

JOINT INSPECTION (ADULTS)

The effectiveness of strategic planning
in the **Clackmannanshire and Stirling Partnership**

NOVEMBER 2018

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1. About this inspection

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of the strategic plans prepared by integration authorities. We will report on how integration authorities plan, commission and deliver high-quality services in a co-ordinated and sustainable way. This will include looking at:

- a shared vision
- leadership of strategy and direction
- a culture of collaboration and partnership
- effective governance structures
- a needs analysis on which to plan and jointly commission services
- robust mechanisms to engage with communities
- a plan for effective use of financial resources
- a coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning.

The purpose of our inspection is to help the integration authority answer the question “How well do we plan and commission services to achieve better outcomes for people?” To do this we assess the vision, values and culture across the partnership, including leadership of strategy and direction, the operational and strategic planning arrangements (including progress towards effective joint commissioning) and improvements the partnership is making in health and social care services that are provided for all adults.

Integration is bringing changes in service delivery but we recognise that it takes time for this to work through into better outcomes. Indeed, at this early stage of integration, we would expect to see data showing some room for improvement in the outcomes for people using health and care services, even where leadership is effective and planning robust. So, in this inspection we do not set out to evaluate people’s experience of services in their area. Our aim is to assess the extent to which the health and social care partnership is making progress in its journey towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes over time.

Both the Care Inspectorate and Healthcare Improvement Scotland undertake a variety of other scrutiny and improvement activities, in collaboration with other scrutiny bodies, which provides assurance about the quality of services and the difference those services are making to people in communities across the country.

The Clackmannanshire and Stirling Partnership comprises Clackmannanshire council, Stirling council and NHS Forth Valley, and is referred to as the partnership throughout this report. The inspection took place between January and June 2018. The findings within this report reflect our findings during the period of inspection.

So that our joint inspections remain relevant and add value, we may refine our scrutiny methods and tools as we learn from each inspection. The quality indicators and illustrations used to support the joint inspection of the Clackmannanshire and Stirling Partnership are set out in Appendix 1. There is a summary of the methodology in Appendix 2.

2. The Clackmannanshire and Stirling context

Clackmannanshire council, NHS Forth Valley and Stirling council are the only health and social care partnership¹ (HSCP) in Scotland covering two local authority areas. The integration authority and the governing integration joint board² (IJB) became responsible for the strategic planning and oversight of delivery of community-based health and social care services to adults over 18 years of age on 1 April 2016.

The partnership operates over an area of 905.4 square miles and has an estimated population of 142,770, with 64% (91,580) living in Stirling and 36% (51,190) in Clackmannanshire.

The partnership produced a strategic needs assessment³, which provides a comprehensive description of health and social care data that is relevant to the partnership. The following key issues identified come from the partnership needs assessment.

“Both Clackmannanshire and Stirling have an ageing population. The number and proportion of older adults across Clackmannanshire and Stirling is projected to double.

“Older people are generally more intensive users of health and social care services.

“Therefore, this could impact significantly on demand for these services in years to come.

“Clackmannanshire is projected to see an increase in the ratio of people not of working age to people of working age. Stirling is projected to see an increase in the working age population. Clackmannanshire is also projected to experience a decrease in the number of people of working age living in the area. This means that at the same time as demand for services could be increasing, it could be more challenging to employ the workforce to meet this demand.

“It is projected that Clackmannanshire and Stirling will have growing numbers of individuals living with long-term conditions, multiple conditions and complex needs.

“There is a need to rebuild services in such a way to better meet the requirements of people with complex needs. Patients with several complex long-term conditions are currently making multiple trips to hospital clinics to see a range of uncoordinated

¹ Referred to as ‘the partnership’ throughout the report

² Under The Public Bodies (Joint Working) (Scotland) Act 2014, Integrated Joint Boards are responsible for the planning of integrated arrangements and onward service delivery of the functions and resources delegated to it from the Health Board and Local Authorities. (Scottish Government)

³ Clackmannanshire and Stirling HSCP Joint Strategic Needs Assessment 2016 -2019

specialist services which is a national problem. A proposed way forward could be to look at developing new pathways and guidelines away from the current disease-specific models to generic approaches focused on the holistic needs of patients.

“Reducing unplanned, emergency, hospital care will benefit the service as well as the individual. The average monthly attendance at the emergency department has increased by 8.8% over the years 2007-2015 and the rate of emergency hospital admissions in Clackmannanshire and Stirling has remained broadly similar over the past decade.

“However, the older-adult population in Clackmannanshire and Stirling accounts for a growing percentage of emergency admissions. Given the projected increase in the older-adult population, emergency departments could struggle to meet this demand. Early intervention and community-based services could help ease the pressure.

“Supporting unpaid carers is a priority. One of the aims of health and social care integration is to keep people living independently in the community for longer. The projected increase in the older-adult population is likely to mean there will be an increasing need for unpaid carers. In turn, these unpaid carers will need to be supported.

“Reducing risky behaviours such as smoking, alcohol consumption, drug use and poor diet could have a positive effect on an individual’s health. Latest estimates suggest 28.9% of people in Clackmannanshire smoke. The corresponding figure for Stirling is 20% and for Scotland is 23.1%. The alcohol-related mortality rate in Clackmannanshire in 2013 was 38.85 per 100,000 population, which was significantly worse than the average rate of 21.43 for Scotland. The estimated prevalence of those with problem drug use has increased in Clackmannanshire and Stirling when comparing the data from 2009/10 and 2012/13. There is likely to be variation across both Clackmannanshire and Stirling and further work on locality profiles may help to identify these areas.”

3. Our inspection of the partnership's strategic planning

Performance

There is evidence that the partnership has a focus on transformational change and improvement and that this links to the strategic plan⁴. This is seen in recent improvement activity and the development of new models of care, which we talk about later in the 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. While both local authorities have had to address challenges in their partnership with the NHS Board pre-integration, this has not had an impact on overall performance.

We saw an improvement in the use of performance data. There is a shift beginning in the data being sought and how this is being used. We saw examples of changes to systems to reduce delayed discharges and improve discharge planning by better use of performance data. Use of performance data is also one of the key areas of the partnership's Transforming Care programme. Minutes from IJB meetings showed appropriate reporting on performance activity, the meeting of national targets and its link to performance.

The partnership has developed a good-performance framework. This sits alongside a strategy map that links performance information and data to the strategic plan.

In conjunction with the National Health and Wellbeing Outcomes⁵, the Scottish Government published a core suite of integration indicators⁶ in 2017. The indicators are assessed by asking people who use services how they feel and also by looking at performance indicators such as emergency admission rate. The partnership has good performance generally against these criteria.

The partnership has delivered some positive performance in shifting the balance of care and towards enabling more people to stay at home. This is demonstrated in the partnership performance data.

⁴ The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on integration authorities to develop a strategic plan for integrated functions and budgets under their control.

⁵ Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families.

⁶ Criteria that measures the effectiveness of health and social care integration in a partnership area.

- In Clackmannanshire, the rates of population under 65 receiving home care and intensive home care are both higher than the Scotland average.
- In Stirling, the rates of population under 65 receiving home care and intensive home care are both higher than the Scotland average.
- In Clackmannanshire, the length of stay in care homes for those aged over 65 mirrors the Scotland average but for those under the age of 65, it is notably higher than the Scotland average.
- The length of stay in care homes in Stirling for those aged over 65 is lower than the Scotland average however, it is higher for those under 65.
- In the earlier part of 2016/17, there was a notable increase in the number of admissions to care homes providing nursing care within the Clackmannanshire locality.

