deliver improvement within an agreed and planned programme of work. As a consequence of this activity there was an increase in the grades awarded to the provider. This reflects significant improvements to the outcomes for residents.

The Matrix provides a framework for identifying priorities and should enable services to use resources effectively to deliver proportionate care and support for adults at risk of harm.

Source: ASP Biennial Report

High Health Gains

It is notable that a small percentage of people, with complex and intensive needs, account for half the total health expenditure in the local area.

There was a slight increase in the number of individuals in the Partnership who accounted for 50% of health expenditure. Rising from 2,860 individuals in 16/17 to 2,941 in 17/18.

It is therefore important that the Partnership focusses on this group to ensure that services are as efficient and effective as they can be and that people's experience of services is positive, with their outcomes met as far as possible.

The ongoing focus over the last year was to **“Support full and independent lives through innovative technology approaches”**. We have worked with people to get access to equipment that meets their needs, and avoid preventable hospital admission.



The inequality gap within the Partnership is equivalent to 3,329 hospitalisations each year. This is the difference in preventable emergency hospitalisations for a chronic condition between deprivation groups.

In Stirling the most deprived areas have 58% more hospitalisations than the overall average, Clackmannanshire 47%.

Source: Scotpho Health Inequalities

89% spend their last 6 months of live at home or community setting in 18/19



The Primary Care Improvement Plan 2018-2021 encourages GP practices to work together and take a multi-disciplinary approach to improving primary care. This involves developing the role of health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioners and freeing up GPs to focus on the people who need them most.

We know that access to GPs and primary care support matters greatly to people and to the wider health and care system. We asked the public at two public partnership forums, in September 2018, what matters when seeking healthcare advice or support. They said;

- ❖ Quick access to the right professional or service, be it GP, Physiotherapist, specialist care or other. “We want to nip health problems in the bud”
- ❖ Good communication between health and care professionals and people “We don’t want to be bounced between services and professionals”
- ❖ To be informed about new ways of working in clear and understandable language.



We will scale up the support to all GP practices in Clackmannanshire and Stirling through implementation of our Primary Care Improvement Plan. The key components of this are:

Vaccination Transformation

Vaccine delivery will change in light of the increasing complexity of vaccination programmes in recent years. This change will see the development of a community

vaccination team who will maintain the highest levels of immunisation and vaccination uptake.

Pharmacotherapy Support

Pharmacists will support activities in all general practices. They will provide services including acute and repeat prescribing and medication management activities.

Additional Professional Roles

Practitioners, such as physiotherapists, mental health practitioners and advanced nurse practitioners will work closely with GPs. They will be a first point of contact to assess and direct care for urgent health issues, muscle and joint problems and mental health issues.



Link Workers

Community Link Workers work directly with patients to help them navigate and engage with wider services. We will employ link workers to support people in the most socio-economically deprived communities, assisting people who need support because of (for example) the complexity of their conditions or rurality.

Advanced practice Physiotherapists, Primary Care Mental Health Nurses and pharmacists roles now developing across GP practices. New phlebotomy service is being developed and tested in Stirling GP centre.

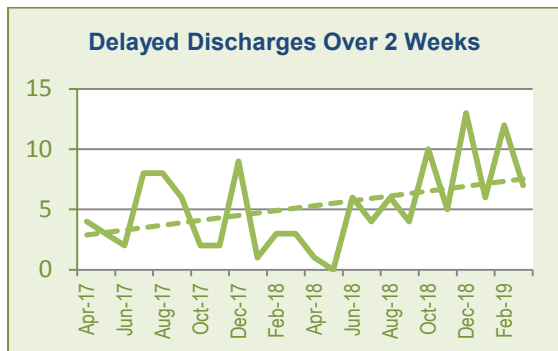
Delayed Discharge

We continue to work together to minimise any delays to discharge, and redesign services to support avoidance of unnecessary admission.

"We saw examples of changes to systems to reduce delayed discharges and improve discharge planning by better use of performance data."

Source: Inspection Report

Our performance in the graph below shows a rising trend for 18/19 attributable in part to the temporary loss of some key providers over the period. The biggest reasons for delayed discharges in 18/19 were care arrangements and place availability.



Source: FV NHS 18/19

We know that many adults can be supported at home, even when unwell, and that to stay unnecessarily in hospital can be detrimental to people's ability to manage their own care, leading to a loss of function. This has led to a strong focus on working to improve pathways to reduce delays in discharge.

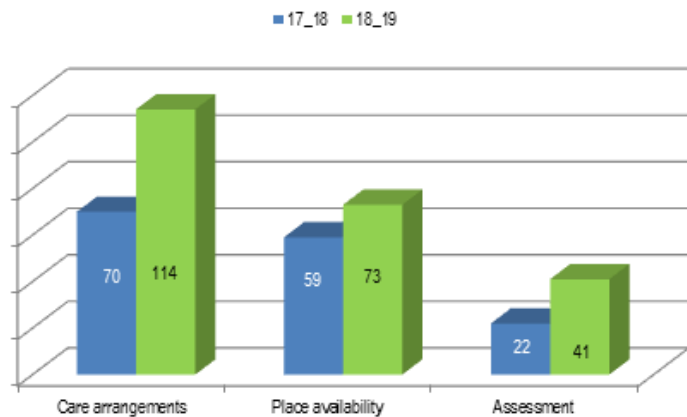


At the end of 2018/19 our performance for all delayed discharges continues to be well above our peers and national average. Ranked 18 out of 31 Partnerships (where 1 is the highest).

As at March 19	Number of all delayed discharges			?
	16/17	17/18	18/19	
Partnership	23	24	22	?
Comparators	34	33	36	
Scotland	41	43	43	

Source: ISD 18/19

Delayed Discharges Due to Health & Social Care Reasons



Source: ISD 18/19

In 18/19 people aged 75+ spent more days in hospital waiting to be discharged than 17/18

3. Transforming Care: The Enablers

This section of the Annual Performance Report outlines the supporting activities (the underpinning Enablers) which involves re design activity, but is also about information, research, or planning work that help us to understand our population and services.



Strategic Needs Assessment

The existing strategic needs assessment informed our first Strategic Plan 2016-2019, the key messages remain relevant and a recently published focussed update provides further insight into areas of concern.

- ❖ The number, and proportion, of older adults is projected to double, and our area will have growing numbers of individuals living with long term conditions, multiple conditions and complex needs.
- ❖ Reducing behaviours such as smoking, alcohol consumption, drug use and poor diet could have a positive effect on an individuals health.
- ❖ Health inequalities persist between the most and least deprived areas. Within the Partnership the rate of emergency bed days is highest in the most deprived areas and decreases as deprivation decreases. The gap between the most and least deprived areas has widened in both local authorities. This may have an impact on demand for services.

Housing and Social Care Contribution

The Partnership is working closely with Housing services in both Clackmannanshire and Stirling Council, in developing a new Housing Contribution Statement for 2019-2022. There are aspirations that this relationship will develop further, with a focus on place based care and support within local communities.

An innovative approach has been taken in developing a new housing with care model within the town centre of Alloa, with construction taking place over 2019/20. This development has been done in collaboration with Housing colleagues, and Stirling University, along with the Contractor, and will provide opportunities for people to live and access the town centre as well as other local amenities and services.

There are some developments within housing policy which over the next five years are going to significantly impact health and social care services, including the Rapid Rehousing and Housing First agenda. Rapid rehousing is at the heart of Scotland's response to homelessness. It means quickly housing and providing support to people who are homeless or at risk of homelessness and offering Housing First to those with a range of complex needs.

There are a core group of homeless people with complex and enduring support needs who frequently use homelessness services; unable to access and sustain settled housing:

- ❖ mental health problems
- ❖ drug and/or alcohol dependency
- ❖ engagement with the criminal justice system
- ❖ limited independent living skills
- ❖ interacting with homelessness services for extended periods of time.



The Alcohol and Drug Partnership (ADP) have contributed to the development of the Strategic Commissioning Plan with substance use being identified as a key priority. A workshop was facilitated in May 2019 with the Strategic Planning Group and, from that, the ADP are developing a plan which outlines how we will deliver against the priority areas agreed by the group.

"Integrating health and social care provides the opportunity for better coordination of alcohol and drug treatment services. It also allows these services to be managed alongside housing, mental health and other health and social care services."

Source: Audit Scotland



Commissioning: Market Position & Providers

We recognise that commissioning, procurement and contract monitoring can act as drivers for transformational change, and challenge existing models of service delivery.

Our Market Position Statement sets out key pressures, and messages about future priorities. The Statement and Market Facilitation Plan describes how we will work with providers to deliver high quality, person-centred and cost effective services and supports.

"We were provided with a number of documents by the partnership detailing the processes undertaken for the recent commissioning and procurement of independent advocacy services across the Forth Valley area. It is evident that there has been a thorough approach undertaken that stems from the strategy for advocacy provision 2016-2021."

Source: Inspection Report

The Partnership worked with the commissioning teams from both Councils to establish a Care Provider Forum where care homes, and care at home services are represented. This forum provides opportunities to stimulate professional relationships and support practice improvements. The Thresholds Matrix for ASP referrals was rolled out through the Forum, with good support from agencies.

The Board has previously indicated that **a single strategic commissioning approach must be implemented across the Partnership for the commissioning of services**; this has been a delayed due to capacity issues within services. While this is implemented, current arrangements to ensure continuity of care for existing service users has been extended.

Workforce



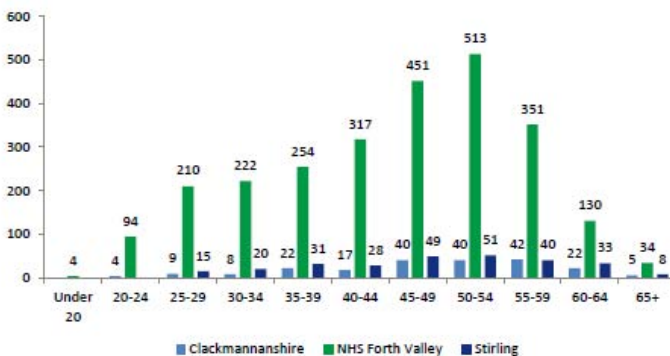
The full benefits of integration of health and social care services can only be realised when services appear seamless from the perspective of users and carers. Successful workforce planning is pivotal to this.

The Partnership knows that the workforce is the single most important resource in delivering high quality services and the transformation required to ensure the delivery of the Scottish Government 2020 Vision for Health and Social Care.

"A combination of increased demand for services, coupled with continued reductions in funding at local authority level will mean that our Partnership workforce cannot continue to work in ways which maintain the status quo."

Strategic Workforce Plan 2019-2022

Age



The age profile of some of our workforce is challenging.

"From our staff survey, we saw that the majority of staff are enthusiastic about the development of integrated working arrangements."

Source: Inspection Report

"Redesign on this scale is not an instant answer to the growing pressures on all service areas and planning with the Integration Joint Board has developed a short and medium approach which bridges between the current Strategic Plan and the developing Strategic Plan for 2019-2022."

Chief Officer Report September 2018

We recognise that this radical shift in both operational practices and our working culture cannot happen overnight. We also recognise that to enable this change we need to focus on key development areas which will act as catalysts for transforming our Partnership.

- ❖ There has been a focus on promoting awareness of Adult Support and Protection across all staff groups within the Partnership and key partners.
- ❖ The Bellfield Centre opened late November 2018. The underlying change in the mix of Healthcare and Intermediate Care beds from the previous model required significant workforce preparations and change management. These changes were progressed via constructive dialogue with staff, management, and trade unions/staff side representation across the Partnership.
- ❖ The new Duty of Candour Regulations 2018 came into force for organisations that provide health and social care. To ensure staff were aware of their responsibilities local guidance was developed and training provided to all staff. Engagement is being monitored to ensure that all staff feel competent and confident reporting and managing incidents that trigger this process.

71% of respondents agree or strongly agreed that they have effective line management that includes supervision.

Inspection Report

Unpaid Carers

Unpaid Carers are a key group within the community who care for many of the most frail and vulnerable residents in our Partnership. The impact on their health and wellbeing can be considerable.

The Strategic Inspection indicated that feedback from carers suggested that the **Partnership still has work to do to ensure that carers feel like equal partners**. However Carers recognised that the Partnership has made some significant strides in involving carers and carer representatives. It stated that the Partnership should continue to develop this work to ensure meaningful carer participation and engagement.

The Partnership has published a Carers Strategy 2019-2022 to outline how the Partnership will support unpaid carers and meet its statutory requirements as detailed in the Carers (Scotland) Act 2016. This strategy dovetails with the Short Break Services Statement. Although this is a formal document required by law, the Partnership is aiming for the Statement to be a genuinely useful and accessible document that can be relied upon by carers and cared-for persons.

- | | | | |
|--------------------------|------------------------|----------------------|-----------------------------|
| 1. What short breaks are | 2. Who can access them | 3. What is available | 4. How they can be accessed |
|--------------------------|------------------------|----------------------|-----------------------------|



Hours of Care per Week

(of self-identifying carers):

- 57% - 19 hours
- 9% - 20-34 hours
- 34% - 35+ hours

Town Break

Person-centred support for people with dementia, their carers and families to help them live within their communities. This is achieved through a number of methods including supported lunch clubs, social activities and befriending services to improve the quality of life.

Commissioned Services



Alzheimer Scotland

Provider of a day care service to people with dementia, as a support for their carers and families which will help service users live a full and positive life within the community. This includes support at the Alva Day Care Centre for people with dementia and providing respite breaks for unpaid carers.

Commissioned Services

Our Priorities

Our Carers Strategy will focus on delivering the following key priorities over the next few years:

1. Recognising Carers
2. Including Carers
3. Supporting Carers
4. Health and Wellbeing of Carers
5. Creating Carer Aware Communities



"I always sort everyone else out first, and sometimes don't have time to look after myself"

Financial Statement

We will continue to utilise the resources available to the IJB, including the Integrated Care Fund (ICF), Delayed Discharge Funds, Technology Enabled Care, Primary Care Improvement Plan and Mental Health Strategy allocations to support our Transforming Care Programme, aligned to the Strategic Commissioning Plan priorities.

"The partnership should develop financial reporting so that IJB members have an improved understanding of the relationships between performance and investment against the strategic priorities"

Source: Inspection Report

Financial Performance

The funding available to the Integration Joint Board to support the delivery of the Strategic Plan comes from payments from the constituent authorities (Clackmannanshire and Stirling Councils and NHS Forth Valley), the Set Aside budget for Large Hospital Services and allocations for specific purposes from Scottish Government.

The Integration Joint Board then issues directions to the constituent authorities to utilise the funding available to deliver and/or commission services across the Partnership on its behalf to deliver Integration functions aligned to the priorities of the Strategic Commissioning Plan.

For the financial year ended 31 March 2019 a balanced financial position is reported. However, it is important to understand that this position has been achieved through a combination of budget recovery actions, utilisation of earmarked reserves without specific spending plans and, subject to final agreement, an additional payment for 2018/19 only from the constituent authorities on an agreed risk share basis. The Partnership requires to address the recurrent deficit along with other financial pressures to allow service delivery to be sustainable.

The expenditure of the Integration Joint Board for year ended 31 March 2019 is detailed in the table below. These figures are subject to statutory audit.



Service Area	£'000
Set Aside Budget for Large Hospital Services <small>(Note 1)</small>	20,633
Adult Social Care: Clackmannanshire Locality	17,136
Adult Social Care: Urban and Rural Stirling Localities	34,889
Health Services under Operational Responsibility of Integration Joint Board	36,039
Universal Family Health Services including Primary Care Prescribing	70,365
Integration (Social) Care Fund	8,808
Shared Partnership Posts & Statutory Costs of Integration Joint Board	293
Transformation	2,734
TOTAL EXPENDITURE	190,897

Note 1. Relates to Large Hospital Services Delivered in the Acute Sector for which the IJB is responsible for Strategic Planning but not Operational Delivery.

Best Value

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the constituent authorities) delegate budgets, referred to as payments, to the Integration Joint Board which decides how to use these resources to achieve the objectives of the Strategic Plan. The Board then directs the partnership through the constituent authorities to deliver services in line with this plan.

"There is a risk to longer-term financial sustainability in the partnership's reliance on the non-recurring integrated care fund ICF and reserves. The purpose of the integrated care fund is to provide service change to shift the balance of care towards early intervention, the prevention of ill health, and care and support for people with complex and multiple conditions. Using the funds to offset overspends will eventually allow this to happen, however a more financially sustainable approach is required."

Source: Inspection Report

The governance framework is the rules, policies and procedures by which the Integration Joint Board ensures that decision making is accountable, transparent and carried out with integrity. The Integration Joint Board has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council areas.

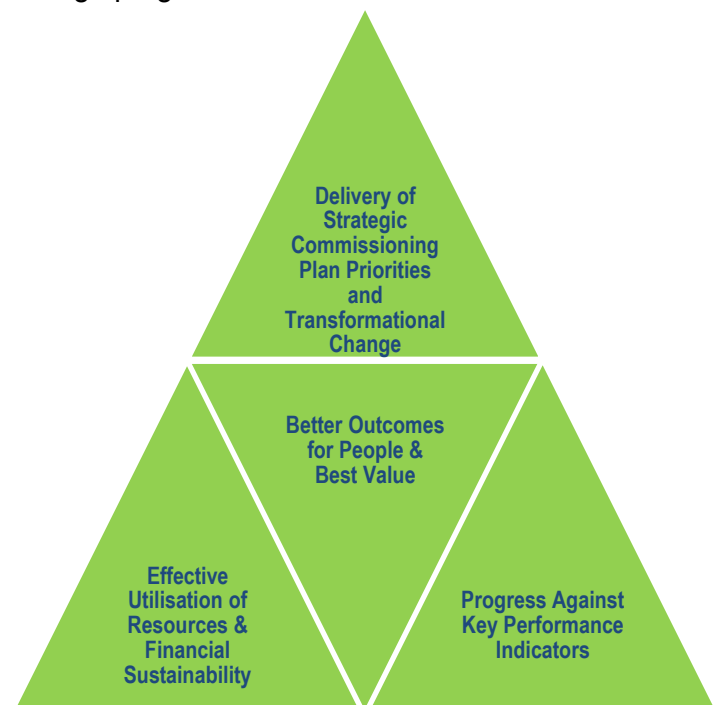
The Board ensures proper administration of its financial affairs by having a Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973).

The recent inspection found that "The partnership has good joint working between finance officers. Finance officers meet and communicate regularly both formally and informally to discuss current and emerging issues about integration. The finance officers group provides briefings to the other integration working groups. The partner finance officers have been providing accurate financial information in a timely manner, allowing

the chief finance officer to pull together the monitoring reports for the IJB. This meets with the assessments made by the external auditors around financial performance monitoring/reporting in annual audit reports. IJB members are supported by the Chief Finance Officer in understanding and carrying out their finance role through a programme of seminars covering a wide number of areas including the partnership budget."

The Board has further reviewed its committee structure in 2018/19. As a result, the functions and Terms of Reference for the IJBs committees have been revised with the Audit Committee becoming an Audit and Risk Committee and the Finance Committee becoming a Finance and Performance Committee. Both committees perform a scrutiny role for the IJB and their review is part of a process of continuous improvement

As part of governance arrangements the Chief Officer leads the Core Integration Team and chairs the Partnership Management Team which oversees the change programme.



The Partnership views the triangulation of key performance indicators, measureable progress in delivering the priorities of the

Strategic Plan, and financial performance as forming the cornerstone of demonstrating best value. Therefore the evidence of best value can be observed through:

- ❖ The Performance Management Framework and Performance Reports
- ❖ Financial Reporting
- ❖ Topic Specific Reporting e.g. in relation to the Carers Act.
- ❖ Reporting on Strategic Plan through both the Chief Officer's reports to the Integration Joint Board and topic specific reports.

There is however, appreciation that the approach to Best Value in Health and Social Care Partnerships requires to further develop. In this regard the integration Joint Board Chief Finance Officers section intends to examine this area with the intention of developing best practice guidance.

"The risks relating to the financial resilience and sustainability of the IJB are included in the partnership's strategic risk register and are matched against mitigating actions. Risk management arrangements, including the risk management strategy, were concluded to be appropriate by external auditors and are subject to regular review."

Source: Inspection Report

Financial Reporting on Localities

The 2018/19 financial information is not yet split into localities. The Partnership has approved and established a locality management structure linked to GP clusters. Developing locality plans aligned to the Strategic Commissioning Plan priorities and developing locality level reporting is a priority as localities develop.

Transformational Change & Strategic Planning

The Partnership received £2,480,000 from the Integrated Care Fund (ICF) and £0.744m from the Delayed Discharge

Fund from Scottish Government during 2018/19. This was allocated to a number of initiatives in support of our strategic priorities for 2016-2019. Work is ongoing to identify linkages and collaborative working in order to improve service delivery and ensure financial efficiencies.

Funding was allocated to the following initiatives:

- ❖ Overnight Care & Night Nursing
- ❖ Enhanced Community Team
- ❖ Advice Line For You
- ❖ Reablement & Intermediate Care
- ❖ Care Home Psychiatric liaison
- ❖ Anticipatory Care Planning
- ❖ Alcohol Related Brain Injury case management model
- ❖ Alzheimers Scotland
- ❖ Town Break Stirling
- ❖ Ideas Innovation & Improvement fund
- ❖ Carers Centres
- ❖ Rapid Response Frailty Clinic
- ❖ Discharge Hub & Hospital Discharge teams
- ❖ Strathendrick
- ❖ HSCP Support

Work in relation to Transforming Care will be revised in light of the priorities identified in the Strategic Commissioning Plan 2019-2022, as well as the Ministerial Strategic Group proposals for progressing health and social care integration.

A Programme Board is being established to facilitate monitoring and review of progress in line with medium term financial planning.

It was noted in the recent inspection that one of the key challenges for the partnership in moving forward with integration will be to ensure closer and more effective collaboration between the two councils, NHS Forth Valley and all stakeholders. This is essential to maximise the impact of available resources in response to local needs.

4. Outcomes: Our Performance

National Outcomes & Our Local Framework

Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures, included in the Integration Functions and as set out in Strategic Plans.

The Scottish Government has developed National Health and Wellbeing Outcomes, supported by a Core Suite of Integration Indicators to provide a framework for Partnerships to develop their performance management arrangements to help them understand how well services are meeting the individual outcomes of people using services and for communities.

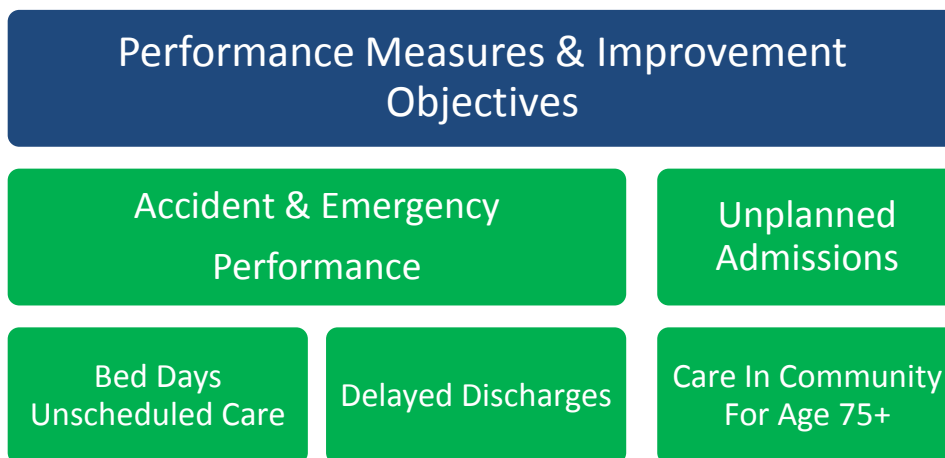
The National Outcomes are-

- ❖ **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer
- ❖ **Outcome 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
- ❖ **Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected
- ❖ **Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

- ❖ **Outcome 5:** Health and social care services contribute to reducing inequalities
- ❖ **Outcome 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 well-being
- ❖ **Outcome 7:** People using health and social care services are safe from harm
- ❖ **Outcome 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
- ❖ **Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services



To support the delivery of the National Priorities Partnerships were invited to set out local improvement objectives and agree targets for the following supporting key areas:



The progress around these measures is overseen by the Forth Valley Unscheduled Care Programme Board. Partnership and some locality data is provided by national sources.

We will continue to benchmark against similar Partnerships to give a context around progress.

The Outcomes are supported by a Core Suite of Integration Indicators. This data is provided nationally by the Information Services Division of the Scottish Government to each Partnership.

The Strategy Map will be aligned to national outcomes and priorities within the 2019-2022 Strategic Plan.

Where appropriate, we will continue to refer to data at local authority level because historical trend information for the two areas is very useful to help inform locality planning.



Our Performance: A Summary

Indicators 1-9 of the core indicators draw on questions from the Health & Care Experience Survey. The Partnership set baseline data in the first annual report, due to publication timescales this was the most current data available at the time of production.

Core Suite of Integration Indicators - Annual Performance (as at May 19)

Indicator	Title	Partnership		Comparator Average	Scotland
		15/16	17/18	17/18	17/18
NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	94%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	80%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	74%	74%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	76%	74%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78%	80%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	82%	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	79%	79%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38%	37%	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86%	83%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	no data	no data	no data	no data

This data is for 17/18 as the survey is every 2 years

Core Suite of Integration Indicators - Annual Performance (as at 6th June 19)

* Indicators that rely on health records SMR01, SMR01_1E, and SMR04 will not contain 100% of records for 18/19 at time of the statutory publication date of 31st July 2019. Data is therefore likely to change retrospectively as completeness improves for Forth Valley. Where possible an average of the first three quarters where completeness is 100% has been applied to the fourth quarter (where all the data has yet to be submitted). This has given a guide figure. Scotland and Comparator figures are also affected and will be updated retrospectively. In compliance with the UK Code of Practice for Statistics, the Scotland figure will not be available in this report until after national publications are publicly available.

Indicator	Title	Partnership				Comparator Average 18/19	Scotland 18/19
		Baseline 15/16	Current				
			16/17	17/18	18/19		
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	no data	no data	no data
NI - 12	Emergency admission rate (per 100,000 adult population)	10,371	10,007	10,696	10,525* 3 quarters plus 4th averaged	11,357*	not published
NI - 13	Emergency bed day rate (per 100,000 population)	118,792	112,544	112,941	111,730* 3 quarters plus 4th averaged	107,130*	not published
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	103	105	106	103* 3 quarter average	102*	not published
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	87%	89.7%	89.2%	89.2%
NI - 16	Falls rate per 1,000 population aged 65+	18	16	20	22* 3 quarter average	20*	not published
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	88%	96%	93%	84.5%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	69%	67%	no data	no data	no data	no data
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	593	867	not published
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	22%	22%	23%* 3 quarters plus 4th averaged	23%*	not published
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	no data	no data	no data	no data	no data	no data
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	no data	no data	no data	no data	no data	no data
NI - 23	Expenditure on end of life care, cost in last 6 months per death	no data	no data	no data	no data	no data	no data

Source: ISD are still developing these indicators where no data is available yet. Comparators: South Ayrshire, East Lothian, Angus, Moray, Perth & Kinross, Falkirk. Figures as at 4th June 2019

Our Performance : In Detail


This section outlines the Partnership's performance in each of the national Health and Wellbeing Outcomes where national data is available.

Table Symbols

	Achieved		More work required
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Outcome 1


People are able to look after and improve their own health and wellbeing and live in good health for longer.

NI 1	% of adults able to look after their health very well or quite well				
	15/16	16/17	17/18	18/19	
Partnership	95%	no data	94%	no data	
Comparators	95%	no data	94%	no data	
Scotland	95%	no data	93%	no data	
Source ISD 17/18					

The NI 1 percentage reflects a positive position and is similar to national and comparator average. The vast majority of those surveyed reporting that they are **able to look after their own health and wellbeing** and did not have any limiting illness or disability.

Outcome 2


People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

NI 2	% of adults supported at home who agree that they are supported to live as independently as possible				
	15/16	16/17	17/18	18/19	
Partnership	82%	no data	82%	no data	
Comparators	82%	no data	80%	no data	
Scotland	83%	no data	81%	no data	
Source ISD 17/18					

This NI 2 indicator reflects whether people who need support feel that it helps them maintain their independence as much as possible. **This is a positive reflection of the support provided by the Partnership to those living in the community.**


Outcome 2 cont'd

This is an area prioritised through the Transforming Care Program to support the development of services such as bed based intermediate care and reablement care at home. **Other improvements being made are through outcome focussed assessments within Social Care.**

NI 18	% of adults aged 18+ with intensive care needs receiving care at home				
	15/16	16/17	17/18	18/19	
Partnership	69%	67%	no data	no data	
Comparators	62%	62%	no data	no data	
Scotland	62%	61%	no data	no data	
Source ISD 16/17					

The NI 18 figure for the Partnership is a positive position. This indicator reflects the **work to shift care from hospitals and care homes to the community.**

The number of people in receipt of care overall is relatively stable, similar to national average but more than comparators. However the number of hours is rising and far higher than the national or comparator average. This may be reflecting in some part the **above average for the % of the population living in the community with support.**

NI 15	Proportion of last 6 months of life spent at home or in a community setting				
	15/16	16/17	17/18	18/19	
Partnership	85.9%	86.9%	87%	89.7%	
Comparators	87.5%	87.3%	88%	89.2%	
Scotland	86.7%	87%	87.9%	89.2%	
Source ISD 18/19					

The NI 15 figure for the Partnership **reflects a positive position, overall this is a rising trend** and the Partnership is aiming to achieve 90% by the end of 2020.


We are doing this through core funded Out of Hours Palliative Care and Cancer Helplines, and initiatives include the Hospice at Home Project, night time MECS and nurse wound support.

The End of Life and Palliative Care Transformation Group works to improve the patient pathway, workforce and communication.

The Health & Care Village is now operational. This will **better support the delivery of more effective, person centred end of life care for residents** of the Partnership.

Outcome 3


People who use health & social care services have positive experiences of those services, and have their dignity respected.

NI 3	% of adults supported at home who agree that they had a say in how their help, care or support was provided				
	15/16	16/17	17/18	18/19	
Partnership	76%	no data	74%	no data	
Comparators	79%	no data	74%	no data	
Scotland	79%	no data	76%	no data	
Source ISD 17/18					


The NI 3 figure has reduced since the last survey reflecting national trends. Work is being done at a local level to develop our own Partnership service user and unpaid carer surveys for 2020.

The Partnership invested £123,196 from the Transformational Change programme on Anticipatory Planning.

We have further work to do to **more fully embed choice and control through the range of Self-directed Support options for individual service users and unpaid carers.**

NI 6	% of people with positive experience of the care provided by their GP practice				
	15/16	16/17	17/18	18/19	
Partnership	87%	no data	87%	no data	
Comparators	86%	no data	82%	no data	
Scotland	85%	no data	83%	no data	
Source ISD 17/18					

The NI 6 figure for the Partnership reflects a positive position. **GP services are central to the delivery of community based health and social care services** and the Partnership continues to work together to support Primary Care services through, for example, investment of the Primary Care Transformation Fund and the developing cluster and Locality work.

NI 5	% of adults receiving any care or support who rate it as excellent or good.				
	15/16	16/17	17/18	18/19	
Partnership	78%	no data	78%	no data	
Comparators	82%	no data	80%	no data	
Scotland	81%	no data	80%	no data	
Source ISD 17/18					

The NI 5 figure for the Partnership reflects a positive position and is only slightly less than national. **Services are provided by a range of organisations and are guided by the Partnership's commissioning strategies and most are regulated by the Care Inspectorate [NI17].** For those services directly provided by the Partnership, a proactive approach is taken in regard to complaints and learning from them to make improvements.



Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

NI 7	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life				
	15/16	16/17	17/18	18/19	
Partnership	77%	no data	79%	no data	
Comparators	84%	no data	79%	no data	
Scotland	83%	no data	80%	no data	
Source ISD 17/18					

The NI 7 figure for the Partnership is a positive one and similar to the national average. Within the Neighbourhood Model of Care work we have developed an **outcomes focussed framework, which will be rolled out across the Partnership area**. The Partnership will review and identify any areas for further development.

NI 12	Emergency Hospital Admission Rate per 100,000 adult persons				
	15/16	16/17	17/18	18/19	
Partnership	10,371	10,007	10,696	10,525*	
Comparators	11,366	11,456	11,762	11,357*	
Scotland	12,226	12,213	12,183	not published	
Source ISD 18/19					

Robust NI 12 data is not currently available. Indicators that rely on health records SMR01 will not contain 100% of records for 18/19 at time of publication. Data is therefore likely to change retrospectively as completeness improves for Forth Valley.

However, using guide figures this would indicate that it is a positive position for the Partnership, with an improvement on the previous year and is likely to be well below comparator and national average.

Getting Forth Right and the FV Six Essential Actions performance improvement action plan is helping to stabilise and address fluctuating trends in performance within Acute services. It

targets actions such as capacity and patient flow realignment, patient management rather than bed management, a seven-day service and ensuring patients are cared for in their own homes.

The Partnership is aiming to achieve a 5% baseline reduction on admissions by 2020.

The Partnership increased (by 28%) the number of clients that were moved into Intermediate care directly from the community, in comparison with the previous year. This is a key pathway to avoiding preventable emergency admissions [44 clients 17/18 to 61 18/19].

NI 13	Emergency bed day rate per 100,000 adult persons				
	15/16	16/17	17/18	18/19	
Partnership	118,792	112,544	112,941	111,730*	
Comparators	129,029	128,090	118,993	107,130*	
Scotland	128,630	126,988	123,035	not published	
Source ISD 18/19					

Robust NI 13 data is not currently available. Indicators that rely on health records SMR01 will not contain 100% of records for 18/19 at time of publication. Data is therefore likely to change retrospectively as completeness improves for Forth Valley.

Using guide figures, this would indicate that there might have been a reduction on previous year. It is likely that the Partnership figure is much higher than national or comparator rate.

The Unscheduled Care Programme Board (UCPB) continually monitors performance against the MSG indicators and the six essential actions prescribed by the Scottish Government. Bed usage is audited via the Day of Care Audit to ensure acute and community hospital beds are occupied appropriately and to take action where necessary to have patients relocated to a facility which best addresses their care needs.

NI 14	Readmission to hospital rate within 28 days per 1,000 persons			
	15/16	16/17	17/18	18/19
Partnership	103	105	106	103*
Comparators	103	106	107	102*
Scotland	97	100	102	not published

19 Source ISD 18/19

Robust NI 14 data is not currently available. Indicators that rely on health records SMR01 will not contain 100% of records for 18/19 at time of publication. Data is therefore likely to change retrospectively as completeness improves for Forth Valley.

Using guide figures, this would indicate that the rate has improved on the previous year but is likely to be higher than national rate and slightly higher than our comparators. Within the Partnership the Clackmannanshire locality has the highest rate.

This is a crude measurement that does not consider the reason for the readmission which might be different to the original admission. Within Forth Valley the readmissions data is standardised by specialty and condition at admission. This means that it only counts those who return to the same speciality within 28 days. **This local figure shows a reducing trend in readmissions to FVRH for the Partnership.**

The partnership is involved at a national level in the development of Anticipatory Care Planning documentation for primary care. Some initial work to assess the impact of anticipatory care planning on readmissions suggests a positive impact on readmissions among a group of people over 75 experiencing frequent admissions to acute services with a pattern of failed discharges.

NI 16	Falls rate per 1,000 population aged 65+ who were admitted to hospital as an emergency			
	15/16	16/17	17/18	18/19
Partnership	18	16	20	22*
Comparators	20	23	20	20*
Scotland	21	21	22	not published

19 Source ISD 18/19

Robust NI 16 data is not currently available. Indicators that rely on health records SMR01 will not contain 100% of records for 18/19 at time of publication. Data is therefore likely to change retrospectively as completeness improves for Forth Valley.

Using guide figures, this would indicate that it remains a positive position for the Partnership and is likely to be similar to our comparators and national rate.

Work in this area includes; **the development of our Falls Pathway, and expanded Technology Enabled Care services such as personal alarms and responder services.**

NI 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections			
	15/16	16/17	17/18	18/19
Partnership	82%	88%	96%	93%
Comparators	84%	80%	86%	84%
Scotland	83%	84%	85%	82%

19 Source Care Inspectorate/ISD 18/19

The NI 17 figure reflects a positive position and is higher than the national and comparator average. This indicator includes all services registered within the Partnership provided by third, independent and local authorities.

Outcome 5

Health & social care services contribute to reducing health inequalities

NI 11	Premature mortality rate per 100,000 persons aged under 75 years old				
	15/16	16/17	17/18	18/19	
Partnership	425	389	379	no data	✓
Comparators	387	401	383	no data	
Scotland	441	440	425	no data	
Source ISD 17/18					

Premature mortality, people who die under the age of 75, is an important indicator of the health of the population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be.