Length of stay in care homes for those under 65 and admissions to care homes with nursing in Clackmannanshire should be monitored by the partnership to understand the reasons behind these increases.

Compliance with the four-hour accident and emergency waiting target has been stable. However, the most recent data in relation to this shows performance deteriorating. This is recognised by senior staff and a range of options are being considered to reverse this trend. Delayed discharges for Stirling have also been increasing for both the 75+ and 18-74 age categories. The partnership has developed the Six Essential Actions performance improvement action plan⁷. This is helping to stabilise and address these fluctuating trends in performance. 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. As the implementation of this action plan continues, we would expect to see this supporting better management of the front-door and discharge planning.

We saw an early start towards a more robust approach to anticipatory care planning (ACP). The partnership is involved at a national level in the development of ACP 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

⁷ The Six Essential Actions to Improve Unscheduled Care is a programme that seeks to share best practice and engage partners across NHSScotland and wider UK, and evaluate impact of 6 essential actions to deliver unscheduled care target. (Scottish Government).

acute services with a pattern of failed discharges. Another impact assessment may be helpful to support the development of anticipatory care planning.

There is positive performance in self-directed support (SDS)⁸ within Clackmannanshire however, this picture is not reflected in Stirling. In 2017, 50 people in Clackmannanshire received SDS (direct payments) which was a 67% increase from 2016. Scotland overall saw an increase of 10%. In 2017, 40 people in Stirling received SDS, which was a 125% decrease from 2016. The partnership should look at these differences in SDS performance and whether performance in Stirling can be improved.

There is a disproportionate number of people in poverty across the partnership in comparison to the Scotland average. There is no evidence that there is a clear strategy to address the balance of inequalities across the two authorities. The partnership acknowledges that this was not an area of focus within the first strategic plan. The partnership says that a targeted approach will now be taken when refreshing the plan, which will recognise certain population groups and align this to measurable outcomes.

We acknowledge that the partnership is undertaking changes within the context of continued demand on services and unprecedented funding constraints. While this situation is similar to the picture nationally, this transformation is taking place at a later stage in Clackmannanshire and Stirling and therefore will be arguably more challenging for this partnership. The approach to partnership working and transformation, as well as the predicted increasingly difficult financial picture, may impact negatively on future performance.

Finance

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 assessment made by the external auditors around financial performance monitoring/reporting in the 2016/17 annual audit report. 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.

⁸ The Scottish Government introduced The Social Care (Self Directed Support) (Scotland) Act 2013, which came into force on April 1 2014. It places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their support. (Scottish Government).

Resource allocation is only linked to the agreed strategic priorities at a very high level. The current budget allocation is based on the costs of existing service provision and has yet to be linked to identified, strategic need. This is largely the picture across Scotland. There is a commitment by the partnership to develop medium term financial plans aligned to development of the next strategic commissioning plan. The Transforming Care programme is the underpinning delivery plan. This is a positive step.

The partnership has taken a staged approach to transferring operational control of services to the IJB. The different governance arrangements from the three constituent bodies have created challenges around the understanding of financial accountability by officers and members of the IJB. We observed that the IJB is functioning as three separate financial contributing bodies. This will remain a concern unless the IJB can evidence it has developed a strategy to effectively mitigate this risk.

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. The delegated IJB budget for 2017/18 is £163.778 million with £19.567 million relating to acute services set-aside⁹. At the start of 2017/18, it was anticipated that there would be a potential year-end overspend of £1.784 million. To address this projected funding gap, a recovery plan was produced in June 2017. Although we found there to be a separate recovery plan in place at each partner body, a budget recovery group had been put in place to coordinate and monitor savings activity and reported back to the joint management team. The Transforming Care group now monitors this.

In February 2018, the estimated year-end budget position projected an overspend of £3.166 million. The split of this overspend by constituent authority was £1.396 million, £0.780 million and £0.990 million for Clackmannanshire, Stirling and NHS Forth Valley respectively. The projected overspends are largely the result of pressures within the nursing homes and care at home budgets, increased respite costs and prescribing-cost pressures.

The partnership planned to use reserves and part of the integrated care fund¹⁰ allocation to offset this overspend and it was anticipated that this would bring down the net year end position to a £1.556 million overspend. Use of the integrated care fund should be underpinned by the six principles set out in the guidance issued by

⁹ Activity based budget for commissioned hospital services used by the integration authority population as set out in the strategic plan. This is the amount required to be set aside by the health board for use by the integration authority (Scottish Government)

¹⁰ The Scottish Government made resources available to integrated authorities to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and strengthen their approach to tackling inequalities. (Scottish Government)

the Scottish Government, one of which relates to sustainability. 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.

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.

Strategic planning and commissioning

The Scottish Government required health and social care partnerships to produce joint commissioning strategies for all delegated functions by April 2016 and their impact to be monitored by scrutiny bodies from April 2017. Progress with strategic planning and commissioning by integration authorities tends to be still at an early stage across the country.

The Clackmannanshire and Stirling partnership has developed a range of strategies to inform service planning. Both the strategic plan¹¹ and the joint strategic needs analysis¹² are currently being updated and refreshed during 2018 for the next three-year planning cycle (2019-2022).

The current strategic plan (2016-19) is a high-level strategic document that links to the strategic needs analysis. This is a well presented, public facing document that outlines the partnership's intentions moving forward. The plan is supported by a high-level financial plan. A due diligence¹³ process was carried out by the partnership on the initial 2016/17 IJB budget, which allowed them to gain assurance over the initial budget allocation.

This plan provides the foundation for the partnership vision, which is "To enable people in the Clackmannanshire and Stirling Health and Social Care partnership area to live full and positive lives within supportive communities". Within the plan there is an emphasis on ensuring that staff are supported to work in an integrated way to enable people to maximise their independence. From our staff survey, we

¹¹ The document setting out the arrangements for carrying out the integration functions and how these are intended to achieve or contribute to the achievement of the relevant national health and wellbeing outcomes for the population of the integration authority. (Scottish Government)

¹² A joint strategic needs assessment analyses the needs of local populations and informs and guides the commissioning of health, wellbeing and social care services within the area.

¹³ A detailed look at the partnership finance to give confidence to the IJB about the budget.

saw that the majority of staff are enthusiastic about the development of integrated working arrangements.

The chief officer presented the IJB with the plans for the next iteration of the strategic plan at the end of March 2018. This next version is to develop the high-level intentions set out in the current plan and provide the detail on how the partnership will achieve these intentions. We would want to see this plan translated into SMART¹⁴ actions, with accompanying detail on how these will be delivered and translated into commissioning plans and procurement activity for each care group.

We would also want there to be updated and revised financial and market facilitation plans as well as alignment with both local authorities' strategic housing investment plans. These will be critical in understanding how the partnership will prioritise and allocate its resources and realise the ambitions of the plan. This should be done in collaboration with stakeholders for the longer-term delivery of affordable and sustainable adult health and social care accommodation and services.

The joint strategic needs analysis for the partnership (2016-19) is detailed and comprehensive and includes rich local data. It is an extensive document that includes detailed information to support service planning in respect of changing demographics, health issues and the areas of specific risk as well as current health and social care provision. This is monitored by the partnership and is updated for the three-year planning cycle. This data will inform longer-term decisions as the partnership develops locality planning and new models of care.