The Partnership NI 11 figure is lower than our comparators and national average. This is a positive figure. The Partnership will continue to explore and address inequalities through locality planning and working closely with Stirling CPP, Clackmannanshire Alliance, Community Justice Partnerships, and other key partnerships.

Outcome 6

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

NI 8	% of carers who feel supported to continue in their caring role				
	15/16	16/17	17/18	18/19	
Partnership	32%	no data	38%	no data	?
Comparators	41%	no data	37%	no data	
Scotland	40%	no data	37%	no data	
Source ISD 17/18					

This NI8 indicator highlights a need to continue to work closely with unpaid carers and our local carer organisations to develop our services in line with the provisions of the Carers (Scotland) Act 2016 and to focus on the way we gather local feedback on the experiences of unpaid carers.

Improvement work around SDS and Dementia pathways will ensure resources

are outcome based and available within the community.

Carer's centres received a total of £173,744 funding from the Partnership in 18/19.

Outcome 7

People who use health and social care services are safe from harm.

NI 9	% of adults supported at home who feel safe				
	15/16	16/17	17/18	18/19	
Partnership	82%	no data	86%	no data	✓
Comparators	83%	no data	83%	no data	
Scotland	83%	no data	83%	no data	
Source ISD 17/18					

The NI9 figure has improved on the last survey and is positive for the Partnership. It reflects good partnership working within the **Adult Support and Protection ASP Committee, and the Alcohol and Drug Partnership ADP**.

The ASP Biennial Report noted that 67% of service users agreed or strongly agreed that the service or help they received made them safer.

Adult Support and Protection activity has increased throughout the year. With 744 referrals, 170 investigations, and 9 case conferences.

Audit activities focus upon the effectiveness of Adult Support and Protection practices and the structured programme includes a wide range of activity:

- ❖ Annual multi agency audit
- ❖ Monthly internal case file audits
- ❖ Monthly internal audits of all referrals
- ❖ Six weekly audits of effectiveness of partnership information sharing
- ❖ Unscheduled audit in response to new concerns
- ❖ Independently and anonymised service user surveys.

The Adult Protection Committee Risk Register complete with a Scoring Matrix was new in 2018. Its purpose is to assist the Committee in reviewing the strategic risks which may pose a threat to the successful delivery of strategic outcomes.

The Alcohol and Drug Partnership ADP has reviews of all local drug related deaths, which includes Social Care and Housing. This has resulted in changes to Housing Policy in relation to identifying vulnerable people at an earlier stage and linking them with support as appropriate.

All substance services completed self assessments in relation to compliance with the Health and Social Care Standards. This exercise involves services looking at how they keep people safe.

Public Protection training undertaken in this year shows the interface between the Adult Support and Protection Committee, ADP and the other public protection areas.

Social Inclusion Partnership is an ADP funded project across Clacks and Stirling. It provides an opportunity for vulnerable individuals aged 16+ years who reside in the Partnership to improve engagement with community services and access to appropriate support in relation to issues such as:

- ❖ Substance Misuse
- ❖ Mental Health
- ❖ Physical Health
- ❖ Learning Disabilities
- ❖ Housing and Social Problems

This initiative specifically targets people that satisfy a number of criteria some of which include those:

- ❖ Who commit crimes in order to finance their drug/alcohol/substance dependency;
- ❖ Who may be subject to the Adult Support and Protection (Scotland) Act 2007;
- ❖ Who are subject to Vulnerable Person Reports and significant police concerns;

- ❖ Who are frequent attenders at NHS Forth Valley and Emergency Department.

Outcome 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.

NI 10	% of staff who say they would recommend their workplace as a good place to work	
Partnership	no data	no data
Comparators	no data	no data
Scotland	no data	no data

✔

Source ISD

In the absence of any national data for NI 10 we can report on the independent findings from our Strategic Inspection (staff survey and consultation sessions):

- ❖ The majority of staff are enthusiastic about the development of integrated working arrangements.
- ❖ 71% of respondents agree or strongly agreed that they have effective line management that includes supervision.
- ❖ Staff are uncertain about future roles and management arrangements.
- ❖ There is awareness of ongoing work to identify and formalise the management structure.

The Partnership is undertaking a number of pieces of work locally that support this outcome. Such as the introduction of iMatters tool across all of the Health and Social Care staff by 2019/20. iMatters is the continuous improvement tool designed with NHS Scotland to help individuals, teams and Partnerships understand and improve staff experience.

Outcome 9

Resources are used effectively in the provision of health and social care services, without waste.

NI 4	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated				
	15/16	16/17	17/18	18/19	
Partnership	73%	no data	76%	no data	✓
Comparators	76%	no data	74%	no data	
Scotland	75%	no data	74%	no data	

Source ISD 17/18

This NI4 measure is a positive figure for the Partnership. In terms of service examples, work carried out in relation to the use of single shared assessment, anticipatory care plans, and the development of the model of neighbourhood care will provide further opportunity **to develop community based integrated responses**.

NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population				
	15/16	16/17	17/18	18/19	
Partnership	640	721	503	593	✓
Comparators	859	962	777	867	
Scotland	915	841	762	805	

Source ISD 18/19

The NI 19 Partnership figure is a poorer position than the previous year, but continues to be lower than both the national and comparator rate. This is still a positive position for the Partnership.

More work is required however, to support people when unwell at home, and to develop further community based solutions such as Intermediate Care.

This work is supported by the Unscheduled Care Programme Board and Delayed Discharge Steering Group, regular performance management reports, and a discharge improvement plan. An example of collaborative working is the deployment of Social Care staff within the Discharge Team at FVRH which has proved very successful. It is hoped that

this will eventually cover all of the Partnership.

In 18/19 the Partnership funded £304,409 directly into Discharge services through the Transformational Change programme.

NI 20	% of Health & Social Care spend on hospital stays where the patient was admitted in an emergency				
	15/16	16/17	17/18	18/19	
Partnership	no data	21%	22%	23%*	✓
Comparators	25%	25%	26%	23%*	
Scotland	25%	25%	25%	not published	

Source ISD 17/18

Robust NI 20 data is not currently available. Indicators that rely on health records SMR01 will not contain 100% of records for 18/19 at time of publication. Data is therefore likely to change retrospectively as completeness improves for Forth Valley.

Using guide figures, this would indicate that the 18/19 Partnership figure reflects a positive position and it is likely that the rate is similar to national and comparator average. It reflects the 'shift' to receiving care and support at home or within the community.

We know that the rate of emergency admissions is reducing within Forth Valley, and for those residents who are admitted on an emergency basis to hospital out with the area.

Work is ongoing to prevent admissions to hospital, and improve access to services within the community. This includes; upgrades and improvements to the Contact Centre within Stirling. Review of processes for Clackmannanshire Adult Care, single point of contact for District Nursing, and Community Front Door.

The ultimate aim is a single point of access, and some preliminary scoping has been undertaken with a view to developing a single model which will operate across the various services within the Partnership. This will be trialled on a small scale and if successful will be adopted across the whole Partnership.

Inspections

The Partnership underwent a strategic inspection in early 2018 and the outcome was published late 2018 which examined the effectiveness of strategic planning in the Partnership and the outcome was published in late 2018.

“The decision to stagger the delegation of operational responsibility for services is not allowing the potential of integration to be fully realised. This decision prolongs single-agency approach to service delivery rather than a partnership one. The plans in place to develop new models of care, while now underway, could have taken place earlier and with a more strategically defined partnership approach.”

	Evaluation
Quality indicator 1	
Key performance outcomes	Good
Quality indicator 6	
Policy development and plans to support improvement in service	Adequate
Quality indicator 9	
Leadership and direction that promotes partnership	Not subject to evaluation against the six-point scale. This areas has not been given a formal grading but is the subject of commentary
Areas for improvement as at March 2019	Progress
1. As the partnership progresses the review of the strategic plan and strategic needs analysis, it should review and update all other related plans to ensure a whole-system and collaborative approach is being taken to service planning.	
Review of the Strategic Commissioning Plan 2019-2022 has been carried out and approved at IJB 27 March 2019	COMPLETE
Review of the Strategic Needs Assessment complete and approved at IJB 27 March 2019	COMPLETE
Needs assessment for unpaid carers and Carers Strategy aligned to Strategic Plan – co produced.	COMPLETE
Consultation time table in place for Strategic Plan – first stage consultation via Big Team Meetings and PPF. Second stage consultation and engagement carried out – public meetings, attendance at community forums, carers groups and online survey done between November 2018 and March 2019	COMPLETE
Housing Needs Assessment will be reviewed when Heads of Housing in place for each Local Authority.	ONGOING
Housing Contribution Statement completed for Clackmannanshire	COMPLETE
Housing Contribution Statement - awaiting outcome of Stirling review of Housing Strategy and consultation in order to integrate/combine – planned for June 2019	ONGOING
Review of Workforce Plan carried out and approved at IJB 27 March 2019	COMPLETE
Timetable reviews across 19/20 – dependent on capacity	ONGOING
Market Position Statement to be done during 2019/20	ONGOING
Equalities Impact Report to be done during 2019/20	ONGOING
Refresh of Dementia Strategy – to include FV wide work and the dementia friendly communities	ONGOING

Areas for improvement as at March 2019	Progress
<p>2. Greater clarity and clear timescales are needed for the staged programme of delegation of operational management. This should allow the IJB and the chief officer to exercise their roles and responsibilities more effectively and efficiently. The IJB should be able to demonstrate that they can provide full assurance of all the services legally delegated to them in April 2016.</p>	
Support service work shop to agree the arrangements for key support functions took place in November 2018	COMPLETE
Delegation of Stirling Council Services completed by September/October 2018	COMPLETE
Ongoing discussion within each constituent party on support service arrangements	ONGOING
Job description for Locality Manager positions approved and recruitment taken place. Interim positions in place where awaiting permanent post-holders taking up posts	COMPLETE
Delegation timescale to be agreed with NHS Forth Valley	ONGOING
<p>3. The partnership should ensure that it plans for and develops an integrated framework of accommodation, care and support. This needs to support a whole-system approach to developing care pathways in line with local need and priorities, the national health and wellbeing outcomes and the national health and social care standards. The framework should be sustainable and be evaluated to ensure that improvements in operational performance and personal outcomes are being delivered.</p>	
Whole systems approach described in the Rich Picture 2018	COMPLETE
Further work being discussed with iHUB in terms of supporting Partnership to deliver on the new Strategic Plan priorities and the areas for improvement arising from this strategic inspection.	ONGOING
Further development of the frailty pathway and the Unscheduled Care Programme work aligned to the front door development	ONGOING
Step into Bellfield Centre within the Health and Care site from November 2018, integrating the health and social care workforce for bed based intermediate care.	COMPLETE
Alignment of models of care closer to home, integrating reablement and enhanced care services to support people in their own homes. Continue this from service modelling work supported by iHUB.	ONGOING
Intermediate Care Implementation Plan approved at IJB November 2018	COMPLETE
<p>4. The partnership should work with both council housing departments and registered social landlords to produce a coherent and shared strategic plan for accommodation across the integration authority. This needs to be responsive to local need and priorities and should include review of the recommendations within the externally commissioned study on specialist housing for older people published in 2016.</p>	
Chief Officer to establish links to the Chief Housing Officer [Stirling] when they come into post	ONGOING
Work with local authority Housing to review the Housing Contribution Group and service links	ONGOING
Work with local authority Housing services in their role as the strategic housing authority to review the needs assessment for older people and homeless groups and establish links with the RSL groups	ONGOING
Review Housing Contribution Statement as a single document across the HSCP	ONGOING
Delivery of Housing with Care development within Clackmannanshire locality – construction phases planned for Autumn 2019 [Primrose Street development]	ONGOING

Areas for improvement as at March 2019	Progress
5. The partnership needs to accelerate the progress of locality development. It should provide timely and appropriate opportunities for local communities and professionals to meaningfully engage in locality planning in respect of all care groups.	
Health and social care staff moving to co-locate with primary care in the rural area of Stirling as part of the model of neighbourhood care	COMPLETE
Locality manager posts have been filled – final shape of snr management structure dependent on hosted services	ONGOING
Strategic Planning Group meeting during workshop sessions to plan the Strategic Plan priorities in locality groupings	COMPLETE
Engagement took place to align with Strategic Commissioning Plan 2019-2022 timeline which will focus on what matters to localities/communities	COMPLETE
Engagement with local communities as part of model of neighbourhood care and housing with care development	ONGOING
Approval of Strategic Commissioning Plan 2019-2022 with view to develop Locality Plans thereafter	COMPLETE
The Neighbourhood Care Team has developed a Community Reference Group – comprising of local people; third sector and Community council reps. This group has a focus on discussion of care issues locally and the keeping well approach.	ONGOING
Neighbourhood Care Team has a Resource Worker post which helps connect formal services and informal supports	COMPLETE
6. The partnership needs to demonstrate sufficient care at home capacity through the care at home review to sustain new models of care. There should be equity of access to care at home, respite and long-stay care home provision allowing people to remain in their local communities.	
Model of neighbourhood care for Rural Stirling to support sustainable care at home provision in this area – integrated community based teams, working in and with communities and including volunteering and informal supports	ONGOING
Evaluation of model of neighbourhood care will support further implementation in other localities/communities	ONGOING
Commissioning plan for Partnership to be agreed and implemented for Care at Home	ONGOING
Working group reviewing access and approach for Respite Care in support of Unpaid Carers	ONGOING
Development of pathways to support people who are unwell or require additional short term support at home as an alternative to crisis admission to care homes	ONGOING
Commissioning teams working with care homes to support improvement activities and monitor performance.	ONGOING
Development of Strategic Commissioning Plan 2019-2022 will focus on outcomes of localities	COMPLETE
Work with Third Sector colleagues in supporting communities to self-manage and provide meaningful support	ONGOING
Transforming Care Board to be established with programme focus on Care at Home commissioning and model of care	ONGOING
Short Breaks Statement developed as part of the Carers Implementation Group. The development of approaches for short breaks will be delivered in partnership with unpaid carer representatives.	COMPLETE

A meeting was held with the Strategic Inspection team and Care Inspectorate Link Inspectors on 1 February 2019 to finalise the action plan for improvement from the Strategic Inspection report. **This marked the finalisation of the inspection process**, and progress will continue to be monitored by the Link Inspectors to ensure adherence to areas for improvement.

Registered services owned by the Partnership are inspected annually by the Care Inspectorate, there were 6 services inspected during 2018/19. Additional information and full detail on inspections can be found at the Care Inspectorates website www.careinspectorate.com.

The Care Inspectorate introduced a new approach to inspecting the quality of care and support in care homes for older people in July 2018. However some services were inspected using the previous approach against the four Quality Themes. Since 1 April 2018, the new Health and Social Care Standards have been used across Scotland. The Care Inspectorate's expectation is that they will be used in planning, commissioning, assessment, and delivering care and support. In response to these new standards in July 2018, the Care Inspectorate introduced a new framework for inspections of care homes for older people and have been using this framework on our inspections.

Unit	Date Inspection Completed	Quality Theme Care Grades (out of 6)				Number of recommendations	Number of requirements	Areas for Improvement	
		Care and Support	Environment	Staffing	Management & Leadership				
OLD FRAMEWORK									
Allan Lodge	25/7/18	Very Good	N/A	N/A	Good	0	0	2	
Clacks Reablement and TEC Service	23/1/19	Very Good	N/A	N/A	Very Good	0	0	1	
Stirling Reablement and TEC service	22/2/19	Very Good	N/A	N/A	Good	2	0	0	
NEW FRAMEWORK									
Unit	Date Inspection Completed	How well do we support people's wellbeing?	How well is our care and support planned?	How good is our leadership?	How good is our staff team?	How good is our setting?	Recommendations	Requirements	Areas for improvement
Ludgate House Resource Centre	24/1/19	Very Good	Very Good	N/A	N/A	N/A	0	0	1
Menstrie House	9/11/18	Good	Good	Good	Good	Good	0	0	12
Strathendrick Care Home	5/11/18	Very Good	Very Good	N/A	N/A	N/A	0	0	0

Source: Care Inspectorate

Rec - A recommendation sets out actions that a provider should take to improve or develop service quality, but where failure to do so would not directly result in enforcement.

Req - A requirement sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in statutory requirements. Requirements are enforceable in law.

Inspection Requirements, Recommendations, and Areas For Improvement

Unit	Action
Allan Lodge	
<p><u>Area For Improvement</u> - Assessment and support planning must improve to support the staff in effectively assessing people's needs, lifestyles and outcomes. Last year we recommended that the level of assessment and evaluation develop.</p>	<p>Allan Lodge Care Plan Audit documentation to be updated to ensure that support plans detail people's choices and evidences that their needs are being met.</p> <p>Audit activity to include an evaluation process which clearly establishes the effectiveness of the care being delivered to service users.</p> <p>Action complete</p>
<p><u>Area For Improvement</u> - Embedding quality assurance and improvement processes should support Allan Lodge in continuing to offer people a high quality supportive service when they join the integrated teams in Bellfield centre this November.</p>	<p>Quality assurance processes and documentation being revised and updated in preparation for Allan Lodge moving to the new intermediate care facility at the Bellfield Service towards the end of 2018.</p> <p>Action complete.</p>
Clackmannanshire Reablement and TEC Service	
<p><u>Area For Improvement</u> –Staff described responding to more people with mental health support needs. Mental health first aid/learning was not consistently available. So that staff feel competent and more confident, there should be regular learning opportunities in this area.</p> <p>We met with several staff and they all very much enjoyed their work and were committed to providing high quality care and support. When we asked them what could be better about the service, they all described the financial challenges faced by the council and how this had been a strain.</p> <p>Temporary contracts and limited recruitment had meant less staff had been available so the reablement service had reduced in size. The TEC staff were also affected when experienced staff left for permanent jobs. The week we visited, the service had been told that they could recruit new staff and the whole team were delighted. We were pleased to hear that the service manager is due to attend the next staff meeting which means that the management and staff can more formally discuss resources and the development of the service.</p> <p>Developments in these areas will support the service in meeting the increasingly complex needs of those using services</p>	<p>A consultation is currently taking place with staff to ascertain the specific areas of mental health they feel they would benefit from training in. This is in the form of a short questionnaire and the results will be collated once these are returned.</p> <p>Discussion will then take place with SSLD to identify training opportunities to meet this need.</p> <p>Staff have been encouraged to complete “Managing Stress” course on Social Care TV.</p> <p>Training Matrix has been expanded to include Supervision, PRD and Observations of Practice to allow the service to see more easily when this has taken place.</p> <p>The manager raised some observation at the recent Social Services Learning and Development Meeting in relation to Supervision and PRD Proformas, these will be passed to a group who are working on these.</p> <p>Action by: October 2019 – work is being progressed with the actions on target by the completion date.</p>
Stirling Reablement and TEC Housing Support Service	
<p><u>Recommendation</u>. In order to ensure that people consistently receive a personalised care service that focuses on enablement (service aims and objectives), the provider should review the service structure including staff's roles and remit.</p> <p>A review of the core training requirements of staff should be undertaken in line with the provider's policy and the organisational development team. Learning opportunities should be developed to meet the needs of the staff team and those people using the service. This is in order to ensure that care and support is consistent with the Health and Social Care Standards.</p>	<p>Will work with Adult Assessment and the HSCP to look at developing the service further by care at home staff being the lead with the reablement and other care at home services assessments and reviews for the Reablement and TEC service. This will give more autonomy and flexibility to staff and the service. Staff are innovative but need the autonomy to be able to put this into practice.</p> <p>Action by March 2020</p> <p>A review of core training will be conducted involving corporate learning and development to ensure staff have the confidences in this changing environment. The new neighbourhood team will be a great opportunity to move forward with learning needs to ensure the workforce is fit for purpose also once the review of provisions has been completed this will assist with learning needs and a full training needs analysis can be conducted.</p> <p>Action by August 2019</p>

Unit	Action
Ludgate House Resource Centre	
<p><u>Area For Improvement</u> - The service encouraged relatives to visit and we heard that many people went out with their relatives for the day. Some activities/pastimes were offered to people. Daily provision of meaningful activity needs to be put in place to replace what was previously offered in the day service that is no longer operating. This is important in particular for people who are awaiting a care home placement and may be living in the service for a number of months. Without structure to their day, or social interaction, people are at risk of low mood.</p>	<p>The senior team are currently working with the respite staff to develop the care planning around meaningful activity in particular for people who are awaiting a care home placement to be able to evidence more clearly daily meaningful activities or pastimes that take place in Ludgate.</p> <p>There has been an offer from a relative to provide some musical entertainment once a month for people using the service, we are in the process of arranging this.</p> <p>Learning sessions are being arranged for the senior team with colleagues from other areas of the Health and Social Care Partnership.</p> <p>The dependency tool we have in place is also being developed to be able to identify the time staff spend with individuals as in 1.25 of the health and social care standards "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities both indoors and outdoors."</p> <p>Action complete August 2019.</p>
Menstrie House Care Home	
<p><u>Area for Improvement</u> - We did not see in some instances required consents being obtained if a person was unable to agree to a course of action due to their incapacity to make decisions. This mainly related to methods of restraint such as bed rails or monitoring of movement being used, for example door and mat sensors. The service should obtain the consent of the welfare appointee in these circumstances.</p>	<p>Consent/POA Involvement (where required). POA certificates to be added to residents care plan (where required).</p> <p>Action complete May 2019</p>
<p>We heard that when the activity staff member was absent, residents did not appear to have continuing meaningful structure to their day. We also heard that not all staff felt this was part of their duties, or that staff had time to spend with people out with their care tasks. The service should ensure that all staff demonstrate willingness and participation in this area, and in particular, evidence a structured programme when the activity staff member is absent.</p>	<p>Develop unit activity record plan for residents' activities.</p> <p>Action complete May 2019</p>
<p>In order to maintain and promote dignity and independence for people, the service should undertake thorough continence assessments and review regularly when the needs of people change. It should be demonstrated how continence is promoted, including how people are orientated within the environment using dementia friendly signage and contrasting toilet equipment where possible.</p>	<p>Promotion of continence assessment/review. Care plans to evidence continence promotion. Actions ongoing to promote continence, use of dementia friendly signage and contrasting toiled equipment for people's individual needs.</p> <p>Action complete May 2019</p>
Unit	Action
Menstrie House continued	
<p><u>Area For Improvement</u> - Record keeping should routinely demonstrate that both the care and physical safety of people have been met, in particular for people who cannot summon assistance.</p>	<p>Improve detail of recording of care delivered to residents being cared for in bed at the time of the event. Action complete</p> <p>Anticipatory Care Plan (ACP) to be evident in all files in event of unexpected decline in health. Action ongoing</p>
<p><u>Area For Improvement</u> - The audits could be strengthened by undertaking observations of staff practice in a variety of areas, this could include the delivery of personal care, meal times and how people are assisted with their mobility or medication. This is an opportunity to confirm and evidence staff competency, highlight if additional training is identified and also to discuss and reflect on practice during supervision.</p>	<p>Include in the audit schedule:</p> <ul style="list-style-type: none"> Plan observations of staff competencies and practice records. Personal Care Meals <p>Continue current audit process for medication, care plans and accidents.</p> <p>Action complete January 2019</p>
<p><u>Area For Improvement</u> - We were not able to see how the views of people living in the home were gathered if they did not attend meetings, or if people needed additional support from either advocacy or welfare appointee to express their views. The service should consider linking the Health and Social Care Standards to their audits and subsequent</p>	<p>Develop methods to gather views of people living in the home on their care/support/choice.</p> <p>Schedule more regular meetings for residents and relatives through forums and surveys.</p>

development plan. Gathering the views of people should take into account a variety of methods if people are unable to attend meetings.	Action complete June 2019
<u>Area For Improvement</u> - As part of the audit process relating to staffing levels and demonstrating whether current numbers meet the needs of people, the views of staff, relatives and residents should also be undertaken alongside observations to include staff practice and presence. (Reference is also made under 'How good is our staff team').	Network with other care homes to look at how the dependency tool is scored and reviewed. Develop the existing tools to include all needs. Action complete April 2019
<u>Area For Improvement</u> - We were unable to see from information provided to us, how staffing levels were calculated based on the needs of residents. This was also not undertaken each month as required that would take into account the fluctuating needs of people. The service should endeavour to improve on how the current needs of people are gathered and effectively demonstrate how the staff numbers meet these.	Explore new models of dependency scoring to ensure effective staffing numbers meet the needs of the residents. Action complete April 2019
<u>Area For Improvement</u> - We previously recommended that cleaning records should indicate the frequency of cleaning tasks and demonstrate when deep cleaning has been undertaken in line with infection control procedures. We did not see the improvements we expected and we have therefore asked the service progress with this without further delay.	Meet domestic staff / supervisor to plan / review deep clean / infection control procedures. Cleaning records to indicate frequency of infection controls measures / cleaning schedules. Ensure the environment is clean and tidy, has well maintained furniture and equipment. Action complete November 2018
<u>Area For Improvement</u> - The service must ensure that all supporting, statutory maintenance documentation is kept within the home and made available and in addition, if there are changes in contractors for any statutory maintenance, this should be immediate and ongoing without gaps or delays in the maintenance programme. This ensures that the health and safety of residents is paramount in line with legislation.	Maintenance documentation should be available in the home and not held centrally by council property services department. Ensures Health and Safety is paramount in the home Property Service / Maintenance certificates evidences inspection programmes carried out. These certificates must remain in the home in easy to an access file. Action complete November 2018
<u>Area For Improvement</u> - We did not see information recorded on how care would be delivered should someone's health deteriorate. Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.	Improve detail of recording of care delivered to residents being cared for in bed at the time of the event. Anticipatory Care Plan (ACP) to be evident in all files. ACP to be in place in event of unexpected decline in health. Action complete May 2019
<u>Area For Improvement</u> - From the sample of care plans we looked at, it was not evidenced in some instances, who held welfare powers for an individual, although named appointed persons were recorded in the file. It is important that a legal framework regarding welfare decisions is clearly evidenced to ensure people's wishes and choices are being made by the legally appointed person. In addition, we did not see meaningful views of residents or appointed persons being recorded for the six monthly reviews for those who were unable to have input. A focus should also be made regarding forward planning and how this improves quality of life for people.	Consent/POA Involvement (where required). POA certificates to be added to residents care plan (where required). Action complete May 2019
Source Care Inspectorate	

5 Next Steps

This Annual Performance Report highlights the range of activity taking place within and between services as part of the Transforming Care programme. The focus of the activity in this third year has been to jointly work on the actions the Partnership can take together to strengthen and develop the building blocks for community based services.

- ❖ Work has been taking place to **delegate further services from NHS Forth Valley** over 2019/2020.
- ❖ Development of a **Programme Board** arrangement to oversee the Transforming Care Programme. This will ensure that projects developed in support of the Strategic Commissioning Plan are effectively monitored and are efficient.
- ❖ We will continue to work with others including housing services **to develop opportunities for people such as 'housing with care'** in local communities as scoped out within the Strategic Needs Assessment supporting the Housing Contribution Statements.
- ❖ We will continue to develop our services and whole systems approaches to support people to be **discharged timeously from hospital** and to develop our early intervention approaches including the avoidance of unnecessary admission to hospital through, for example, the more recent iHub supported **Frailty** work across Forth Valley.
- ❖ We are currently working on a refresh of our approach to Self- directed Support and will continue to work to embed a culture of services which **promote an enabling approach** and help us to better manage the available resources in an equitable, transparent manner.
- ❖ Over the next year we will develop performance monitoring for the **Strategic Plan 2019 – 2022**.
- ❖ We will review or develop the following key strategic plans:
 - Participation & Engagement Strategy
 - Shared Commissioning Strategy
 - Mental Health Plan
 - Mid-term Financial Plan
 - Forth Valley Dementia Strategy Implementation Plan
 - Intermediate Care Strategy
- ❖ **The model of neighbourhood care has the capacity to be implemented across localities**. It fits the strategic plan ambition of place based, focus on informal supports and unpaid carers. This needs to be done in collaboration with GP clusters.
- ❖ There is a requirement to **replace both user management systems** currently used within both Clackmannanshire and Stirling's social care services. This needs to reflect the needs of health and social care, and provide opportunities via cloud hosting for remote working and appropriate data sharing. In order to progress this, a programme board has been established.
- ❖ It is anticipated that there will be significant change in TEC over the next 5 years, as technologies **shift from analogue to digital**. This provides the Partnership with significant opportunities to transform service provision, but requires to be

carried out within an appropriate financial framework.

collaboratively with constituent and national improvement bodies.

- ❖ An **Equalities Mainstreaming** Report should be carried out during 2019/20.
 - ❖ Complete a review of commissioned services to support **unpaid carers**.
 - ❖ A **review of the progress of integration** of health and social care has been taken forward, led by the Ministerial Strategic Group and Convention of Scottish Local Authorities. The findings of this review were published in February 2019, with a series of proposals for all Integration Joint Boards, to act upon
- ❖ Roll out of the iMatters **staff survey** for all HSCP staff. This went live in June 2019.
 - ❖ The partnership is working with all three constituent bodies in preparation of **business continuity arrangements** for Brexit. This is a fluid situation and the partnership is working to guidance from the Scottish Government's resilience arrangements via East of Scotland Regional Resilience Partnership.



6. Glossary, Abbreviations, and Useful Web Links

Accident & Emergency (A&E) Services	Emergency Departments (Forth Valley Royal Hospital Larbert); Minor Injury Units (Stirling Community Hospital), community A&Es or community casualty departments that are GP or nurse led. See also Emergency Department (ED).
Acute services	A branch of 'secondary' health care where a patient receives short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.
Admission	Admission to a hospital bed in the same NHS hospital following an attendance at an Emergency Department service.
Admission rate	The standardised figure representing the number of admissions attributed to a group or region divided by the number of people in that group (the population).
ADP	Alcohol and Drug Partnership http://forthvalleyadp.org.uk/
AHP	Allied Health Professionals are a range of professionals who provide preventative interventions. They can include; Dietitian, Occupational therapist, Physiotherapist, etc. More information can be found in this link http://www.gov.scot/Topics/Health/NHS-Workforce/Allied-Health-Professionals .
ASP	Adult Support and Protection
Anticipatory Care Plan (ACP)	For individuals, particularly those with long term conditions, to plan ahead and understand their health to help have more control and to manage any changes in their health and wellbeing. It's about knowing how to use services better, helping people make choices about their future care.
Attendance	The presence of a patient in an A&E or ED service seeking medical attention.
Attendance rate	The number of attendances attributed to a group or region divided by the number of residents in that group (the population).
Balance of Care	Shifting the Balance of Care describes changes at different levels across health and care systems, all of which are intended to bring about better health outcomes for people, provide services which reduce health inequalities, promote independence and are quicker, more personal and closer to home.
Benchmark	A benchmark is a standard or point of reference against which other things can be compared.
CAB	Citizens Advice Bureau
Census	An agreed date to take a snapshot count to measure agreed information e.g. Annual Care Home Census on 31 March and the monthly Delayed Discharge Census on the last Thursday of every month.
CCHC	Clackmannanshire Community Health Care Centre
Circa	Means about or approximately.
Code 9	This is a very limited category for measuring reasons for delayed discharge from hospital where it has not been possible to secure a patient's safe, timely and appropriate discharge.
Comparator	A group of Partnerships who share agreed similarities. The group is then used to compare performance against. Comparator Partnerships are; Angus, East Lothian, Moray, Perth & Kinross, Falkirk, South Ayrshire.
CPP	Community Planning Partnership (Stirling), Clackmannanshire's CPP is called the Alliance.
COPD	Chronic obstructive pulmonary disease (lung disease).
Delayed Discharge	A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons.
Discharge to Assess	'Discharge to Assess' approach supporting people to leave hospital, when safe and appropriate to do so, and continuing their longer term care and assessment out of hospital.
Emergency Department (ED)	The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. 4 hour wait standard - is that new and unplanned return attendances at an ED service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care.
Enablers	These are people or things that help to make something happen.
GP Cluster	A grouping of GP practices who work together to discuss the quality of care provided to patients in the locality. Each GP cluster will have a GP designated as a Cluster Quality Lead who will have a coordinating role within the cluster.
GP Fellows	A trial project which aims to develop the skills and experience of recently qualified GPs in caring for older people. The doctors, known as GP Fellows, will provide support to a number of local GP Practices, develop strong links with staff in community hospitals and assess patients referred to the Frailty Unit at Forth Valley Royal Hospital.
Health and Social Care Integration	Integrating health and social care services has been a key government policy for many years. <small>What Is Integration? - short guide Clackmannanshire and Stirling Health & Social Care web page</small>
High Health Gain	The term used for the group of people who collectively account for 50% of the total health expenditure of their local area during the financial year.

Holistic	A holistic approach looks at the “whole” person, not just individual parts.
ICF	Integrated Care Fund. Additional resources available to health and social care partnerships to support delivery of improved outcomes from integration help drive the shift towards prevention and tackling inequalities. http://www.gov.scot/Resource/0046/00460952.pdf
iHub	Healthcare Improvement Scotland’s Improvement Hub (iHub), supports health and social care organisations to redesign and continuously improve services. https://ihub.scot/about/who-we-are/
ISO 9001	Internationally recognized Quality Management System (QMS) standard. Designed to be a powerful business improvement tool, to continually improve, streamline operations and reduce costs.
In Scope	Services that are delegated to the Partnership Integration Scheme
Integration Joint Board (IJB)	A legal body established under the Public Bodies (Joint Working) (Scotland) Act 2014. The Parties to our IJB are Clackmannanshire and Stirling Councils and NHS Forth Valley. The Parties agreed the Integration Scheme for our Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the IJB.
Intermediate Care/STA	An umbrella term used to describe services which provide a bridge between health and social care with the aim of supporting people to live in their own homes, or in a homely setting, reducing dependence on acute hospital facilities.
iMatter	A staff experience continuous improvement tool http://www.staffgovernance.scot.nhs.uk/monitoring-employee-experience/imatter/
ISD	The Information Services Division (ISD) is a division of National Services Scotland, part of NHS Scotland and provides health information, statistical services and advice to support the NHS in progressing quality planning and improvement in health and care. http://www.isdscotland.org/
LDP	Local Delivery Plan standards for NHS http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/NHS-Performance-Targets
Locality Planning	A locality is defined in legislation as a smaller area within the borders of an Integration Authority – their purpose is to provide an organisational mechanism for local leadership of service planning.
LSI	Large Scale Enquiry – Adult support and protection
MECS	Mobile Emergency Care Service https://www.clacks.gov.uk/social/mecs/ https://my.stirling.gov.uk/services/housing/adapting-homes/telecare
MSG	Ministerial Strategic Group for Health and Community Care agreed an initial framework for measuring progress against national priorities. http://www.gov.scot/Publications/2016/03/4544/5
Naloxone	Medication used to block the effects of opioids, especially in overdose.
NI	National Indicator. In this case, the suite of National Core Integration Indicators set by the Scottish Government to help measure performance. http://www.gov.scot/Resource/0047/00473516.pdf
Palliative Care	For people with an illness that can’t be cured, palliative care makes them as comfortable as possible, by managing pain and other distressing symptoms. It also involves psychological, social and spiritual support for the person and their family or carers.
Primary Care	The first point of contact for health care for most people, mainly provided by GPs (general practitioners) but community pharmacists, opticians and dentists are also primary healthcare providers.
RAG	Is a quick visual way of identifying areas of concern or progress that is good, not so good, or poor. It refers to the use of colours Red Amber Green.
Reablement	Services for people with poor physical or mental health to help them accommodate their illness, by learning or re-learning the skills necessary for daily living.
Readmission	This indicator measures the percentage of admissions of people who returned to hospital as an emergency within 30 days of the last time they left hospital after a stay.
SAS	Scottish Ambulance Service
Self Directed Support (SDS)	This gives people choice and control over their individual budget which helps to buy services, such as help with dressing and personal care, to help meet agreed health and social care outcomes. http://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support_summary.pdf
SIMD	Scottish Index of Multiple Deprivation - The area based measurement of multiple deprivation ranking areas. http://www.gov.scot/Topics/Statistics/SIMD
SSSC	The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland.
Technology Enabled Care (TEC)	Technologies which have the potential to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them.
Telecare	Telecare is technology to help people to stay living independently at home for longer.
Third Sector	An umbrella term for a range of organisations belonging to neither the public nor private sectors (e.g. voluntary sector or non-profit organisations). http://ctsi.org.uk/
Transformation Care Fund	Primary Care Transformation Fund - allocated over three years to GP practices to prototype the new vision for the GP contract, including those wishing to use new ways of working to address current demand. This work will inform the design of primary care in the future. https://news.gov.scot/news/primary-care-investment
Unscheduled Care	NHS care which is not planned in advance, or is unavoidably out with the core working period of NHS.
Website	Clackmannanshire & Stirling HSCP https://clacksandstirlinghscp.org/

If you need help or this information
supplied in an alternative format
please call 01786 404040.