The partnership has developed and produced a market facilitation statement with an accompanying plan. We noted that there has been consultation held with the third and independent sectors in the development of this statement, which is called Creating a foundation for change – market statement for Clackmannanshire and Stirling – 2017-2020. It includes information about the vision for service provision and the partnership area, what the partnership intends to do and a market facilitation plan. It links into the strategic plan and the joint strategic needs analysis. This sets out how the partnership wants to transform care and support. It includes information about the potential opportunities for providers, a commitment to a mixed economy of care and an outline of what will be expected from service providers.

We recognise that this is at an early stage. There are no timescales for the delivery of the actions within the market facilitation plan or information about potential risks if these actions are not delivered. There is no reference to the locality plans or the workforce strategy. There is currently no reference to the financial plan, therefore it is not evident how the partnership intends to fund this programme of change or how it will support the third and independent sectors to develop service innovation. The

¹⁴ Specific, Measurable, Achievable, Realistic and Time-bound

partnership states that the market facilitation plan will be fully costed and they are aware of the direction this plan's development must take.

Further work is now required to develop the market facilitation plan in collaboration with stakeholders. This should be an ongoing and dynamic process in response to market changes and locality profiling.

Delegation of functions

The IJB has all of adult social care services and community-based health services delegated to it and has legal responsibility for the delivery of these services. However, operational management for the bulk of services still lies with NHS Forth Valley and Stirling council.

While this type of arrangement is not unique to Clackmannanshire and Stirling, there is an additional layer of complexity to the role and functions of the IJB and the chief officer. Currently the chief officer only has operational management of the integrated mental health services, learning disability services and Clackmannanshire adult social work and social care services.

The Clackmannanshire and Stirling Integration Scheme states "To ensure that planning and delivery of the Integration Functions are fully integrated, the Integration Joint Board shall direct, oversee and monitor operational delivery of the services included in the Integration Functions by the Parties to ensure cohesion and compliance with the strategic plan". To achieve this, a framework has been put in place to allow the IJB to do this before full delegation of operational responsibility¹⁵.

The partnership has formed a leadership group that provides a core senior management interface across all adult health and social care services. This group's primary focus is on the services for which the IJB has legal responsibility. This group supports and guides the work of the joint management team.

The joint management team provides an operational interface and decision making point for the functions in scope for the IJB. It supports and directs the strategic planning and implementation of the Transforming Care and other change programmes and the delivery of services. It also has a role in supporting the strategic planning group¹⁶ to fulfil its functions to develop and review the strategic plan.

Final delegation of operational management of services to the IJB is due to be completed by September 2018. Significant emphasis has been placed on the preparation of services across NHS Forth Valley and Stirling council to have these

¹⁵ See appendix 3

¹⁶ The Public Bodies (Joint Working) (Scotland) Act 2014 requires each integration authority to establish a strategic planning group, which should be involved in all stages of developing and reviewing plans.

services in the best position for delegation rationalising staff, filling vacancies and so on but, given the lack of evidence of detail for service transfer, we cannot share the partnership's confidence that final delegation will progress as planned. For example, at the time of the inspection proposed job roles to support the delegation were in the early stages of being prepared and the pace of delegation was viewed as slow. Opportunities to develop a more efficient method to support this staged approach have been missed.

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 a 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.

While a staggered delegation of function is permissible within the legislation, it is an unusual approach in the wider context of other integration authorities in Scotland. This is having an impact on the role and authority of the chief officer and the IJB. The framework of the leadership group and the joint management team for planning management and decision making adds an unnecessary layer of complexity.

There are risks to the IJB, particularly around governance, that while having legal responsibility for all the services delegated to them in 2016, they have to exercise their operational functions through the leadership group and joint management team.

The integration joint board and the strategic planning group

The IJB is gaining more of a cohesive identity since its inception, despite tensions that exist politically across Clackmannanshire and Stirling administrations.

The IJB is the second largest in Scotland due to representation from both Clackmannanshire and Stirling. As with most IJBs but more evident due to the size and composition of this IJB, agendas are large and have competing priorities. At times, debate can be cut short. Some IJB members told us that sometimes it is difficult to debate and discuss opinions due to time constraints. We observed some challenging debate at the IJB and frustration of members at the lack of time for discussion. We learned from IJB members that agenda items requiring further discussion and agreement can sometimes be towards the end of the agenda, which may reduce the length and comprehensiveness of discussion.

Some of the members we spoke with also felt issues raised are not always reflected in the minute of the meeting. We expect that all IJB members should be made aware of the form and content of IJB minutes so that they know what they should contain. This would mean that they are clear about what should be in the minutes

and can ensure minutes accurately reflect meetings held. This will support increased transparency and accountability of the board.

There is a programme of support and development for both the elected and non-elected members of the IJB to improve its functioning. Healthcare Improvement Scotland's improvement support services (ihub¹⁷) have supported sessions to date and discussion is ongoing about the content and support for future development sessions.

IJB members have found this programme supportive, with sessions providing time and opportunity for greater discussion and debate. The development sessions attempt to promote the partnership vision and its links to the strategic plan through sessions providing service and finance information. This has strengthened members' understanding of the issues presented to the IJB, allowing an approach which is more cohesive and demonstrates a shared purpose and aims.

The development and understanding of the IJB agenda has also been supported through pre agenda meetings with carers, service user representatives, advocacy and the third sector. These meetings allow time for questioning about key issues and for members to develop a greater understanding of IJB issues including finance. Where there are specific meetings for either the voting or non-voting members, all board members are made aware that these are taking place. In addition, each IJB has a development session held before its board meeting.

The changes in membership as elected members are replaced requires this type of positive support to be ongoing.

Members of the strategic planning group describe this group as operating well. Members of the group report positive engagement in an environment where they are generally given the opportunity to discuss concerns and seek clarity on issues. Members feel supported by the current chair and project officer. The chief officer chairs the strategic planning group meetings and the time available is split between business and workshop discussions.

We spoke with providers who are part of the strategic planning group and although they valued the group, some of them told us they did not know how to make representation through the group. They said that they do not consistently have the ability to influence planning.

The strategic planning group has a demanding agenda and like the IJB this at times limits the opportunity for real debate and discussion. We observed

¹⁷ Improvement Hub Healthcare Improvement Scotland provides support for the redesign and continuous improvement of Health and Social Care services.

recommendations being agreed on critical issues such as the development of locality planning, with minimal discussion or debate. This raises the question as to how well informed members of the group are on areas of critical importance in shaping the partnership and delivering on legislative requirements.

The partnership should reflect on how they can achieve a better functioning IJB and strategic planning group that allows for sufficient debate and discussion and ensures that members are fully informed and involved.

Progress towards joint commissioning

The partnership is developing a single approach to commissioning. A proposal paper outlining a service agreement on joint commissioning is likely to be submitted to the IJB in the summer of 2018. It is too early to assess the impact of any changes that may be made to current commissioning approaches.

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.

Strategic planning and service developments

The population in both Clackmannanshire and Stirling aged over 75 years is forecast to increase at a higher rate than the rest of Scotland. This is particularly the case in Clackmannanshire. Clackmannanshire also has significant pockets of deprivation. The development of an affordable and sustainable mixed economy of care that is responsive to local variances will be key to ensuring that the partnership will be successful in delivering integrated care and support in accordance with the ambitions set out in the strategic plan.

Within partnership strategic plans, two of the main service developments underway are the Stirling Health and Care Village and the model of neighbourhood care pilot. The partnership is also reviewing care at home.

Neither the Stirling Health and Care Village nor the model of neighbourhood care pilot were operational at the time of our inspection. We could therefore not gain a real sense of how these might influence future commissioning decisions, in particular the commissioning of care at home provision beyond the extended current contractual arrangements. In addition, as work gets underway to update the strategic plan, the needs analysis and other related strategic documentation, it will be vitally important that the function and purpose of both service developments are reviewed in order to ensure that these continue to align with and respond to local need and priorities.