Web: clacksandstirlinghscp.org



Report to: Partnership & Performance Committee

Date of Meeting: 31 October 2019

Subject: Financial Performance 2019/20 – August Outturn

Report by: Chief Finance Officer

1.0 Purpose

1.1. This paper provides an update on the financial performance for the Partnerships and Performance Division of the Council in respect of revenue spend for the current financial year 2019/20. This is based on forecast information as at August 2019. Capital expenditure will be reported to the Audit Committee on 5 December 2019 as part of the overall Council's financial performance report.

2.0 Recommendations

2.1 The Committee is asked to note the report, commenting and challenging as appropriate on:

- the forecast General Fund revenue underspend relating to the Partnership and Performance Division for the year of £(0.119)m;
- the forecast centrally held Corporate Services revenue overspend for the year of £0.379m; and
- delivery of planned savings in the year forecasted to achieve 80.4%.

3.0 Background

3.1 The following portfolios are within the remit of the Partnerships & Performance Division:

Table1

PARTNERSHIP & PERFORMANCE
FINANCE & REVENUES
LEGAL & GOVERNANCE
HR & WORKFORCE
PARTNERSHIP & TRANSFORMATION

Source: Organisational Redesign: Update June 2019

4.0 General Fund Revenue

- 4.1 The Division's net service expenditure forecast before Corporate Services is an underspend of £(0.119)m.
- 4.2 Corporate services is forecasting an overspend of £0.379m, of which £0.363m relates to the Corporate Redesign deferred saving relating to the delay in implementation of the People Structure. The balance of £0.016m is due to the corporately held family friendly saving recorded as underspends reported within the Services.
- 4.3 **Appendix 1** provides an overview of the financial outturn position within each Service Expenditure area.
- 4.4 **Appendix 2** sets out the main variances and movement since last reported to this Committee in August.

5.0 2019/20 Savings Progress

- 5.1 The 2019/20 budget incorporated approved savings of £4.810m. Of this total, £2.622m is attributable to the Partnership & Performance Division.
- 5.2 Based on analysis to date, savings of £2.107m (80.4%) are forecast to be achieved with £0.515m being forecast as at risk or unachievable in 2019/20.
- 5.3 **Appendix 3** provides details of budgeted 2019/20 savings progress and shows further detail of the savings that have been identified as either Amber or Red. These mainly relate to the timing of savings realisation, unachieved TVR's and deferred savings on redesign. Services supported by the accountancy team will work to achieve the approved savings or identify compensatory savings by the end of the financial year.

6.0 Conclusions

- 6.1 The Partnership & Performance Division revenue spend is anticipating an underspend in Performance of £(0.119)m and an overspend in Corporate of £0.379m. The net position being an overspend of £0.260m.
- 6.2 Of the associated £2.622m approved savings, £2.107m is forecast to be achieved by the year end.

7.0 Sustainability Implications

- 7.1 None

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 has been consulted and has agreed the financial implications as set out in the report. Yes

8.4 *Staffing*

8.5 None

9.0 Exempt Reports

9.1 Is this report exempt? 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)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all

Our families; children and young people will have the best possible start in life

Women and girls will be confident and aspirational, and achieve their full potential

Our communities will be resilient and empowered so that they can thrive and flourish

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

Appendix 1- Financial Outturn position at August 2019

Appendix 2- Outturn variance and variance movement

Appendix 3- 2019/20 Savings progress at August 2019

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
Elizabeth Hutcheon	Management Accountancy Team Leader	6214

Approved by

NAME	DESIGNATION	SIGNATURE
Lindsay Sim	Chief Finance Officer	
Stuart Crickmar	Strategic Director Partnership & Performance	

Partnership & Performance Division
Financial Outturn as at 31st August 2019

Appendix 1

	<i>Annual Budget 2019/20 £'000</i>	<i>Forecast to March 2020 £'000</i>	<i>Variance Forecast to Budget £'000</i>
Resource & Governance	6,006	6,132	126
Strategy & Customer Services	1,872	1,883	11
Executive Team	243	235	(8)
Development & Environmental	733	717	(15)
Housing & Community Safety	2,075	1,842	(233)
Total Division Expenditure	10,930	10,810	(119)
			Underspend
Corporate Services			
Corporate Services	(296)	82	379
Misc Services - Non Distributed Costs	1,312	1,312	(0)
	1,016	1,394	379
less allocated to non general fund	(1,305)	(1,305)	0
	(289)	89	379
Add requisitions from joint boards			
Central Scotland Valuation	395	395	0
Add/Deduct			
Interrest on Revenue Balance	(91)	(91)	0
Loans Fund Contribution	8,773	8,773	0
Contribution to Bad Debt Provision	200	200	0
Total Corporate Services	8,988	9,366	379
			Overspend
Net Position			260
			Overspend

Variations and movement at 31st August 2019

Appendix 2

Partnership & Performance	Annual Budget 2019/20	Forecast to March 2020	Variance Forecast to Budget at August	Variance Forecast to Budget at June	Variance movement June to August	Narrative
	£'000	£'000	£'000	£'000	£'000	
Resource & Governance	6,006	6,132	126	88	38	Accountancy are underspent by £(0.052)m, £(0.038)m is due to a vacancy, £(0.008)m in audit fees and £(0.006)m in postages. This is a movement of £(0.052)m since last reported. Corporate training is underspent by £(0.030)m due to timing of training. Elections are underspent by £(0.090)m as no planned local elections 2019/20. IT overspend of £0.131m due to unachievable TVR £0.062m, delayed MFD contract saving £0.010m, software maintenance £0.086m, telephones & mobile costs £0.049m. These overspends are partly mitigated by underspends in staffing £(0.056)m and hardware costs of £(0.020)m. HR are overspent by £0.002m a movement of £0.005m. These relate to £0.030m increased costs for apprenticeship levy and accounts for the movement of £0.005m, £0.011m for payments to contractors for payroll reporting and £0.017m in unachieved TVR. These are partially offset by staffing underspends £(0.036)m, H&S underspends £(0.011)m and £(0.009)m various small underspends. Legal, Democracy & Audit are underspent by £(0.022)m a favourable movement of £(0.018)m since last reported. The underspend and the movement relate to vacancy management which offset underachieved income of £0.010m.
Strategy & Customer Services	1,872	1,883	11	19	(8)	Head of Service is reporting an overspend of £0.187m and a movement of £0.103m. The overspend relates to a legacy unachievable saving on staffing. The movement is due to the budget being transferred to corporate as part of the corporate redesign. This vacancy had previously been offsetting the overspend.

Executive Team	243	235	(8)	(9)	1	Variance due to underspend on subscriptions £(0.008)m
Development & Environmental	733	717	(15)	(5)	(10)	Licencing are overspent by £0.009m due to a reduction in civic licences income, this is a movement of £0.009m. Trading standards are underspent by £(0.026)m, this is in relation to a reduction in service cost with Stirling Council, This is a movement of £(0.025)m.
Housing & Community Safety	2,075	1,842	(233)	(556)	323	Housing Benefit is forecast an underspend of £(0.179)m, this is an adverse movement of £0.344m. The movement is as a result of the mid year estimate from DWP which highlights the volatility of claims. Revenues Service staffing underspend £(0.044)m due to a vacant post, this is an adverse movement of £0.046m as a post and previous reported underspend has moved to another Directorate. There is an unachieved saving of £0.013m relating to procurement efficiencies, which is likely to be achieved in future years, there is a movement of £(0.053)m in savings realisation as the service have realigned budgets to meet a previously unachieved saving. Agency income is forecast to achieve £(0.015)m more than budget, no movement on previous forecast. There are small various underspends of £(0.008)m which is a movement is £(0.014)m since last reported.
Corporate Services	8,988	9,366	379	380	(1)	£0.363m due to deferred corporate saving for organisational redesign (People Services), unachievable family friendly saving due to reduced holiday buy back £0.015, £0.001m other small variances.
Division Movement	19,917	20,177	259	(83)	342	

Management Efficiencies

Service Reference	Division	Description of Saving	2019/20 £	Achieved/ Likely to be achieved £	Amber £	Red £	August outturn Accountancy comments
0001E	P&P	Residual budget Clackmannanshire Healthier Lives	20,000	20,000			
0002E	P&P	Stop Communications Team Subscription	1,200	1,200			
0003E	P&P	Reduce Service x 2 flexible retirements	19,000	19,000			
0004E	P&P	Reduce corporate photocopying and printing budget	1,200	1,200			
0005E	P&P	Reduce Service - remove vacancy	21,000	21,000			
0007E	P&P	Reduce revenue staffing	35,000	35,000			
0008E 1	P&P	Rent Rebates Saving - Budget alignment	400,000	400,000			
0008E 2	P&P	Rent Allowance Saving - one off Cash saving	250,000	250,000			
0013E	P&P	Reduce HR Admin - remove 0.6FTE vacancy	20,000	20,000			
0014E1 corp	P&P	Procurement Efficiencies	20,000	6,500		13,500	This is a corporate saving, work progressing to deliver saving, however may not be achieved in full in the current year.
0014E2 corp	P&P	MFD contract 2	20,000	10,000		10,000	The replacement devices will be in place from October 2019. Full saving achievable in 2020/21
0014E3 corp	P&P	GIS contract	20,000	20,000			
0015E	P&P	Remove surplus staff budget	8,965	8,965			
0016E	P&P	IT residual TVR budget	61,600			61,600	1FTE TVR not achieved
0017E	P&P	HRA Recharge for P&P	75,000	75,000			
0018E	P&P	Reduce Audit Fee budget	8,000	8,000			
0019E	P&P	Loans Fund Review	1,000,000	1,000,000			
Total		Management Efficiencies	1,980,965	1,895,865	0	85,100	

0

Policy

Service Reference	Division	Description of Saving	2019/20 £	Likely to be achieved £	Amber £	Red £	August outturn Accountancy comments
0006P	P&P	Restructure HR	23,000	6,044		16,956	0.9 FTE TVR not achieved
0007P	P&P	Restructure Finance	80,000	80,000			
new	P&P	Income generation through new Funding Officer post	50,000		25,000	25,000	Recruitment process underway. Savings to be identified once post has been appointed to. £25k shown as red from amber in previous report due to later recruitment than anticipated.
Total		Policy	153,000	86,044	25,000	41,956	

0

Prior Years

Service Reference	Division	Description of Saving	2019/20 £	Likely to be achieved £	Amber £	Red £	August outturn Accountancy comments
SCSR01	P&P	Redesign Member Services Support	11,766	11,766			
	P&P	Corporate redesign	476,000	113,000		363,000	People Division restructure deferred to 2020/21
Total		Prior Years	487,766	124,766	0	363,000	

0

Summary By Type	2019/20 £	Likely to be achieved £	Amber £	Red £
Management Efficiencies	1,980,965	1,895,865	0	85,100
Policy	153,000	86,044	25,000	41,956
Prior Years	487,766	124,766	0	363,000
Total Division	2,621,731	2,106,675	25,000	490,056

80.4% 1.0% 18.7%

Report to Partnership and Performance Committee

Date of Meeting: 31st October 2019

Subject: HR Policies

Report by: Strategic Director, Partnership and Performance

1.0 Purpose

1.1. This paper seeks Committee approval of the under noted policies:

1.1.1. Carers,

1.1.2. Menopause.

2.0 Recommendations

Committee are asked to:

2.1. Challenge and comment on the contents of this report;

2.2. Note that extensive discussions have taken place with both Trade Unions and Management in the formation and development of these policies and that agreement was reached, with all parties, to progress to Committee for approval;

2.3. Agree the Carers Policy (Appendix 1) and Menopause Policy (Appendix 2).

3.0 Considerations

3.1 HR and Workforce Development continues, as part of its rolling programme, to review and update the Council's policies and procedures related to HR, H&S, OD and Payroll.

3.2 In order to ensure collaborative and partnership working the Council's policy group meet regularly to review and agree new/revised policies and procedures.

3.4 The Carers Leave Policy builds on the Carers (Scotland) Act 2016 which took effect on 1 April 2018. The Act extends and enhances the rights of carers. This policy aims to ensure, as an employer, we are providing appropriate support to those staff whose personal responsibilities extend to undertaking a caring role outwith their place of work.

- 3.5 As a Council we are committed to ensuring that all employees are treated fairly and with dignity and respect and it is important that we understand the difficulties and anxieties of women going through menopause. The Menopause Policy has been developed to ensure our staff are supported with what has too often been a taboo subject. The policy and procedure aim to raise awareness, and improve wellbeing of staff as well as providing guidance to line managers.

4 Sustainability Implications

- 4.1 There are no sustainability implications arising from this report.

5 Resource Implications

Financial Details

- 5.1 There are no financial implications arising from the recommendations set out in the report

Staffing

- 5.2 There are no implications of additional staff resource arising from the recommendations set out in this report.

6 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)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all	<input checked="" type="checkbox"/>
Our families; children and young people will have the best possible start in life	<input checked="" type="checkbox"/>
Women and girls will be confident and aspirational, and achieve their full potential	<input checked="" type="checkbox"/>
Our communities will be resilient and empowered so that they can thrive and flourish	<input type="checkbox"/>

- (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: Carers Policy

Appendix 2: Menopause Policy

Appendix 3: EQIA Carers Policy

Appendix 4: EQIA Menopause Policy

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)

NAME	DESIGNATION	TEL NO / EXTENSION
Chris Alliston	Senior Manager – HR And Workforce Development	01259 452184

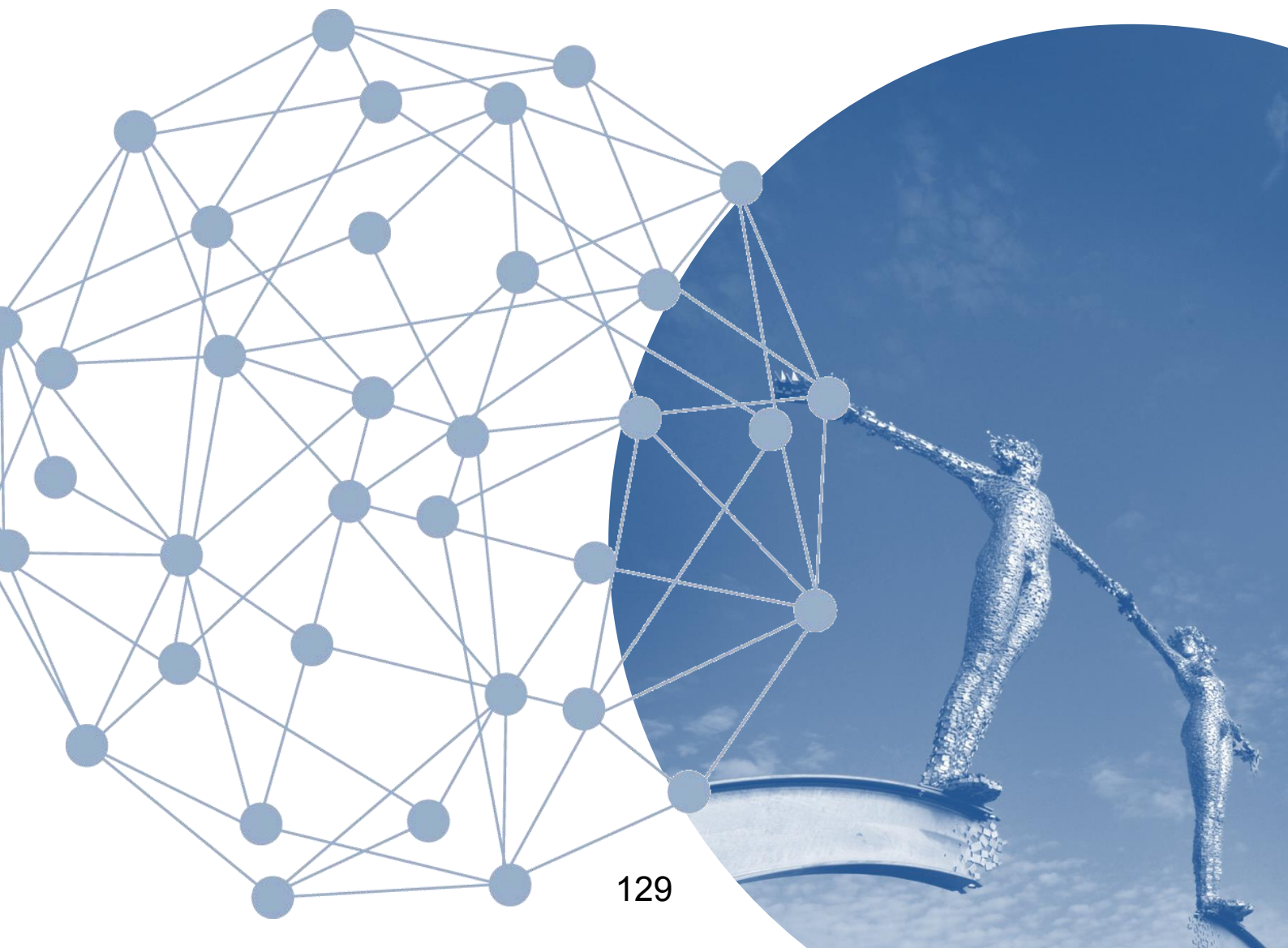
Approved by

NAME	DESIGNATION	SIGNATURE
Stuart Crickmar	Strategic Director P&P	



Carers Policy

2019



DOCUMENT CONTROL SHEET:

Key Information:

Title:	Carers policy
Date Issued:	
Date Effective From:	
Version Number:	0.1
Document Type:	Policy
Document Status:	Final
Author:	Claire McHardy
Owner:	
Approver:	
Approved by and Date:	
Contact:	
File Location:	

Revision History:

Version:	Date:	Summary of Changes	Name:	Changes Marked:
0.1	08.10.2018	Draft	C McHardy	
0.1	30.09.2019	Final	C McHardy	

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:

Distribution: This document has been distributed to

Name:	Title/Service:	Date of issue:	Version:
Policy Group		02.09.2019	0.1
Tripartite		18.09.2019	0.1
P&P			0.1

1. Introduction

1.1 The Council are committed to encouraging a positive culture of support for carers recognising the demands of balancing work and caring responsibilities.

2. Policy Statement

2.1 Clackmannanshire Council are committed to ensuring flexible working arrangements are promoted for all employees and that requests are considered in a fair and objective manner subject to the needs of the service.

2.2 In order to apply for Carer's leave, employee's will only be eligible based on the specific definition regarding Carer's, which is detailed in the procedure.

3. Scope and Responsibilities

3.1 This policy and procedure applies to employees.

3.2 There are separate special leave provisions for Teachers which have been agreed at LNCT.

4. Processing of Personal Data

4.1 The Council processes personal data collected as part of this policy and procedure in accordance with its data protection policy. In particular, data collected as part of this process is held securely and accessed by and disclosed to individuals only for the purposes necessary to action and manage this policy and procedure.