The Stirling Health and Care Village

This has been a long standing project with an implementation date of December 2018. This care and health village is for the provision of short-stay assessment and rehabilitation for older people and adult frailty. The partnership states this will enable the transformation and integration of health and social care community models. Three Stirling city primary care practices will be co-located at the care and health village along with a minor injuries centre. In the long term, the partnership envisages that the care and health village model will be replicated in the Clackmannanshire community healthcare centre with a view to developing more integrated care provision.

The Stirling Health and Care Village is a central plank of the partnership's strategic plan and a major financial investment for the long term. We noted that the partnership is being supported by the ihub to articulate the model of care to be provided. The partnership has been in negotiation with the Care Inspectorate regarding the appropriate registration for this service. The Care Inspectorate has agreed that a different approach is required for the service initially as it does not fit current statutory guidance for a care home setting. This will allow the partnership operational flexibility as the service delivery model develops and the Care Inspectorate will monitor this.

As this project is developed and implemented, the partnership intends to close care home beds at two care homes releasing some staff to work in the Stirling Health and Care Village. Job titles for the staff in the village are still being reviewed and the partnership is working on job profiles. For the inspectors, this demonstrates a lack of pace to meet the proposed operational start of this initiative. These care homes are two of three remaining council operated care homes. A review of the third remaining care home is being considered along with the developing model of neighbourhood care within this community. With the closure of long-term residential provision, the partnership will need to be able to demonstrate to all stakeholders how they are able to keep people who require long-term care within their own communities.

The model of neighbourhood care

The partnership is undertaking a pilot project to develop a model of neighbourhood care in rural south-west Stirlingshire based on the Buurtzorg¹⁸ principles. A number of community consultations took place on older-adult care followed by a more formal consultation event in April 2017. In line with the ethos of the self-organising team, the usual single-line management arrangements will be reviewed. The service will be hosted by one service manager within the locality rather than line managed

¹⁸ Buurtzorg is a Dutch district nursing system where nurses and other professionals work in small teams with a skills mix based on the needs of the area.

through individual organisational structures. The proposed model will be a multi-disciplinary team that will have a resource worker to provide strong links with informal supports in the community.

The draft outline business case dated May 2017 describes the project and the benefits it is expected to deliver. These include:

- improvement in efficiency and effectiveness, such as a reduction in unnecessary hospital admissions and reduction in delayed discharges
- user value, such as improving independence leading to a reduction in formal support and reduced costs.

The partnership has developed an outcome focused evaluation model. This will look at the outcomes it is hoping to evidence for service users, staff and the community using a logic model. A number of qualitative approaches, including storytelling, will be used. The evaluation model was developed with key managers and will be monitored by the emerging team.

The development of the pilot is ongoing. The delivery date is stated as 2018. Service users need greater clarity on what this model of care and support will entail. It will also be vital to the success of the pilot that the partnership's IT infrastructure is better able to support inter-disciplinary working and that there is a sustainable staff team that buys into this model and the new ways of working it brings.

At the time of our inspection, it was too early to measure the impact or how the learning from the pilot will be used to develop this model and expand it into other localities. Neither was it evident how the learning from this pilot might feed into the care at home review or decisions about future commissioning activity. The partnership should consider how it is able to demonstrate that they do this as their new models of care develop.

Care at home

As in other partnerships across the country, pressure on care at home is evident. The partnership is experiencing growth in both demand and cost of care at home services across all care groups. A significant proportion of care at home is provided by a small number of independent sector providers. In Clackmannanshire in particular, 84% of care at home is provided by the third and independent sector, with the market share in Stirling around 50%. The partnership is heavily reliant upon one provider due to legacy contracting arrangements. A review of care at home is underway, which should result in a wider choice for people using services and lessen the risk that comes with being reliant upon a single provider. The current care at home contract has been extended for a further year to allow for the review to be carried out and the future approach to be established and implemented. The commissioning team has been given the task of leading on this review. This will

include researching and learning from good practice in other authorities and looking at innovative approaches while ensuring coherence with existing elements of the mixed economy of care such as the Stirling Health and Care Village and models of neighbourhood care. We consider this a positive step.

At the time of our inspection, it was too early to measure the impact of each of these three initiatives on the transformation of care and support as they were not operational. The partnership was not able to clearly demonstrate a whole-systems approach to these three developments and their interdependency. The partnership acknowledges the need to develop this into a full strategy and work is underway to do this.

As the Stirling Health and Care Village nears operational implementation, we are concerned that the review of care at home has not been completed. The supporting infrastructure needed for the village may not be in place. The partnership needs to demonstrate how it will ensure there is sufficient capacity in care at home services to meet need at the right time in order to avoid delays in discharge from the intermediate care beds in the village. It should also be borne in mind that as the neighbourhood model of care pilot has not yet started this may create further instability in the infrastructure. The partnership states that data indicates that care at home capacity is being carefully managed. This is within the longer-term objective of ensuring the future requirement for a mixed economy of care to provide the downstream infrastructure to fully support the village. This should be made evident in planning documents with risks highlighted and contingency plans in place to mitigate any risks.

Contracts

There is no shared contract monitoring framework in place as yet for commissioned services. This is in development.

A partnership-wide group including representation from third sector¹⁹ interface²⁰ (TSI) organisations, independent sector providers and officers from the constituent authorities have developed a scoring system for projects funded through the integrated care fund and delayed discharge funding. The scoring system has demonstrated improvement in outcomes. This is to be further developed and refined over time.

The contracts team demonstrated appropriate awareness of the challenges facing care providers and how these might be impacting on quality of provision. In order to ensure that they use information intelligently, they have developed a matrix

¹⁹ **Third sector bodies** includes non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.

²⁰ Third sector interfaces (TSI) ensure the third sector is supported, developed and represented at local council level.

approach. There has been a change in ethos in tendering and contract development to one of collaboration. Staff indicate that this has been most recently demonstrated in their relationships with learning disability and mental health service providers.

GP clusters²¹

The partnership has established GP clusters that function well. These have been developed to support the delivery of more positive outcomes for individuals and their carers. We spoke with lead GPs and there is a high level of engagement and involvement of clinical staff in supporting the improvements in performance. We observed discussion about the progress and direction of some of the cluster work at the joint management team meeting. We were given examples of some of the work undertaken by the clusters and how this contributes to the integration agenda. There is also an understanding from some staff about where the clusters will sit within a future locality structure and how they will interact and compliment the work of the localities.

Locality structures

There are four GP clusters and three locality areas within Clackmannanshire and Stirling. The GP clusters map into localities with the exception of one practice. The localities are defined as:

1. Rural Stirling
2. City of Stirling
3. Clackmannanshire.

At the time of our inspection, locality arrangements were at a very early stage of development. The partnership had not yet allocated or delegated budget responsibility on a locality basis. There were no locality managers in post or systems in place to enable the delegation of budgets to localities. The partnership was developing financial reporting to allow locality-level financial information to be accurately reflected. To allow the effective and efficient management of resources on a locality basis, it is essential that this budget information is compiled as early as possible.

The partnership is working with a LIST Analyst²² to support the development of locality working. Financial allocations will be based on local need with the effect of delivering better services at lower cost.