4.2 The processing of personal data will be in line with the Council's privacy statement.

5. Monitoring and Review

5.1 HR will monitor the effectiveness of the policy on an ongoing basis.

5.2 Revisions and updates will be implemented by the Council following, if appropriate, consultation with recognised Trade Unions.

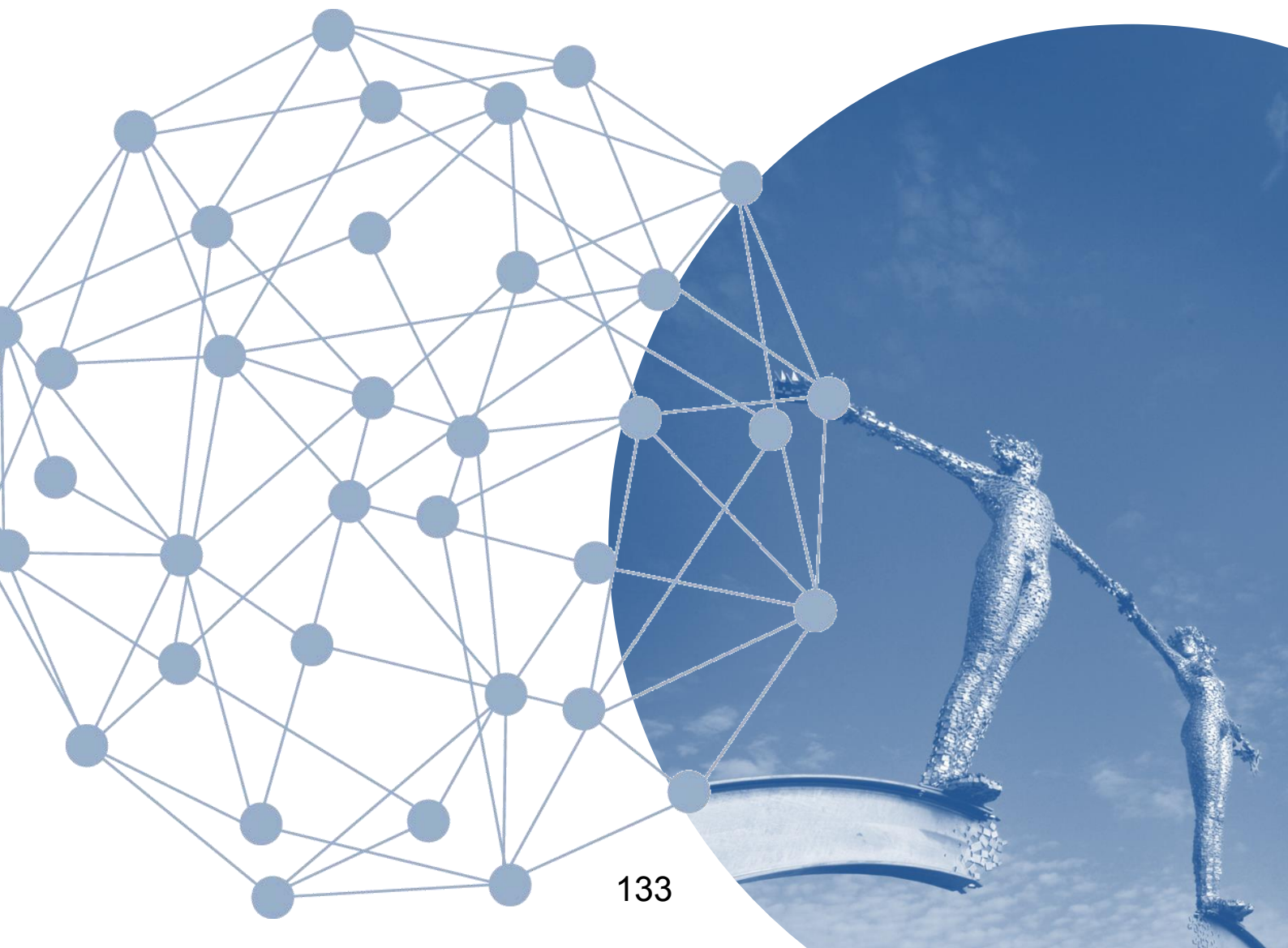
6. Equality Impact Assessment

Policy Name	Carers Policy
Department	HR
Policy Lead	HR
Equality Impact Assessment	
Full EQIA required	Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>
* In no please provide rationale	
Date Full EQIA complete	
Date Approved	
Review Date	



Carers Procedure

2019



DOCUMENT CONTROL SHEET:

Key Information:

Title:	Carers Procedure
Date Issued:	
Date Effective From:	
Version Number:	0.1
Document Type:	Procedure
Document Status:	Final
Author:	Claire McHardy
Owner:	
Approver:	Council
Approved by and Date:	
Contact:	
File Location:	

Revision History:

Version:	Date:	Summary of Changes	Name:	Changes Marked:
0.1	08.10.18	Draft	C McHardy	
0.1	30.09.2019	Final	C McHardy	

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:
Policy Group				0.1

Distribution: This document has been distributed to

Name:	Title/Service:	Date of issue:	Version:
Policy Group		02.09.2019	0.1
Tripartite		18.09.2019	0.1
P&P			0.1

1. Purpose

1.1 The Carers (Scotland) Act 2016 took effect on 1 April 2018. The Act extends and enhances the rights of carers. This legislation will help ensure a better and more consistent support for carers so that they can continue to care, in better health and to have a life alongside caring.

1.2 Clackmannanshire Council are committed to ensuring flexible working arrangements are promoted for all employees and that requests are considered in a fair and objective manner subject to the needs of the service.

1.3 In order to apply for Carer's leave, employee's will only be eligible based on the specific definition regarding Carer's, which is detailed later in this procedure.

2. Introduction

2.1 The Council acknowledges that employees have to deal with the daily demands of caring for dependants as well as providing long term care for a seriously ill dependant.

2.2 The Council are committed to encouraging a positive culture of support for carers recognising the demands of balancing work and caring responsibilities.

2.3 Carer's leave is designed to help employees balance their caring responsibilities with their work commitments.

2.4 Offering a flexible working approach could enable carers to carry on working effectively. A flexible approach can attract and retain staff, reduce stress, increase productivity, reduce time off work due to sickness, improve service delivery and increase staff morale.

3. Scope

3.1 This procedure applies to employees.

3.2 There are separate special leave provisions for Teachers which have been agreed at LNCT.

3.3 The Council has a range of other procedures which support flexible working.

3.4 This procedure should be read in conjunction with the Family Friendly, Flexible Working and Special Leave procedures detailing, depending on individual circumstances, rights around time off for dependants, urgent domestic distress etc.

3.5 Parents and other individuals, who combine work with caring for dependents, have some specific rights protected by law. These include various types of leave and the right to be considered for flexible working.

4. Principles and Definitions

4.1 The Council recognises the implications and responsibilities under the Equality Act 2010.

4.2 This procedure enhances the support and assistance available to employees who have a responsibility of caring for a dependent who is affected by long term illness, disability or addiction.

4.3 The aim of this procedure is to inform employees about the availability of time off if they have caring responsibilities and what process should be followed to request carers leave.

4.4 All carers leave granted will be counted as continuous service for contractual purposes.

5. Rights and Responsibilities

5.1 Employees do not legally have to notify their employer that they are a carer. However, in a positive working environment, carers are more likely to notify their line manager of their responsibilities to enable a productive working environment and to support a work / life balance.

5.2 Line Managers should generally check on an employee's wellbeing regularly during one to one meetings and annual review meetings which can encourage open

dialogue with employees and provide opportunities for employees to raise anything that may be impacting on their general wellbeing.

5.3 Where a line manager is made aware of an employee with caring responsibilities, simple but effective action can be taken to enable carers to balance their caring and employment responsibilities.

6. Definitions

6.1 For the purpose of this procedure, a carer is defined as someone who provides support to a dependant who is affected by long term illness, disability or addiction who could not manage without this help. Examples may include a dependant who is ill, older and/or frail or disabled; or where there is a change in circumstances or health of a dependant who is ill, older and/or frail or disabled.

6.2 The Council recognise that carers undertake a wide range of duties including but not limited to; help with personal care; help with mobility; managing medication; practical household tasks; emotional support and help with financial matters / paperwork.

6.3 Employees will only be entitled to carer's leave if the person for whom they are taking time off is a 'dependant'.

6.4 A dependant is the employee's spouse or civil partner, child or parent; or a person who lives in the same household as the employee (other than individuals who live there because they are the employee's tenants, lodgers, boarders or employees).

6.5 Parents are also entitled to reasonable time off for dependents and the right to request parental leave and the right to request flexible working.

7. Entitlements

7.1 Employees are responsible for ensuring that they have appropriate care arrangements in place to meet their personal responsibilities.

7.2 There is no statutory right to carer's leave but the Council will allow employees with 26 weeks' service the right to request time off.

8. Time off

8.1 Carers leave may include the following:

8.2 *Emergency Carers Leave*

Will be short term, a maximum of 3 *working days* in a 12 month period and will be *paid leave*. This would usually occur in relation to family emergencies, when unforeseen and sudden serious ill health occurs with a dependent or care arrangements are temporarily disrupted or break down completely. The time taken should be enough for the carer to cope with the emergency or make any necessary long term arrangements. The employee may thereafter request annual leave or flexi leave if available. The time off requested for carer's leave must be requested, processed and approved through Itrent.

8.3 *Carers Leave*

In the case of a critically ill or injured dependant, the Council may allow carers to take paid leave up to 5 *working days* in a 12 month period, which is in addition to emergency carers leave (detailed above) and can be taken in either full or half days. This must be requested, processed and approved through Itrent.

8.4 *Additional Unpaid Carers Leave*

Up to 12 *weeks* leave can be requested in a leave year and will be *unpaid leave*. Time can be requested in individual blocks of no less than one week. A period of 2 weeks notice must be given by completing and submitting the application for carers leave form. This must be requested, processed and approved through Itrent to enable the deduction to be made from salary.

8.5 Terminal Ill Health carers leave

Paid leave may be available when dealing with the terminal ill health of a dependant which supported by appropriate certification from the dependants Doctor/Consultant and must be provided to the line manager. This must be requested, processed and approved through Itrent.

8.6 The line manager, in discussion with the relevant HR Business Partner, will decide in each case whether carer's leave will be authorised and if so, how much leave will be authorised. This will vary depending on the circumstances for example:

- the relationship between the employee and the dependant
- the amount of time reasonably required to attend to the situation
- the distance to be travelled
- whether anyone else is available to help

8.7 Where employees may require additional time off work, consideration should be given as to whether any of the procedures detailed in section 3 apply.

9. Process to request time off

9.1 Employees must give their line manager as much notice as possible of the potential need to take carer's leave, explaining the reasons for this and how long they expect to be absent from work. In the first instance, this must be detailed on the request for carer's leave form (appendix 1).

9.2 The line manager will consider the request and will inform the employee whether or not the carer's leave is authorised and if so for how many days.

9.3 Requests for time off must then be requested, processed and approved on Itrent.

9.4 It is not unreasonable for the line manager to request evidence, as detailed in section 8.5, in order to confirm that the time off requested is covered by this procedure.

9.5 If an individual is permitted to take time off as carer's leave they will not be required to work extra hours to make up for the time they take off and will not need to use annual leave or flexi leave to cover the time off.

9.6 Carers leave should normally be granted however in exceptional circumstances where there would be a detrimental affect on the service the leave may be refused or postponed, in such cases, managers must discuss with the relevant HR Business Partner.

9.7 If employees do not follow this procedure or if there is any abuse or breach of this procedure, this will be treated as unauthorised absence, and will be dealt with under the Council's Disciplinary Procedure.

10. Benefits available to Carers

10.1 Carers should be given permission to have their personal mobile phone on and accessible at all times during work time, with minimal disruption to colleagues.

10.2 Carers can access the PAM assist counselling service if required, details available from Connect or the line manager.

10.3 Carers will be able to make a self referral to Occupational Health or their line manager may refer the employee to Occupational Health to offer additional support if required.

11. What is not covered by carer's leave

11.1 Carer's leave is not available to deal with the following situations:

11.2 For other situations involving dependants, reference should be made to the Special Leave procedure. Employees cannot have time off if they knew about a situation beforehand. For example employees would not be covered if they wanted to take their child to hospital for an appointment, unless the definition of carer (section 6.1) applies.

11.3 In the event of the death of a dependant, relative or close friend employees may be entitled to time off in line with the Council's special leave procedure.

11.4 For long-term care arrangements requiring a change to terms and conditions of employment requests would be made under the Council's Flexible Working Procedure.

11.5 Employees who are unwell or have been injured should follow the Council's Maximising Attendance Procedure.

11.6 For domestic emergencies, reference should be made to the Special leave procedure.

11.7 Where employees are unable to get to work due to adverse weather or travel disruption, in these circumstances, reference should be made to the Council's procedure on Adverse Conditions.

12. Pension Contributions

12.1 Employees should note that where they take unpaid leave there will be an impact on their pension.

12.2 For more information on this and how to make up pension contributions then Falkirk Council Pension Fund should be contacted directly on 01324 506329.

13. Processing of Personal Data

13.1 The Council processes personal data collected as part of this procedure in accordance with its data protection policy. In particular, data collected as part of this process is held securely and accessed by and disclosed to individuals only for the purposes necessary to action and manage this procedure.

13.2 The processing of personal data will be in line with the Council's privacy statement.

14. Implementation and Review

14.1 This policy is effective from (date)

14.2 Both HR and Trade Union representatives shall monitor the effectiveness of the procedures on an on-going basis. Changes may result from employee, management and union feedback and/or from changes in employment legislation.

14.3 Revisions and updates will be implemented by the Council following consultation with recognised Trade Unions.

15. Equality Impact Assessment

Policy Name	Procedure
Department	HR
Policy Lead	HR
Equality Impact Assessment	
Full EQIA required	Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>
* In no please provide rationale	
Date Full EQIA complete	
Date Approved	
Review Date	



Clackmannanshire
Council

MENOPAUSE POLICY

Date: May 2019

Version: Draft

Review Date:

DOCUMENT CONTROL SHEET:

Key Information:

Title:	Menopause Policy
Date Issued:	01/05/2019
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Approver:	Council
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Contact:	Sarah Farmer 2172
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Name:	Signature:	Title:	Date:	Version:

Distribution: This document has been distributed to

Name:	Title/Service:	Date of issue:	Version:

MENOPAUSE POLICY

1.0 Introduction

1.1 Clackmannanshire Council is committed to ensuring that all employees are treated fairly and with dignity and respect. The Council is also fully committed to improving the well-being of staff and, as an employer, has a duty of care towards any employee experiencing difficulties.

1.2

The Council will provide appropriate support to women who are experiencing symptoms associated with the menopause, whilst supporting line managers by providing guidance

It is important that the Council understands the difficulties and anxieties of women currently going through this change and that we manage this issue by raising awareness, providing training and development for all line management and colleagues.

2.0 The aim of the policy is to:

2.1 Inform managers about the potential symptoms of menopause, what the consequences can be and what role they can play to support those affected

2.2 Create an environment where women feel confident enough to raise issues about their symptoms and feel able to ask for reasonable adjustments at work

2.3 Promote the guidance which will provide direction and clarity on how to support women who raise menopause related issues, which also applies to those indirectly affected such as line managers, partners and colleagues

2.4 Support women experiencing menopausal symptoms to be able to stay at work and reduce absenteeism levels

3.0 Scope and Responsibility

3.1 This policy applies to all employees of Clackmannanshire Council

4.0 Monitoring and Review

- 4.1 Both HR and Trade Union Representatives shall monitor the effectiveness of the procedure on an ongoing basis. Changes may result from employee, management and union feedback and/or from changes in employment legislation. Revisions and updates will be implemented by the Council following consultation with recognised Trade Unions.

Equality Impact Assessment

Policy Name	Menopause Policy
Department	HR
Policy Lead	HR
Equality Impact Assessment	
Full EQIA required	Yes <input type="checkbox"/> No* <input checked="" type="checkbox"/>
* In no please provide rationale Policy applies equally to all Council employees and does not negatively impact on any group which falls within any of the 9 protected characteristics	
Date Full EQIA complete	N/A
Date Approved	
Review Date	



Clackmannanshire
Council

MENOPAUSE PROCEDURE

Date: May 2019

Version: Draft

Review Date:

DRAFT

DOCUMENT CONTROL SHEET:

Key Information:

Title:	Menopause Policy
Date Issued:	
Date Effective From:	
Version Number:	1
Document Type:	Procedure
Document Status:	Draft
Author:	Sarah Farmer
Owner:	
Approver:	Council
Approved by and Date:	
Contact:	<u>Sarah Farmer 2172</u>
File Location:	

Revision History:

Version:	Date:	Summary of Changes	Name:	Changes Marked:

Approvals: This document requires the following signed approvals.

Name:	Signature:	Title:	Date:	Version:

Distribution: This document has been distributed to

Name:	Title/Service:	Date of issue:	Version:

MENOPAUSE

1.0 Introduction

1.1 Menopause is a part of every woman's life, and it isn't always an easy transition. With the right support, it can be much better. Whilst every woman does not experience symptoms, supporting those who do is vital. As a caring employer, we all have a role in this.

2.0 Scope

2.1 This procedure applies to all employees of Clackmannanshire Council.

2.2 Menopause should not be taboo or 'hidden'. We want everyone to understand what menopause is, and to be able to talk about it openly, without embarrassment. This is not just an issue for women, men should be aware too.

2.3 Whilst throughout this policy we refer to women being affected by the menopause, we also take into account the affect menopausal symptoms may have on others individuals/groups.

3.0 Definition

3.1 Menopause is defined as a biological stage in a woman's life when she stops menstruating and reaches the end of her natural reproductive life. The average age for a woman to reach the menopause is 51, however, it can be earlier or later for a number of reasons including surgery, illness or other reasons. As a result of these hormonal changes, many women experience physical and mental health symptoms.

3.2 Peri-menopause can also lead to similar symptoms, this is the period leading up to the menopause, which can be many years before the menopause itself.

3.3 Post-menopause is the time after menopause has occurred. Symptoms continue on average for four years from the last period and can continue for up to 12 years.

3.1 Whilst 75% of women do experience some symptoms, and 25% could be classed as severe, it is important to note that not every woman will experience or notice every symptom, or even need support.

3.2 Symptoms can be both physical and psychological and can include hot flushes, sweats, poor concentration, insomnia, headaches, panic attacks, heavy/ light periods, anxiety and loss of confidence and difficulty sleeping.

5.0 Why Menopause is a workplace issue

5.1 More women are working than ever before and are a vital part of an efficient workforce.

- 5.2 UK state pension age for women will be 66 by 2020 and as this continues to increase the expectation is women will remain in employment for longer
- 5.3 Employment rate for women age 50 plus have increased dramatically over the last three decades. By 2020 1 in 3 female employees will be over the age of 50.
- 5.4 Employers need to consider the consequences of not supporting women experiencing menopausal symptoms. This can include the high costs of recruitment in replacing women who may choose to leave the workplace due to these issues, losing talented and in particular experienced members of staff
- 5.5 Risks associated with “managing staff out” due to performance and health issues, which may have been able to be supported through the correct processes, by recognising the menopause can be covered by the Equality Act. Recent case law also demonstrates how seriously the Employment Tribunals are taking these issues and the expectation of employers to fulfil their caring duties towards these groups of staff.

6.0 Roles and Responsibilities

Employees

- 6.1 All employees are responsible for:
 - Taking personal responsibility to look after their health;
 - Being as open and honest as possible in conversations with line managers
 - Being willing to help and support their colleagues and ensure at all times symptoms are treated with dignity and respect
 - Seeking the correct help from the NHS, for example making an appointment to discuss possible medical support mechanisms with their GP, as part of this duty to look after their own health and well-being. See also Appendix X for further guidance on seeking help and self help strategies.

Line Managers (see Appendix 1 for Managers' Guidance and FAQs)

- 6.2. Line managers play a pivotal role in supporting those experiencing issues associated with the menopause. A supportive manager who is willing to listen sympathetically and be open to considering reasonable adjustments can, like any on-going health condition, make a major difference to how the employee is able to manage their symptoms in the workplace.
- 6.3. All line managers should:
 - Familiarise themselves with the Menopause Procedure and Guidance;

- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally; ensuring confidentiality is maintained at all times
- Ensure any sickness absences attributed to menopausal symptoms are recorded under this category in iTrent and on the return to work and if applicable support and guidance paperwork
- Use the guidance in Appendices, signposting and reviewing together, before agreeing with the individual how best they can be supported and any adjustments. Record any adjustments agreed and actions to be implemented.
- If appropriate involve Health and Safety in exploring Stress Risk Assessment tools as per Maximising Attendance procedures. Put any adjustments into place as necessary.
- Consider a referral to Occupational Health for further advice and particularly when considering reasonable adjustments which may be required. A list of possible adjustments is included in the Manager's Guidance (taking into account that not all of these will be possible in every role or work environment).
- Promote PAM Assist Employee assistance service for confidential counselling support 24/7 for any employee.
- Discuss with their HR Business Partner any concerns, including performance or attendance issues and particularly any adjustments which cannot be reasonably accommodated.
- Ensure ongoing conversations take place and measures in place are continually reviewed and recorded and ensure that all agreed adjustments are adhered to.
- If required, support measures and performance management plans should be managed in line with the appropriate Council procedures. This should be done in a supportive manner and in conjunction with your HR Business Partner. This would allow potential support measures including redeployment, change of hours, and any other suggested helpful measures which should be given serious consideration by the Council.
- If you witness any inappropriate behaviours such as inappropriate references towards menopausal symptoms, educate all staff that this is not acceptable, does not confirm to the Council's Dignity at work policy, and ensure a culture of inclusivity and tolerance. For any more serious dignity at work issues, these should be discussed with HR and dealt with through the correct formal procedures.

Human Resources

6.4 Human Resources will:

- Offer guidance to managers on the interpretation of this Policy and Procedure
- Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance
- Ensure resources are provided for all employees and managers.
- Work closely with our Occupational Health providers to ensure we do all we can as a caring employer to support those affected to allow them to remain in employment and fulfil their full potential in their role.

7. Different groups and the potential impact of the menopause

- 7.1 There are many different factors and personal circumstances that may affect how someone experiences the menopause, including the protected characteristics described in the Equality Act.
- 7.2 Please refer to Managers Guidance (appendix 1) for examples which illustrate how certain groups of people may be affected by the menopause. This is not an exhaustive list but gives managers some idea of the types of issues they may not have considered.

8. Links to other policies/procedures

- Dignity at Work;
- Maximising Attendance
- Work Life Balance and Flexible Working
- Capability (Performance and Ill health)

Equality and Fairer Scotland Impact Assessment - Screening

Title of Policy:	Carers Policy & Procedure
Service:	Partnership & Performance
Team:	HR & Workforce Development

Will the policy have to go to Council or committee for approval	Yes/No
Is it a major policy, significantly affecting how functions are delivered?	Yes/ No
Does it relate to functions that previous involvement activities have identified as being important to particular protected groups?	Yes/ No
Does it relate to an area where the Council has set equality outcomes?	Yes/ No
Does it relate to an area where there are known inequalities?	Yes/ No
Does it relate to a policy where there is significant potential for reducing inequalities or improving outcomes?	Yes/ No

IF YES TO ANY - Move on to an Equality & Fairer Scotland Assessment

IF NO - Explain why an Equality & Fairer Scotland Assessment is not required

APPROVAL		
NAME	DESIGNATION	DATE

NB This screening exercise is not to be treated as an assessment of impact and therefore does not need to be published. However, if you decide not to assess the impact of any policy, you will have to be able to explain your decision. To do this, you should keep a full record of how you reached your decision.

Equality and Fairer Scotland Impact Assessment - Scoping

<p>Purpose of the proposed policy or changes to established policy</p>
<p>The Carers (Scotland) Act 2016 took effect on 1 April 2018. The Act extends and enhances the rights of carers. The legislation will help ensure a better and more consistent support for carers so that they can continue to care, in better health and to have a life alongside caring.</p> <p>The Council are committed to ensuring flexible working arrangements are promoted for all employees and that requests are considered in a fair and objective manner subject to the needs of the service.</p> <p>It sets out the circumstances in which leave is paid or unpaid, and should make managers and employees aware of what leave arrangements may be available to them. It states that operational requirements may impact on approval, and refers staff to other relevant policies such as Family Friendly and Flexible Working Policies.</p>
<p>Which aspects of the policy are particularly relevant to each element of the Council's responsibilities in relation to the General Equality Duty and the Fairer Scotland Duty?</p>
<p>General Equality Duty -</p>
<p>➤ Eliminating unlawful discrimination, harassment and victimisation and other prohibited conduct</p>
<p>The provision of carers leave could assist with the elimination of discrimination for protected groups. Data from carer positive shows that 270,000 individuals are combining work and care meaning there are currently 1 in 8 carers in the workplace. The carers procedure will assist in the elimination of barriers.</p>
<p>➤ Advancing equality of opportunity between people who share a relevant protected characteristic and those who do not</p>
<p>Having due regard for advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics. The Council's proposals for the provision of Carers Leave should assist with minimising disadvantages for employees who share protected characteristics.</p>
<p>➤ Fostering good relations between people who share a protected characteristic and those who do not.</p>
<p>While it is noted that the availability of carers leave for public service could indirectly assist with the promotion of understanding between different groups, this element of the Duty is more relevant to the Council's role as a service provider, and there is relatively limited direct relevance to this particular Procedure.</p>
<p>Fairer Scotland Duty -</p>
<p>➤ Reducing inequalities of outcome caused by socioeconomic disadvantage</p>
<p>This Procedure should assist with the retention of staff. According to Carers Scotland, the population is getting older and individuals are working longer; by 2037, an estimated 1 million carers in Scotland; therefore more working carers, without support carers may give up work; therefore consideration must be given to the impact on carers, their families, employers and society.</p>

To which of the equality groups is the policy relevant?		
Protected Characteristic	Yes/No*	Explanation
Age	<u>Yes/No</u>	This policy and procedure is intended to ensure fair treatment for both young and older people who would like to request carers leave. The impacts are likely to be positive. The Procedure will assist staff who have specific caring responsibilities and require emergency leave. According to carer positive 90% of working carers are over the age of 30 years and the peak age for caring is 45 – 64 years. The Council's staff data shows that the age group with the highest number of individuals is 51-60 (31.9%), and that 8.2% of staff are aged 60 and over.
Disability	<u>Yes/No</u>	Whilst there is limited relevance with carer leave and this particular characteristic this policy and procedure enhances the support and assistance available to employees who have a responsibility of caring for a dependent who is affected by long term illness, disability or addiction. It may by promoting the key role of carers, reduce/eliminate discrimination by association.
Gender Reassignment	<u>Yes/No</u>	There is limited relevance with Carers Leave and this particular characteristic. This policy and procedure will be implemented consistently in its approach to the management of carers leave regardless of the employee's gender.
Marriage and civil partnership	<u>Yes/No</u>	This protected characteristic is not directly relevant to this Procedure and it is not anticipated that there could be any differential impact on people on the grounds that they are married or in a civil partnership.
Pregnancy and Maternity	<u>Yes/No</u>	There is a separate family friendly procedure in place.
Race	<u>Yes/No</u>	There is limited relevance with Carers Leave and this particular characteristic. This policy and procedure will be implemented consistently in its approach to the management of carers leave regardless of the employee's race.
Religion and Belief	<u>Yes/No</u>	There is limited relevance with Carers Leave and this particular characteristic. This policy and procedure will be implemented consistently in its approach to the management of carers leave regardless of the employee's religion/belief.
Sex	<u>Yes/No</u>	Carers Leave is available to all, which should assist with minimising discrimination against women, who more frequently work part time compared to men (in Scotland, 86.9 per cent of men in employment are in full time employment compared to 57.5 per cent of women) There are more women than men who are employed by the Council which is comprised of 74% females. The overall commitment to support staff who have family/caring commitments which the Council express also demonstrates paying due regard to the General Equality Duty as more women than men are primarily responsible for arranging childcare, which can contribute to the gender pay gap.
Sexual Orientation	<u>Yes/No</u>	There is limited relevance with Carers Leave and this particular characteristic. This policy and procedure is consistent in its approach to the management of carers leave regardless of an employee's sexual orientation.

* Delete as required

What evidence is already available about the needs of relevant groups, and where are the gaps in evidence?

The evidence referred to above includes evidence from Scotland's Census Results, the Equality and Human Rights Commission, regional employment patterns, publications on poverty and income inequality, the Scottish Health Survey and information from carer positive.

In terms of internal evidence, reference has been made to the most recently published staff equality data.

Which equality groups and communities might it be helpful to involve in the development of the policy?

This Procedure has been developed in consultation with recognised trade union.

Next steps

In order to better meet the General Equality Duty, the Council will take steps to ensure that this Procedure is applied fairly. These steps will include:

- Encouraging staff to disclose caring responsibilities via the optional carers register to assist with monitoring the impact of this Procedure
- Raising awareness with managers of the need to act fairly and impartially
- Monitoring grievance data relating to the implementation of this Procedure

Encouraging managers to be mindful of the Council's commitment to support staff and to take into account the needs of protected groups

Equality and Fairer Scotland Impact Assessment - Decision

Evidence findings		
<p>The evidence shows there are circumstances in which the reason for an application for Carers Leave can be related to protected characteristics, and that the Council's approach demonstrates that it has taken steps to meet the needs of protected groups. The provision of paid leave in applicable circumstances should also assist with minimising disadvantages faced by protected groups. The overall commitment to support employees who may need this leave should assist the Council in demonstrating that it has paid due regard to the General Equality Duty. The Procedure should support the retention of staff, and mitigate the potential for reduced income, which complements the Council's Fairer Scotland Duty.</p>		
Details of engagement undertaken and feedback received		
<p>This Procedure has been developed in consultation with recognised trade unions who along with Council Management, form the Council's Policy Group. In addition the policy/procedure will be considered by Tripartite (Elected Members, Unions and Management) It will also be reviewed, and hopefully formally adopted, by the Partnership and Performance Committee on behalf of the Council.</p>		
Decision/recommendation		
<p>Having considered the potential or actual impacts of this policy, the following decision/recommendation is made:</p>		
Tick	Option 1: No major change	
✓	<p>The assessment demonstrates that the policy is robust. The evidence shows no potential for unlawful discrimination and that all opportunities have been taken to advance equality of opportunity and foster good relations, subject to continuing monitoring and review.</p>	
	Option 2: Adjust the policy – this involves taking steps to remove any barriers, to better advance equality or to foster good relations. It may be possible to remove or change the aspect of the policy that creates any negative or unwanted impact, or to introduce additional measures to reduce or mitigate any potential negative impact.	
	Option 3: Continue the policy – this means adopting or continuing with the policy, despite the potential for adverse impact. The justification should clearly set out how this decision is compatible with the Council's obligations under the duty.	
	Option 4: Stop and remove the policy – if there are adverse effects that are not justified and cannot be mitigated, consideration should be given to stopping the policy altogether. If a policy leads to unlawful discrimination it should be removed or changed.	
Justification for decision		
<p>This assessment finds no indication that the Procedure will unlawfully discriminate against protected groups, and that a systematic approach has been taken to ensure that the Procedure conscientiously takes into account diverse needs and circumstances. Steps to monitor the equality impact have been agreed, along with practice to promote fair use.</p>		
APPROVAL		
NAME	DESIGNATION	DATE

Appendix 4

Equality and Fairer Scotland Impact Assessment - Screening

Title of Policy:	Menopause Procedure
Service:	Human Resources
Team:	Human Resources

Will the policy have to go to Council or committee for approval	Yes
Is it a major policy, significantly affecting how functions are delivered?	No
Does it relate to functions that previous involvement activities have identified as being important to particular protected groups?	No
Does it relate to an area where the Council has set equality outcomes?	No
Does it relate to an area where there are known inequalities?	No
Does it relate to a policy where there is significant potential for reducing inequalities or improving outcomes?	No

IF YES TO ANY - Move on to an Equality & Fairer Scotland Assessment

IF NO - Explain why an Equality & Fairer Scotland Assessment is not required

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APPROVAL

NAME	DESIGNATION	DATE

NB This screening exercise is not to be treated as an assessment of impact and therefore does not need to be published. However, if you decide not to assess the impact of any policy, you will have to be able to explain your decision. To do this, you should keep a full record of how you reached your decision.

Appendix 4
Equality and Fairer Scotland Impact Assessment - Scoping

<p>Purpose of the proposed policy or changes to established policy</p>
<p>The purpose of the procedure is to ensure that employees are treated fairly and with dignity and respect, improving the well-being of staff and, as an employer, fulfilling the duty of care towards any employee experiencing difficulties.</p> <p>It also aims to:</p> <p>Inform managers about the potential symptoms of menopause, what the consequences can be and what role they can play to support those affected</p> <p>Create an environment where women feel confident enough to raise issues about their symptoms and feel able to ask for reasonable adjustments at work if needed</p> <p>Promote the guidance which will provide direction and clarity on how to support women who raise menopause related issues, which also applies to those indirectly affected, such as line managers, partners and colleagues. Support women experiencing menopausal symptoms to be able to stay at work and reduce absenteeism levels</p>
<p>Which aspects of the policy are particularly relevant to each element of the Council's responsibilities in relation to the General Equality Duty and the Fairer Scotland Duty?</p>
<p>General Equality Duty -</p>
<p>➤ Eliminating unlawful discrimination, harassment and victimisation and other prohibited conduct</p>
<p>The provision of additional support and guidance for menopausal symptoms could assist with the elimination of discrimination or potential harassment/victimisation if symptoms are not fully understood or supported.</p>
<p>➤ Advancing equality of opportunity between people who share a relevant protected characteristic and those who do not</p>
<p>Having due regard for advancing equality involves removing or minimising disadvantages suffered by people due to their protected characteristics. The Council's proposals for the provision of flexible working should assist with minimising disadvantages for employees who experience symptoms of the menopause which may be classed as a disability under the criteria set out by the Equality Act 2010.</p>
<p>➤ Fostering good relations between people who share a protected characteristic and those who do not.</p>
<p>This element of the Duty is more relevant to the Council's role as a service provider, and there is relatively limited direct relevance to this particular procedure.</p>

Appendix 4

Fairer Scotland Duty -		
➤ Reducing inequalities of outcome caused by socioeconomic disadvantage		
<p>This Procedure should assist with the retention of staff, and maintaining employment can be extremely important for protected groups who have a higher level of poverty. For example, poverty rates are higher for households with a disabled adult, and the employment rate for people with a disability is significantly lower than the employment rate for people who do not have a disability. Levels of socioeconomic disadvantage are also more frequent for other protected groups including lone parents who are predominantly female, and Black, Asian or Minority Ethnic (BAME) groups.</p>		
To which of the equality groups is the policy relevant?		
Protected Characteristic	Yes/No*	Explanation
Age	Yes	<p>Clackmannanshire Council's workforce is comprised of 74% females of which 61% are over 40 years of age. It is therefore important that the Council understands and promotes awareness of the difficulties women who are experiencing symptoms associated with the menopause are facing, and that all line managers have the guidance, training and tools required to support their staff.</p>
Disability	Yes	<p>Staff data shows a relatively high "Prefer Not to Say" response in relation to disclosure of a disability (39.5%). At a national level, it is estimated that 1 in 10 people who are economically active have a disability or long term health condition.</p> <p>The approach which is outlined includes the Council's commitment to being a caring and supportive employer, which should remove or minimise disadvantages. The procedure in particular acknowledges the need for reasonable adjustments and raises awareness that menopause could potentially be classed as a disability.</p> <p>Symptoms of the menopause can exacerbate existing health conditions and disabilities. It can be difficult to tell whether a symptom is caused by the menopause or by other ongoing health conditions.</p> <p>A wide range of conditions that could be affected by the menopause including arthritis, multiple sclerosis, mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others. A significant number of women also experience the menopause as a result of cancer treatment.</p> <p>Individuals with conditions that cause differences in communication (such as autism) or with mental health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support.</p> <p>If a woman has an existing condition that is worsened by the menopause, it may be necessary to review any reasonable adjustments that were previously in place.</p>
Gender Reassignment	Yes	<p>"Trans" can be used as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.</p> <p>Trans men (those who identify as male but were assigned female at</p>

Appendix 4

		<p>birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.</p> <p>Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).</p> <p>As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).</p> <p>Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.</p> <p>Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey found that almost half of trans people (48 per cent) have experienced bullying or harassment at work, which may cause increased stress, and which may in turn worsen some menopausal symptoms.</p> <p>This procedure and managerial guidance should assist with where and how they can request support and puts into place a framework for this.</p>
Marriage and civil partnership	No	It is submitted that this protected characteristic is not directly relevant to this Procedure and it is not anticipated that there could be any differential impact on people on the grounds that they are married or in a civil partnership.
Pregnancy and Maternity	No	It is submitted that this protected characteristic is not directly relevant to this Procedure and it is not anticipated that there could be any differential impact on people on the grounds that they are pregnant or on maternity leave.
Race	Yes	Employees who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work. This procedure and managerial guidance should assist with where and how they can request support and puts into place a framework for this.
Religion and Belief	No	It is submitted that this protected characteristic is not directly relevant to this Procedure and it is not anticipated that there could be any differential impact on people on the grounds of religion and belief.