²¹ GP clusters are typically groups of five to eight GP practices in a close geographical location. Their purpose is to encourage GPs to take part in quality improvement activity with their peers and contribute to the oversight and development of their local healthcare system. (ihub Scotland)

²² Information Services Division (ISD) Scotland provides Local Intelligence Support Team staff to integrated authorities to help them source, link and interpret data. This helps them understand and project patterns of

A workshop was held with the primary care clinical leads in November 2016 to consider priorities for the three localities. These priorities were taken to a strategic planning group meeting in February 2018 where it was intended that members would consider the priorities identified in 2016. These were to be discussed, with priorities agreed for localities and taken to the IJB in March. This process however did not happen at the strategic planning group and therefore the locality proposals could not be taken to the IJB.

The partnership has advised that this work will be going back to the GP clusters and once in post, the locality managers will build on the currently identified priorities. A job description for locality managers is currently being drawn up. As a starting position, the strategic planning group is to ensure that the locality planning dovetails into the next iteration of the strategic plan. It intends to have an outline of this by early autumn or winter 2018. It is confident that it will have a whole-locality focus. In accordance with Scottish Government guidance, the partnership will need to ensure that the approach it is taking provides opportunities for local communities and professionals to make meaningful and timely contributions to strategic discussions and decision making.

It seems an opportunity missed that progress in locality planning has not developed further. This would have allowed the partnership to capitalise on the rich local data it has collated from the strategic needs analysis and the local outcome improvement plans. It would give an up-to-date understanding of the assets within localities and a dynamic understanding of locality needs as well as demonstrate the strategic decisions behind service delivery decisions in all areas. It would also embed engagement, specifically linked to locality development, within the local communities.

NHS Forth Valley hosted services

One of the key challenges for the partnership in moving forward with integration and the implementation of shared strategic intentions 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. This is further complicated by the fact that many of the partnership's services delivered by NHS Forth Valley also involve and impact on Falkirk Council.

Some specialist services, such as addictions, have raised concerns that moving to a locality approach might lead to less flexibility than currently afforded by their Forth Valley-wide remit. In terms of the hosted services, the partnership is clear that they don't want to fracture small services. They acknowledge that they have a challenge

service demand. Providing such insight delivers better plans, designing improved service user pathways and health and social care excellence. (ISD Scotland)

with small services and services covering all of the health board area, which will have to be considered when planning services for localities. Work is underway to look at how to split the existing NHS services between the two partnerships and NHS Forth Valley. Once the localities are fully established, the partnership should have clear protocols to address any service shortfalls.

Intermediate care

The models of reablement²³ and intermediate care²⁴ have evolved over time in response to local need and include Clackmannanshire reablement, the Stirling home care assessment and reablement team, and the Stirling rural partnership.

Reablement is considered by the partnership to be a key feature of its transformation. However, it is not clear if there is equity of access across the partnership because of the different evolved approaches. The partnership was unable to demonstrate how these different approaches are making best use of shared resources and optimising personal and organisational outcomes. This has the potential to pose a significant risk in terms of service delivery and transformation. The partnership is working with the ihub to evaluate reablement and inform future service design. This should ensure that wherever possible there will be equality of access and most efficient use of resources.

As care models develop, bed-based services for intermediate care will be provided in both Stirling Health and Care Village and in Clackmannanshire Community Healthcare Centre. From the data provided by the partnership for the period 1 April 2016 to the end of March 2017, we noted mixed success in getting people back home from intermediate care beds. In Clackmannanshire, 26 people (27%) returned home compared to 97 (55%) in Stirling. We want to see the partnership demonstrating how it intends to improve on this position and what impact new service developments will have on supporting more people to return home.

Primary care

In common with most of Scotland, there are pressures on a number of GP practices due to recruitment and retention, premises and other issues. Some GP practices moved to NHS board-managed practices (known as 2c practices) rather than practices owned by GPs and the partnership has used this positively to develop a mixed model of care.

²³ Re-ablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities, those who are frail or recovering from an illness or injury. It is generally given for up to a period of six weeks.

²⁴ An umbrella term describing services that provide a 'bridge' at key points of transition in a person's life, in particular from hospital to home (and from home to hospital) and from illness or injury to recovery and independence.

Good practice example - 2c practices

General practice sustainability is a growing risk within the partnership. Around three years ago, two large practices in Forth Valley became NHS board-managed practices (2C practices) due to GP recruitment and retention challenges, one in Stirling and one in Grangemouth. Both practices served populations of around 10,000 people and an innovative approach was required to sustain services while GP supply was so short.

Primary care is now being seen as being a mixed model with salaried, board-run practices working alongside independent contractors. A new multi-disciplinary primary-care team has been developed in Bannockburn health centre (Stirling) and Kersiebank health centre (Grangemouth). Since NHS Forth Valley took over responsibility for the practices in May 2015, it has put in place a range of additional services and support as well as building a team of GPs to provide care and treatment to local people. Salaried doctors, pharmacists, advanced nurse practitioners, primary care mental health nurses and physiotherapists have been recruited to work at the practice who are supported by a team of locum GPs and a number of GPs from neighbouring practices.

People now receive longer appointments, seeing the most appropriate professional at first appointment.

GP appointments are now 15 minutes and nurses and physiotherapy appointments 20-30 minutes, giving more time to support people with complex needs and their carers with care choices and planning. As a result, they have seen fewer referrals to secondary care, particularly for mental health and orthopaedic conditions, as mental health nurses and physiotherapists can meet more of their needs in the practice.

The partnership is participating in a national pilot implementing a new model for GPs. It is supporting the enhanced community team (known as the closer-to-home team) which aims to prevent unplanned hospital admissions for people who become unwell at home. This is an investment of £278,000 (2017/18) and should be a positive step in supporting the avoidance of hospital admission where possible.

Stakeholder engagement

The Clackmannanshire and Stirling consultation and engagement report of 2016-19 indicates how the partnership has engaged with stakeholders on both the integration scheme and the draft strategic plan. The partnership sought feedback on the plan in a number of ways. The partnership recognises that there are lessons to learn for future consultation exercises, for example starting consultation processes earlier.

The partnership held community engagement events within community settings when consulting on the model of neighbourhood care pilot. There is a commitment to ensuring that community engagement approaches continue to improve as the strategic plan is refreshed. The partnership's participation and engagement strategy (which aligns with the strategic plan and strategic needs analysis) is to be reviewed during 2018. We expect this to be done in close collaboration with all stakeholders and that this engagement will be comprehensive and meaningful.

The Clackmannanshire and Stirling staff engagement report includes an overview of engagement sessions, the current situation, future aspirations and staff fears and hopes. There is no action plan attached to the engagement report in respect of the issues raised and how these will be taken forward. The responses to the staff survey we undertook as part of this inspection indicated the need for the partnership to involve staff to a greater degree in respect of strategic planning. Comments from the survey indicated that a number of staff would like to see a more connected approach to service redesign and a clearer link between the strategic vision and day-to-day priorities. Staff also wanted improved communication and to have greater involvement in making decisions.

Feedback from carers we spoke with during our inspection suggested that the partnership still has work to do to ensure that carers feel like equal partners. Carers indicated that the consultation on the implementation of the Carers Act²⁵ began too late, despite this having been raised at the strategic planning group some months before. Carers recognise that the partnership has made some significant strides in involving carers and carer representatives. The partnership should continue to develop this work to ensure meaningful carer participation and engagement across Clackmannanshire and Stirling.

We would want the partnership to be more proactive about involving carers and thinking about how they are used. This is particularly important given the implications of the Carers Act and the partnership's commitment in the strategic needs assessment to support unpaid carers. This would demonstrate continued investment and ownership of carers' issues.