Appendix 4

Sex	Yes	<p>The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.</p> <p>Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during the menopause as this can further weaken damaged tissue.</p> <p>For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly difficult time for women who wished to have a baby but were unable to conceive or for those who've suffered miscarriages or still birth.</p> <p>Younger women can also experience a premature menopause (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time— for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.</p> <p>There are more women than men who are employed by the Council (71.3% of staff excluding teachers are female compared to 28.7% of men).</p> <p>Lone parents are more frequently female and face a higher level of poverty, and this Procedure could assist with their retention, rather than the risk of being "managed out".</p>
Sexual Orientation	Yes	<p>Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time. This procedure aims to support all groups and takes into account the impact on partners of those experiencing menopausal symptoms also.</p>

* Delete as required

Appendix 4

What evidence is already available about the needs of relevant groups, and where are the gaps in evidence?
<p>The evidence referred to above includes evidence from Scotland's Census Results, the Equality and Human Rights Commission, regional employment patterns, publications on poverty and income inequality, the Scottish Health Survey and statistics published by Police Scotland.</p> <p>In terms of internal evidence, reference has been made to the most recently published staff equality data.</p> <p>There is a high rate of staff who responded "Prefer Not to Say" in relation to whether they have a disability.</p>
Which equality groups and communities might it be helpful to involve in the development of the policy?
<p>. Unions have been actively involved in the development of the policy.</p>
Next steps
<p>In order to better meet the General Equality Duty, the Council will take steps to ensure that this Procedure is applied fairly. These steps will include:</p> <ul style="list-style-type: none">• Encouraging staff to disclose a disability, in order to assist with monitoring the impact of this Procedure• Encourage staff to disclose symptoms to their line manager• Raising awareness with managers of the need to act fairly and impartially• Monitoring grievance data relating to the implementation of this Procedure• Encouraging managers to be mindful of the Council's commitment to support staff and to take into account the needs of protected groups

Appendix 4

Equality and Fairer Scotland Impact Assessment - Decision

Evidence findings		
<p>. The evidence highlights that the introduction of this policy/procedure will have a positive impact on protected groups. The overall commitment to support employees should assist the Council in demonstrating that it has paid due regard to the General Equality Duty. The Procedure should support the retention of staff, and mitigate the potential for reduced income, which in turn complements the Council's Fairer Scotland Duty.</p>		
Details of engagement undertaken and feedback received		
<p>This Procedure has been developed in consultation with recognised trade unions who, along with Council Management, form the Council's Policy Group. In addition the policy/procedure will be considered by Tripartite (Elected Members, Unions and Management) It will also be reviewed, and hopefully formally adopted, by the Partnership and Performance Committee on behalf of the Council.</p>		
Decision/recommendation		
<p>Having considered the potential or actual impacts of this policy, the following decision/recommendation is made:</p>		
Tick	<p>Option 1: No major change The assessment demonstrates that the policy is robust. The evidence shows no potential for unlawful discrimination and that all opportunities have been taken to advance equality of opportunity and foster good relations, subject to continuing monitoring and review.</p>	
✓		
	<p>Option 2: Adjust the policy – this involves taking steps to remove any barriers, to better advance equality or to foster good relations. It may be possible to remove or change the aspect of the policy that creates any negative or unwanted impact, or to introduce additional measures to reduce or mitigate any potential negative impact.</p>	
	<p>Option 3: Continue the policy – this means adopting or continuing with the policy, despite the potential for adverse impact. The justification should clearly set out how this decision is compatible with the Council's obligations under the duty.</p>	
	<p>Option 4: Stop and remove the policy – if there are adverse effects that are not justified and cannot be mitigated, consideration should be given to stopping the policy altogether. If a policy leads to unlawful discrimination it should be removed or changed.</p>	
Justification for decision		
<p>This assessment finds no indication that the Procedure will unlawfully discriminate against protected groups, and that a systematic approach has been taken to ensure that the Procedure conscientiously takes into account diverse needs and circumstances.</p>		
APPROVAL		
NAME	DESIGNATION	DATE

Report to: Partnership & Performance Committee

Date of Meeting: 31 October 2019

Subject: Workforce Development Delivery Plan - Update

Report by: Strategic Director Partnership & Performance

1.0 Purpose

- 1.1. This report provides Committee with an update on the Workforce Development Delivery Plan, part of the Council's Strategic Workforce Plan (2019-22).

2.0 Recommendations

- 2.1. Committee is asked to:
- 2.2. **Note** the update on progress with the Workforce Development Delivery Plan.

3.0 Background

- 3.1. On 22 August Council agreed a paper, Organisational Redesign: Update, the purpose of which was to provide further information on the key actions to be prioritised in support of our wider Council organisational redesign.
- 3.2. The paper sets out the phased activity being undertaken by Council Officers, and provides a framework which allows the Council to move to a model of sustainable public service delivery in the medium to long term.

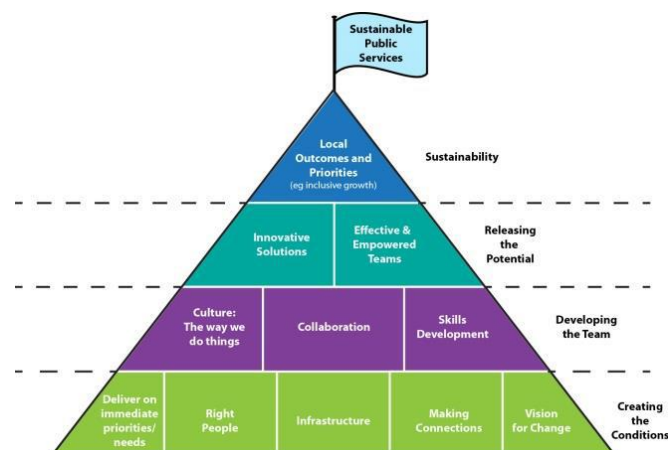


Exhibit 1: Organisational redesign framework

- 3.3. Key to this framework is the principle of developing our team, undertaken concurrently, and indeed complementary of, creating the conditions for change within the Council.
- 3.4. A key enabler to creating the conditions for change, and for developing our staff both now and in the future, is the Council's Strategic Workforce Plan (2019-22) agreed by Council in June of this year.
- 3.5. The Plan identifies clear workforce priorities to be taken forward over the next three year period, focusing on:
 - Creating a positive and inclusive organisational culture;
 - Having a sustainable and resilient workforce;
 - Ensuring our workforce feels supported, empowered, respected and engaged; and
 - Ensuring our workforce has the knowledge, skills and behaviours capable of meeting future demands.
- 3.6. These priorities have been addressed over the past year through progression of the Workforce Development Delivery Plan, with significant influence and direction coming from the outcomes of the 2018 Staff Survey.
- 3.7. Progress with the Workforce Delivery Plan will continue through an evidenced based approach, utilising the results of both the 2018 Staff Survey, and the outputs of subsequent Staff Surveys as a barometer for success and of outcomes achieved.

4.0 Considerations

- 4.1. **Annex A** provides a summary table of actions, as identified in the Delivery Plan, and the progress made to date.
- 4.2. The Workforce Delivery Plan is a live document, with actions/milestones programmed over a period of three years. As such, aspects of planned activity will not yet have been taken forward.
- 4.3. Annex A identifies how, in the future, outcomes of our work will be measured through use of KPI's arising from the Council's Staff Survey.
- 4.4. Council Officers will also ensure that further communication on survey results is taken forward across the Council, with particular emphasis on demonstrating where feedback has been listened to (as per the Workforce Delivery Plan) and what has been achieved at a Portfolio level.

5.0 Sustainability Implications

- 5.1. None.

6.0 Resource Implications

6.1. Financial Details

6.2. 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

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

6.4. Staffing details

6.5. None.

7.0 Exempt Reports

7.1. 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)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all
Our families; children and young people will have the best possible start in life
Women and girls will be confident and aspirational, and achieve their full potential
Our communities will be resilient and empowered so that they can thrive and flourish

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

N/A

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".

ANNEX A: Workforce Development Delivery Plan - Update

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

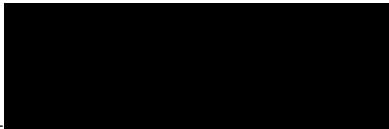
Strategic Workforce Plan 2019-22

Organisational Redesign: Update – Clackmannanshire Council 22 August

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Alastair Hair	OD Advisor	X2045

Approved by

NAME	DESIGNATION	SIGNATURE
Stuart Crickmar	Strategic Director – Partnership & Performance	

ANNEX A: Workforce Development Delivery Plan – Summary Update

The following annex provides an update on actions as identified within the Workforce Development Delivery Plan.

PRIORITY- To create a positive and inclusive organisational culture				
Action	Staff Survey Output?	Update	Due Date	Outcome KPI(s)
Review our Core Competency Framework so as to link in with Council values	Yes	STATUS: YEAR 2 ACTION Narrative: Not due. Output(s): None.	Jun 2020	% of staff clear about how they contribute to the organisations goals
When preparing leadership Management Development proposals, ensure our approach incorporates opportunities for all levels of management.	Yes	STATUS: COMPLETE Narrative: L&MD proposals include a tiered approach which seeks to provide both practical and leadership theory based interventions, thereby creating the conditions for change, and building a base of skilled, collaborative and innovative leaders. Output(s): L&MD Programme proposals which address all levels of management.	Jul 2019	% staff commenting positively in relation to Staff Survey Leadership theme
Leadership and Management Development approach to include both transformational change, and resilience training	No	STATUS: COMPLETE Narrative: L&MD proposals include reference to the need for further upskilling of managerial staff in resilience and transformational change. Output(s): Transformational change skills now included within L&MD proposals.	Jul 2019	% staff commenting positively in relation to Staff Survey Leadership theme

Evaluate communication channels for 'hard to reach' groups in order to improve engagement	Yes	<p>STATUS: IN PROGRESS</p> <p>Narrative: During August we held a staff focus group designed to review current communication practices and distribution of information within the Council. In addition, wider staff engagement via the Chief Executive Roadshows has looked at 'hard to reach' groups and the methods which can be employed to increase engagement and communication.</p> <p>Output(s): Focus groups undertaken, Communication Strategy drafted.</p>	Dec 2019	% of staff who get the information and updates needed to do their job well
Explore options for capturing staff ideas on an on-going basis (staff suggestions)	Yes	<p>STATUS: IN PROGRESS</p> <p>Narrative: The Council's SLG have undertaken work in identifying innovative solutions for capturing staff ideas which move away from more traditional models, to ones which drive change and enable the identification of future budgetary savings.</p> <p>Output(s): None.</p>	Sept 2019	% of staff who's ideas are listened to, and acted upon
Ensure our Corporate Plan, vision and values are visible to staff, and form part of their day to day work	Yes	<p>STATUS: IN PROGRESS</p> <p>Narrative: As a long term goal, work to date has included a revised communication strategy (draft), wider staff engagement processes, and smaller initiatives designed to promote our vision and values at various Council sites.</p> <p>Output(s): Communications Plan drafted. Roadshows held with staff. New corporate communications TV installed within Kilncraigs atrium. Noticeboards installed at various Council sites. Email signatures amended to include values.</p>	Mar 2020	% of staff who are clear about how they contribute to the organisation's goals
In line with Policy Group schedule of work review the Council's recruitment procedures to ensure a clear link to our vision and values	No	<p>STATUS: Due in line with Policy Review Schedule</p> <p>Narrative: This work is to be undertaken in line with the policy review schedule, with our Recruitment Policy and Procedure due for review in December of 2019.</p> <p>Output(s): None.</p>	Sept 2019	% of staff who are clear about how they contribute to the organisation's goals

PRIORITY - To have a sustainable and resilient workforce				
Action	Staff Survey Output?	Update	Due Date	Outcome KPI(s)
Undertake a matching exercise, designed to explore how the Council currently meets the Fair Work Framework dimensions, and the work required for future alignment	No	<p>STATUS: COMPLETE</p> <p>Narrative: A matching exercise was undertaken in May 2019 with the outcomes being shared with trade union colleagues and Strategic Directors. A Working Together Agreement (based on the Fair work Framework) has been drafted and is now under consultation with Trade Unions. The aim of this Agreement is to formally establish the principles and practices of partnership as the foundation for how the SLG, management, counsellors, employees and trade unions will work together to achieve shared commitments.</p> <p>Output(s): Working Together Agreement (draft)</p>	Dec 2019	% of staff who feel that they are treated with dignity and respect

PRIORITY - That our Workforce feels supported, empowered, respected and engaged				
Action	Staff Survey Output?	Update	Due Date	Outcome KPI(s)
Undertake a review of our approach to Healthy Working Lives, including viability of achieving the Gold Standard	Yes	<p>STATUS: COMPLETE</p> <p>Narrative: A review of our approach to Healthy Working Lives was undertaken resulting in the publication of a staff wide Employee Health and Wellbeing Survey, and the reconvening of our Healthy Working Lives Working Group. Consultation on progress with Healthy Working Lives with NHS Forth Valley has resulted in a re-evaluation of the Council's commitment to the Gold standard, due to a need to fully embed the silver award standard in all areas of the Council (feeding in from the outcomes of the Staff Survey Working Group also). As such, the Council will continue activities to embed the silver level award for this financial year and within 20/21, with a view to then scoping out the gold standard thereafter.</p> <p>Output(s): Employee Health and Wellbeing Survey published, Healthy Working Lives Group convened with Silver Award evaluation undertaken.</p>	Oct 2019	% of staff who feel the organisation cares about their health and wellbeing.

Create a Communications Strategy for all in-house Health & Well Being initiatives	Yes	<p>STATUS: COMPLETE</p> <p>Narrative: The Healthy Working Lives group was reconvened in September 2019 in order to progress work in re-validating the Council's Silver award status. Part of this work includes identifying the well being initiatives that will be taken forward by staff, and the means as to which these will be promoted. This has been drafted and will be taken forward by the Healthy Working Live Lead.</p> <p>Output(s): Timetable of promotional events.</p>	Oct 2019	% of staff who feel the organisation cares about their health and wellbeing.
Undertake Portfolio based analysis of future staff survey results in order to understand hotspots and areas of action	Yes	<p>STATUS: YEAR 2 ACTION IN PROGRESS</p> <p>Narrative: Lessons learned from the 2018 Staff Survey has identified that more in depth portfolio analysis and action planning is required in order to address hotspots within the organisation. These will be supplemented by regular staff updates in order to make staff engagement a more continual, holistic process.</p> <p>Output(s): Communications strategy for 2019 Staff Survey in place. Action planning in place for 2019 Staff Survey.</p>	Jan 2020	% Staff Engagement score for organisation & Portfolio areas.
Undertake a review of our communications strategy, with a view to developing our approach to cascades of important information, and building approaches for 'hard to reach' staff groups	Yes	<p>STATUS: YEAR 2 ACTION IN PROGRESS</p> <p>Narrative: This action is not yet due, but will be considered as part of the wider work with regards to the Council's Communication Strategy, and work to target 'hard to reach' members of staff.</p> <p>Output(s): Communications Strategy drafted. Options exercise undertaken exploring methods for cascading information to staff. Clyde Valley Consortium (Elearning) options exercise undertaken for building communication with 'hard to reach' staff groups.</p>	Apr 2020	% of staff who feel they get the information and updates they need to do their job well.

PRIORITY - That our workforce has the knowledge, skills and behaviours capable of meeting future demands				
Action	Staff Survey Output?	Update	Due Date	Outcome KPI(s)
Undertake a Council wide workforce analysis in order to identify training, skills gaps and behavioural competencies	No	STATUS: YEAR 3 ACTION Narrative: This action is not yet due. Output(s): None.	Apr 2021	% of staff who feel their team works well together % of staff who feel they get the support they need to do their job well
Create a structured approach to promotion of all L&D activities, to increase uptake, and increase breadth of opportunity for all staff	Yes	STATUS: COMPLETE Narrative: A schedule of promotional activity has now been created in order to assist with driving uptake of courses, particularly amongst those who are not based within the Kilncraigs campus. Output(s): Corporate Learning & Development Promotions Schedule	Aug 2019	% of staff who feel they are given time to invest in their own learning and development
Promote communication and social skills courses on the Clacks Academy for all managers and leaders	Yes	STATUS: YEAR 2 ACTION IN PROGRESS Narrative: This action is not yet due, but has been considered as part of the wide Clacks Academy promotional schedule. Output(s): Corporate Learning & Development Promotions Schedule	Mar 2020	% of staff who feel they are given time to invest in their own learning and development
The Council's transformation programme should consider workforce development and OD / LD requirements at project initiation stage, and within all business cases	No	STATUS: COMPLETE Narrative: All projects in support of the Council's transformation programme now consider OD and WD requirements as part of the project process. Council's OD Advisor is kept in sight of projects so as to pro-actively plan consultative OD and planning work. Output(s): OD/LD requirements included within Project documentation.	Aug 2019	% of staff who feel they are involved in decisions within their team" % of staff who have trust and confidence in the decisions made by their manager

Undertake a review of our 360 Development Tool with a view to a staggered roll out across all management levels	Yes	<p>STATUS: YEAR 2 ACTION IN PROGRESS</p> <p>Narrative: Use of the 360 development tool is being considered as part of wider Leadership and Management Development proposals.</p> <p>Output(s): None.</p>	Apr 2020	% staff commenting positively in relation to Staff Survey Leadership theme
Roll out the revised Digital PRD process to all staff	No	<p>STATUS: COMPLETE</p> <p>Narrative: The Council wide Digital PRD process rolled out in October 2019, with Head Teachers undertaking the Education ERD process in August 2019.</p> <p>Output(s): PRD process launched Council wide. Good conversations training to supplement process roll out scheduled for throughout Oct-Dec 2019.</p>	On approval of Business Plans	% of staff who are confident that performance is managed well within the organisation
Roll out of the Chief Executive PRD process	Yes	<p>STATUS: COMPLETE</p> <p>Narrative: During 2019, process guidance in support of the CEX PRD process was agreed by both the Chief Executive, and the Council's Leadership Group. Following approval, the first CEX PRD was undertaken in September 2019.</p> <p>Output(s): CEX PRD process documentation drafted and agreed. CEX PRD process undertaken.</p>	In line with staff PRD process	% of staff who are confident that performance is managed well within the organisation