While it is evident that there is representation from the third and independent sectors on the strategic planning group, it is notable that attendance of the independent sector is limited. The chief officer reported that Scottish Care had sought funding to support independent sector representation but this was not made available. This meant that providers were unable to release staff to be involved in the meetings due to limited capacity. While the partnership clarified that there are other opportunities for the independent sector to be involved, it needs to ensure that the independent

²⁵ The Carers (Scotland) Act 2016 is a key piece of new legislation that promises to 'promote, defend and extend the rights' of adult and young carers across Scotland. — Shared Care Scotland.

sector is as fully engaged in the strategic planning group as other stakeholders. This will be in line with the spirit of the partnership's commitment to engagement and consultation and its stated commitment to developing a mixed economy of care and support.

The partnership continues to develop its provider groups. Positively, efforts are being made to ensure more equitable representation and to encourage all potential providers to have a voice. Meetings take place with individual providers to discuss and review contracts. Providers told us that engagement and involvement has historically been inconsistent but new opportunities for a greater level of dialogue are beginning to emerge. An example of this change is the development of care opportunities across both learning disability and mental health provision. There was a plea from providers for earlier and fuller involvement in service planning. Providers also said they need the partnership to be explicit in its care requirements to allow for proactive planning.

There are two third sector interface (TSI) organisations working with the partnership, one for Stirling and one for Clackmannanshire. They both have dedicated engagement officers funded through the partnership. This appears to provide a constructive link between the TSI and the partnership with associated governance structures and positive working relationships. Both the chief executive and business manager of the two TSI organisations are members of the IJB and the strategic planning group. It is significant and appropriate that both TSI organisations are represented at these levels. Both TSI organisations feel they have a strong voice around the table however, it is proving challenging at times to be truly representative of the wider third sector.

Both TSI organisations have told us they could offer innovative ways for the partnership to attract additional funding methods using the TSI. This could be further developed and supported through the IJB and the strategic planning group. The TSI organisations appear to be engaged in the development of the new strategic plan. This engagement is encouraging and the partnership should continue to enable as much participation as possible.

Housing

We note that there are two housing contribution statements (2016-19) for the partnership, one produced by each council. There is a written commitment within both documents that in future there will be a single statement for the whole of the integration authority. It will be important for this to be developed alongside and in line with the commitments identified within the revised strategic plan and locality plans once these have been developed. It will also be vital that all housing providers are meaningfully engaged from an early stage in the development of a revised statement.

While there appears to be a commitment to working more collaboratively with housing to address local issues and deliver on the strategic priorities, this needs to be directed by the IJB. For example, as part of the advanced information provided by the partnership before our fieldwork, we were provided with a copy of Specialist Housing Needs: Older People. This is a detailed report produced in 2016 of an external study commissioned by the partnership to examine the specialist housing needs of older people. There are a number of recommendations arising from this study. There is no evidence to suggest that these have been progressed in collaboration with stakeholders such as registered social landlords. This is an area that requires further consideration by the IJB, particularly because of the ongoing investment in reablement. Appropriate accommodation that can adapt to individual need will become increasingly important in delivering the partnership's strategic vision of enabling people to live full and positive lives within supportive communities. The IJB and the local authorities should ensure that there is more engagement between them on joint areas of interest such as housing.

We learned that the council housing departments are enthusiastic about the model of neighbourhood care project and the potential opportunities this may provide. They see the main benefit at this stage as gaining a greater level of knowledge about the needs of the population in which the model is developed.

The partnership acknowledges that previously positive collaborative working has slipped recently and engagement with all housing providers needs to be revitalised. The partnership has stated that this will be a priority.

Leadership - vision, values and culture

The high-level vision for Clackmannanshire and Stirling can be articulated at a senior management level. However, below this level we found staff had difficulty in explaining how service developments link together and contribute to realising the partnership's vision.

Our staff survey results indicated that 42% of respondents agreed or strongly agreed that there is a clear vision for adult services with a shared understanding of the priorities - 34% disagreed or strongly disagreed. These results indicate that the partnership has further work to do to ensure there is a shared understanding across the workforce of the vision for the integration of health and social care across Clackmannanshire and Stirling.

Senior managers acknowledge that all stakeholders may not be able to clearly explain the partnership's vision. They attribute this to the scope and range of changes across Clackmannanshire and Stirling as well as the legacy of their previous merging then splitting of social services. This resulted in changes in post

holders, which the partnership states has reduced its ability to establish strong links with external stakeholders and maintain stability and continuity for all stakeholders.

The partnership provided us with a rich picture of the model created in 2011 that indicates the vision for service delivery. While dated, this model remains current to the partnership and links with all relevant legislation requirements pre integration. This is due to be refreshed but the partnership does not expect it to change to any great extent. We acknowledge that at a time of transformation, it will take time for all staff to understand the full picture. As the models are refreshed it is important that staff are able to understand it and are able to articulate what it means for the partnership and for them as staff.

The partnership is confident that it will be improving the quality of conversation it has with staff. It thinks that this will be a complex task given the nature of its vision however, it knows that it needs to ensure that staff are given a clear sense of direction and the role they play.

The continued sharing and embedding of the partnership vision across all staff will need continued engagement and support while the delegation of operational responsibility of services transitions in September 2018.

Staff support

Access to regular supervision is supported at all levels and is seen as integral to the maintenance of professional identities and continued workforce development. The staff survey results reflect this as 71% of respondents agree or strongly agreed that they have effective line management that includes supervision. Senior managers accessed support through their membership of the joint management team. Some senior managers spoke about the benefit gained from attending a programme for leadership that provided a basis for supporting change management.

Staff attendance at engagement workshops has provided an opportunity for sharing of experiences and perspectives. This has been enriched through the involvement of the third sector. Both groups report benefits from sharing knowledge of working together within new models of care and discussing opportunities to do so.

Big team meetings for all staff from social care services are held quarterly. These are described as means of sharing information across staff. We heard that although attempts have been made to make the big team meetings more integrated, some topics are felt to be social work specific. The big-team approach is to be developed by the partnership over 2018.

Staff are uncertain about future roles and management arrangements. Despite an awareness of ongoing work to identify and formalise the management structure,

significant work is still required to increase staff confidence and understanding of their roles in delivering the strategic objectives.

Staff communication and engagement

The partnership states that progress is being made to encourage meaningful engagement and participation. Stakeholders value the involvement and visibility of partnership senior leaders, professionals and senior managers, particularly at service user and carer events. This allows opportunities to challenge and debate key issues.

The level of engagement with staff has increased over the last six to eight months in line with the partnership work programme and delivery. There is an increasing awareness of the development of the partnership and its work, visible through staff consultation, staff briefing sessions, newsletters and internet platforms. Strong foundations are being laid to build on a range of communication methods to promote understanding and involvement within the partnership.

While the value of engagement with staff is evident, the use and impact of this to influence direction is at times not clear or seen to be fully inclusive. At frontline-manager level, it is concerning there some participants do not feel included within the consultations and are not confident that their voice is being heard.

As the new partnership culture develops, communicating changes will be a key way to promote integration. This should include a mechanism for recognising comments and concerns. Organisational workforce development is supporting a full circle of consultation and feedback through a 'you said, we did' style of report and this will be a positive start. It will seek to ensure that staff are made aware of what happens with the feedback gained from these events and what action arises from this.

Management structures

Many staff and managers expressed confidence in the leadership of the partnership and the positive impact of the appointment of the chief officer. The chief officer is seen to provide support and energy to the process of integration and to be supporting and driving the development of the partnership.

The supportive influence of senior post holders has been further strengthened through the appointment of the NHS chief executive. Staff we spoke to saw the visibility and access to professionals and senior managers as good across the partnership with the involvement of these senior managers at staff and public events particularly seen as valuable.

There is regular communication between all three partner agencies at executive level. This appears to be supportive of the current priorities of the IJB.

There have been significant changes in services in the transformation of primary care and the planned introduction of new models of care. However, we consider that the management and leadership to drive these have been diluted through the complex and incomplete management arrangements within the three-body arrangement.

During the inspection, we observed that the agencies in Clackmannanshire and Stirling tended to operate as separate entities, calling into question the commitment by all three partners to genuine partnership. The length of time being taken to delegate operational responsibility of services belies a partnership approach. The partnership's attitude to resourcing has reinforced division rather than creating a partnership operating as a single, integrated body.

We acknowledge the importance of taking time to get the right management structure in place including the restructuring of posts. However this needs to be balanced against the need to have key posts filled as soon as possible to ensure the partnership can function to maximum effectiveness. This will be particularly important when operational responsibilities for the remaining health and social care services are delegated in September 2018. The management arrangements for this workforce need to be in place to support this and allow clear leadership to be effective from the start of full delegation of services.

Workforce

Workforce development for the future partnership workforce is underway. The Integrated Workforce Plan 2016 – 2019 is a comprehensive document that is “specifically targeted at the services in scope for Integration and will provide priorities which compliment Clackmannanshire and Stirling Councils, and NHS Forth Valley's employer commitments made to their staff within their respective Workforce Plans and Strategies”.²⁶

Work is ongoing to determine the workforce required for delivery of a fully integrated partnership. Efforts to build an integrated workforce for the future are evident. The proactive approach of the partnership through work with colleges, universities and the third sector demonstrates a long-term approach to recruitment. The development of staff professional roles, as part of their registration with relevant professional bodies, is being undertaken with both health and the local authorities. Among other things, this development addresses staff concerns about their professional identity. The importance of retaining professional identities within a partnership is recognised. Acknowledging the concerns raised with team and service managers and feedback from staff engagement demonstrates a positive

²⁶ Clackmannanshire and Stirling Integrated Workforce Plan 2019 -2019

approach to continued assurance of this to staff as they go through the change processes.

The redesign of services has continued within the current working arrangements. The workforce element for Stirling Care and Health Village is supported by an operational core group to ensure that staff learn about the new models of care and are ready to work differently. This core group reports into a multi-agency programme board. There is also a workforce group for the model of neighbourhood care. The involvement of the third sector in this aspect is considered minimal at this point however and further engagement in this would be beneficial.

The integrated workforce plan sets out strategic aims and priorities including management structures. Some progress is evident towards meeting these priorities in the transformation of primary care where there has been recruitment of primary-care mental health workers and the formalising of the advanced nurse practitioner roles.

While changes to community nursing are being considered, the current capacity within district nursing services is highlighted as a risk to short-term aims. There is confidence and a willingness by this group of staff to adopt new models of working but this is dependent on overcoming difficulties in recruitment of qualified nurses. The partnership engagement plan goes some way towards addressing workforce planning. However, the impact of full delegation of services and future links between the integrated workforce and NHS Forth Valley workforce planning will need to be robust to address national and partnership issues and to develop actions to build a sustainable workforce for the future.

There is some evidence of a joint training approach but this appears inconsistent. Where joint training would have been expected, such as with adult support and protection development sessions, these are currently limited to social work staff. Staff told us that there is a willingness to work in an integrated way. Joint training and co-location are both cited as opportunities to strengthen existing working relationships.

The partnership recognises that there are key areas of workforce development needed to support the work of the partnership. These include planning for sustainability and further development of a workforce that works in partnership and is shared and supported across the partnership to deliver service developments that realise the aims of the strategic plan.

Steps are being taken to develop an integrated workforce. However, the realisation of this is dependent on the ability to redesign traditional shared services to deliver new models of care. This work, together with the development of locality teams,

requires further co-ordination, a clearer focus, agreed priorities and clear timescales about how this will be delivered.

Governance

The chief officer is clear that a joint clinical and care governance system is key to providing assurance to the IJB. The integration clinical and care governance group has been formed to do this. It is looking at a whole-system approach, setting out aims and developing a governance framework. This group covers all of Forth Valley and reports to both the Falkirk IJB and the Clackmannanshire and Stirling IJB. While at an early stage, we were given a coherent explanation of how this is to be achieved by the group responsible for taking this forward. The group was also clear about how risk can be identified, mitigated and reported to the IJB as they develop the joint approach.

The pre-integration clinical and care governance structures are well established and there is a high level of confidence expressed in them. There is joint governance across Clackmannanshire and Stirling social work around significant case reviews, mental health officer, and adult support and protection. Wider joint working examples are seen through MAPPA (multi-agency public protection arrangements) and all of the protection agenda. There is joint working and confidence in the reporting to the IJB and some use of performance information such as ASP activity. This is not fully developed but is being worked on. While there is a high level of commitment evident about the need for good governance, there is a lack of clarity about where decisions are being made when risk is identified. An example of this is reducing suicide rates. While it is evident there is discussion at a number of forums about this, the resultant actions are not clear and this is a concern.

A joint clinical and care governance system is being developed. The IJB needs to be confident that they are able to demonstrate awareness and understanding of their responsibilities for all delegated health and social care services whilst the clinical and care governance structures remain separate.

4. Summary

Quality indicator 1: Key performance outcomes

1.1 Improvements in partnership performance in both healthcare and social care

Looking at national and local performance data in respect of key outcome areas for adults, there is evidence that the partnership has sustained and improved performance trends at or above the Scotland average.

The partnership demonstrates that it has robust systems in place to collate and analyse data from across the partnership. The data being collated has become more focused and targeted on improvement and how this can be measured.

The partnership regularly benchmarks its performance against comparator partnerships and performs well against them.

We can see the beginning of a more proactive approach to the use of anticipatory care planning with some research to look at the impact of this. The partnership acknowledges that early intervention and prevention needs to be improved.

We saw good systems being put in place for GP clusters and a move towards a focused quality agenda. There is strong clinical leadership demonstrated with support for a more integrated way of working.

The Six Essential Actions performance improvement action plan helpfully aims to reduce avoidable admissions to hospital and improve hospital discharges.

There is a positive history of engagement with service users and carers. However, this needs to develop as localities develop so that the partnership can clearly demonstrate how this engagement improves outcomes and contributes to the performance agenda.

Evaluation: Good

Quality indicator 6: Policy development and plans to support improvement in service

6.1 Operational and strategic planning arrangements

6.5 Commissioning arrangements

As the strategic plan and the strategic needs analysis are updated and refreshed for the next three-year planning cycle, strategies to inform service planning are also being developed.

Whilst it is at an early stage, the development of a market facilitation statement with an accompanying market facilitation plan is positive. The partnership is aware that the development of this is an ongoing process. The partnership still has to make progress in its commissioning plans and move to an implementation phase. Once this happens, it should allow the partnership to demonstrate more clearly the links between commissioning and service design. Commissioning staff have the necessary skills and expertise to deliver on their responsibilities.

While there were high-level joint strategies across the partnership, there were no locality-specific strategies. Locality arrangements were at a very early stage. The development of localities in relation to the GP clusters was clear however, the pace of development was slow.

The pace and approach to change is concerning. Interviews with some senior staff confirmed a reactive rather than proactive attitude in tackling a transformational change agenda. In the development of new models of care, the partnership is taking a reactive approach to finding solutions for specific issues rather than a tangible, proactive strategic approach. Within the next iteration of the strategic plan, it will be important to see a more robust approach to the linking of need to initiatives developed. This will also need more clarity about how resources are being targeted to ensure the greatest impact on improving outcomes and ensure equality of access.

Delegation of operational management to the IJB has been done in two stages to allow improvement within individual services before delegation. However, the partnership has focused on the improvement in these services rather than the delivery of sustainable step change through integrated working, detracting from the potential of full partnership working.

Evaluation: Adequate

Quality indicator 9: Leadership and direction that promotes partnership

9.1 Vision, values and culture across the partnership

9.2 Leadership of strategy and direction

There is confidence expressed within the partnership about key members of the executive and senior leadership of the partnership. This is beginning to provide more energy to the process of supporting integration and the work of the IJB. The visibility of and access to senior managers in the partnership is valued by staff and other stakeholders, including users of services and their carers.

There is a lack of clarity for staff about the current vision for the partnership with a significant number of them unable to articulate the link between current service developments and the partnership vision. The partnership acknowledges it has further work to do to ensure there is a shared understanding of the vision across the workforce and the impact on staff roles within this.

We saw established systems in place to determine the workforce required for the delivery of a fully integrated partnership. Efforts to build and future proof an integrated workforce for the future are evident.

Staff told us that there is access to regular supervision and this has been critical to the maintenance of professional identities and continued workforce development.

We saw strengths in the leadership of specific initiatives such as the development of GP clusters and the Stirling Care and Health Village. We saw weaknesses in collective and collaborative leadership and in the partnership's approach to embracing all stakeholders. We found that opportunities to demonstrate strong, collective leadership in moving forward with the required transformational change agenda have been missed. For example, this is demonstrated in the length of time taken with locality planning and the lack of involvement of housing providers in the whole-system approach to service change.

With the review of care at home not yet completed, the development of new models of care separately from this reflects a lack of strategic planning.

There are significant positive changes in the transformation of primary care that will be strengthened once management arrangements are completed.

The approach to the delegation of operational management of services has resulted in potentially confusing lines of accountability for the IJB, service managers and staff. Without clear operational management of most of the services, it is difficult for the IJB to demonstrate how they are fulfilling their ultimate responsibility for the delivery of services and the quality of care within these services. This approach has reinforced 'silo' working of the bodies within the partnership.

Currently, while partners individually continue to develop specific health and social care services well, they do not yet function efficiently as a partnership. It is therefore difficult for the IJB to demonstrate collective leadership, accountability and responsibility for leading services. The legacy from previous shared arrangements continues to impact on the culture within the partnership. We observed during the inspection that while the three constituent agencies in the partnership come together to develop the partnership agenda, at times they still operate as separate entities. There is a lack of commitment in key areas to support integration. This will limit the partnership in taking forward a transformational agenda.

The partnership needs to strengthen its collaborative leadership, develop collective governance and accountability and commit to a fully integrated approach to the development and delivery of services to improve outcomes for people across the partnership.

Not subject to evaluation against the six-point scale

Areas for improvement are as follows.

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.
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.
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.
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.
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.
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.

5. Conclusion

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to assess the progress made by health and social care partnerships in delivering better, more effective and person-led services through integration. In doing so, we have taken into account:

- leaders' commitment to innovation and improvement, and to cultivating a culture of collaboration and shared accountability
- the partnership's ability to identify appropriate priorities and its capacity to drive forward progress at pace.

We expect to see improvements by the partnership in all these areas with approach translated into clear leadership actions. If the partnership takes appropriate action to improve collaborative leadership, develop the plans and structures currently in place and ensure a proactive, partnership approach to the management of operational performance, we can be more confident that the partnership will move forward more effectively and efficiently with the integration of health and social care.

Appendix 1 – Quality Improvement Framework

1. Key performance outcomes	4. Impact on the community	6. Policy development and plans to support improvement in service	7. Management and support of staff	9. Leadership and direction that promotes partnership
We assessed 1.1 Improvements in partnership performance in both healthcare and social care	4.1 Public confidence in community services and community engagement	We assessed 6.1 Operational and strategic planning arrangements	7.1 Recruitment and retention	We assessed 9.1 Vision, values and culture across the partnership
1.2 Improvements in the health and wellbeing and outcomes for people, carers and families	5. Delivery of key processes	6.2 Partnership development of a range of early intervention and support services	7.2 Deployment, joint working and team work	We assessed 9.2 Leadership of strategy and direction
2. Getting help at the right time	5.1 Access to support	6.3 Quality assurance, self evaluation and improvement	7.3 Training, development and support	9.3 Leadership of people across the partnership
2.1 Experience of individuals and carers of improved health, wellbeing, care and support	5.2 Assessing need, planning for individuals and delivering care and support	6.4 Involving individuals who use services, carers and other stakeholders	8. Partnership working	9.4 Leadership of change and improvement
2.2 Prevention, early identification and intervention at the right time	5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks	We assessed 6.5 Commissioning arrangements	8.1 Management of resources	10. Capacity for improvement
2.3 Access to information about support options including self directed support	5.4 Involvement of individuals and carers in directing their own support		8.2 Information systems	10.1 Judgement based on an evaluation of performance against the quality indicators
3. Impact on staff			8.3 Partnership arrangements	
3.1 Staff motivation and support				

Appendix 2 - Methodology

Our inspection of the Clackmannanshire and Stirling health and social care partnership was carried out over three phases:

Phase 1 – Planning and information gathering

The inspection team collated and analysed information requested from the partnership. The inspection team sourced other information before the inspection started. Additional information was provided during fieldwork.

Phase 2 – Staff survey and fieldwork

We issued a survey to 1,708 staff. Of those, 468 (27%) responded and 326 (70%) completed the full survey. We also carried out fieldwork activity over 7.5 days, during which we interviewed a number of people who hold a range of responsibilities across the partnership. The partnership offered a number of observational sessions, which inspectors attended where they had capacity.

Phase 3 – Reporting

The Care Inspectorate and Healthcare Improvement Scotland jointly publish an inspection report. The report format for this inspection focuses on strategic planning and commissioning and links this to evidence gathered on current performance and the development of the integrated leadership team. Unlike previous joint reports, comment is provided on our level of confidence in respect of the partnership's ability to successfully take forward its strategic plans from intentions to changes in operational delivery.

To find out more visit [careinspectorate.com](https://www.careinspectorate.com) or [healthcareimprovementscotland.org](https://www.healthcareimprovementscotland.org).

Appendix 3 – Leadership group and joint management team memberships

The leadership group consists of the general manager for the community services directorate, general managers from acute services, the chief social work officer of Clackmannanshire council and the chief social work officer of Stirling council, the senior manager of communities and people, Stirling council, the chief officer and chief finance officer of the IJB and the programme manager for integration. The leadership group provides a core senior management interface across all adult health and social care services primarily focused on the services in scope for the IJB. This group is chaired by the chief officer and supports and guides the work of the joint management team.

The joint management team includes the GP locality leads, the relevant general managers, senior managers and service managers from the partnership services. Its core function is to provide an operational interface and decision making point for the functions in scope for the IJB, support and direct the strategic planning and implementation of the Transforming Care and other change programmes, and deliver services. It also has a role in supporting the strategic planning group to fulfil its functions to develop and review the strategic plan. It is chaired by the chief officer.



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Contact us:

Telephone: 0345 600 9527

Email: enquiries@careinspectorate.com

Write: The Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DDI 4NY.

We can provide this publication in alternative formats and languages on request.



Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

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