The meeting is expected to conclude at 11:30am

Next Meeting:

At its next meeting, on 29 September, the Committee expects to take oral evidence from the Scottish Government on the Auditor General for Scotland report entitled “Common Agricultural Policy Futures programme: An update”.

For further information, contact the Clerk to the Committee, Terry Shevlin, on 0131 348 5390 or by email at pa.committee@parliament.scot
PUBLIC AUDIT COMMITTEE

AGENDA

3rd Meeting, 2016 (Session 5)

Thursday 15 September 2016

The Committee will meet at 9.00 am in the James Clerk Maxwell Room (CR4).

1. Declaration of interests: Gail Ross will be invited to declare any relevant interests.

2. Decision on taking business in private: The Committee will decide whether to take item 4 in private.

3. Section 23 report - Changing models of health and social care: The Committee will take evidence on the Auditor General for Scotland report entitled "Changing models of health and social care" from—

   Paul Gray, Director-General Health & Social Care and Chief Executive NHS Scotland, Dr Jason Leitch, Clinical Director, and Geoff Huggins, Director for Health and Social Care Integration, Scottish Government;

   and then from—

   Julie Murray, Chief Officer, East Renfrewshire Health and Social Care Partnership;

   Shiona Strachan, Chief Officer, Health and Social Care, Clackmannanshire and Stirling Integration Joint Board.

4. Section 23 report - Changing models of health and social care: The Committee will consider the evidence received at agenda item 3 and take evidence from—

   Fraser McKinlay, Director of Performance Audit and Best Value, and Carol Calder, Senior Manager, Audit Scotland.
The papers for this meeting are as follows—

**Agenda Item 3**

Note from the Clerk - Scottish Government written response and Integration Joint Boards survey responses  PA/S5/16/3/1

PRIVATE PAPER  PA/S5/16/3/2 (P)

**For information**

Members Bulletin  PA/S5/16/3/3
Public Audit Committee

3rd Meeting, 2016 (Session 5), Thursday 15 September 2016

Changing Models of health and social care: Note from the Clerk

Background

1. At its meeting on 30 June 2016, the Committee took evidence from the Auditor General for Scotland (AGS) on her report Changing models of health and social care. The Committee then agreed to take oral evidence from the Scottish Government and some Integration Joint Boards (IJBs) at a future meeting.

2. At its meeting today, the Committee will take oral evidence on the above AGS report from two panels:

   - Paul Gray, Director-General Health & Social Care and Chief Executive NHS Scotland, Dr Jason Leitch, Clinical Director, and Geoff Huggins, Director for Health and Social Care Integration, Scottish Government; and

   - Julie Murray, Chief Officer, East Renfrewshire Health and Social Care Partnership; Shiona Strachan, Chief Officer, Health and Social Care, Clackmannanshire and Stirling Integration Joint Board.

Scottish Government written submission

3. In advance of today, the Scottish Government has provided a written response to the AGS report. This response is attached at Annexe A.

IJB surveys

4. As part of its consideration of the Scottish Government’s draft budget, the Scottish Parliament’s Health and Sport Committee issued a survey to all IJBs on various topics.

5. To help inform Members of the current situations in the areas covered by the two IJBs giving evidence, the returns to the Health and Sport Committee’s survey from East Renfrewshire Health & Social Care Partnership Integration Joint Board and Clackmannanshire & Stirling Health and Social Care Partnership are attached below as Annexes B and C respectively

Gary Cocker
Assistant Clerk
Public Audit Committee
Dear Convener

Thank you for your invitation to give evidence on Audit Scotland’s report *Changing Models of Health and Social Care* at your meeting on 15 September. As requested by the Clerk, I offer in the meantime a written response to this report. Should the Committee require any further information in advance of the meeting I will be very happy to provide it.

I welcome the interest of the Committee and Audit Scotland in the reforms we have in hand to deliver health and social care integration. This represents one of most significant reforms since the establishment of the NHS and I want to assure the Committee that the Scottish Government is committed to implementing it effectively.

The Audit Scotland report helpfully acknowledges that Health and Social Care Partnerships have real power to drive change by using their new powers and the management of more than £8 billion of resources annually. Partnerships are required to take a strategic approach that moves beyond organisational boundaries to produce better and more sustainable outcomes for people through local service redesign, including by shifting resources towards prevention and anticipatory care. However, many Partnerships only took on the new powers on 1 April 2016, one month following the publication of the Audit Scotland report. The conclusion drawn by Audit Scotland that "Transformational change is not happening fast enough to deliver the ambitious vision for health and social care" might be taken to suggest that change should be immediate. The Committee will appreciate that effective change takes time and I will be happy to respond to any questions the Committee has about our framework for implementation at the session on 15 September.

We are committed to supporting Health and Social Care Partnerships to deliver meaningful change. Our recent funding announcements for health and care in the 2016-17 budget includes an additional £250 million being provided to Health and Social Care Partnerships to protect and grow social care services. This follows previous funding commitments for the three years 2015-16 to 2017-18 to help establish new ways of working that focus on prevention and early intervention and includes £300 million for the Integrated Care Fund, £85 million for the Primary Care Fund, £100 million for delayed discharge, and £30 million for Telehealth.

The improvement in the availability of health and social care data for planning and commissioning services which is recognised in the Audit Scotland report is another example of work in hand to support integration. We have funded Information Services Division (ISD) Scotland to develop linked individual level health and social care data which is transforming our ability to understand the patient pathway. At local level the information is used by Partnerships in developing their strategic commissioning plans to gain a better understanding of the needs of their local population and current patterns of care and service utilisation. Audit Scotland has also made use of the data in their analysis of the health and care system. We will continue to work with ISD to ensure that more data is made available to Partnerships and the information is shared and used as widely as possible.

The Audit Scotland report recommends better coordination of improvement support. I am pleased to report that the Improvement Hub (iHub) at Healthcare Improvement Scotland (HIS), which brings together improvement resources from across different organisations –
the Joint Improvement Team, HIS itself and the Quality, Efficiency and Support Team – is now established. The iHub will work with and support NHS Boards, Partnerships and their partners to deliver care and support that will improve health and wellbeing outcomes for local populations.

Audit Scotland recommended that a longer-term approach to targets and indicators is developed. As the Committee is aware, the Cabinet Secretary for Health and Sport announced a review of NHS targets in June this year. This review will look at how target setting aligns with current our focus on improving outcomes for people and shifting from hospital to more community-based care, and will be considered alongside a review of the existing outcomes and indicators for health and social care integration. Further details about the review, and the expert group to support it, will be announced shortly.

Finally, I want to highlight some of the wider work underway to support delivery of the 2020 Vision. In addition to the integration of health and social care we have in place the primary care transformation programme, the implementation of the National Clinical Strategy, the reform of social care and the work to take forward realistic medicine. It is important to recognise that each of these areas of work contribute to delivery of the 2020 Vision and its focus on shifting the balance of care.

I look forward to meeting the Committee on 15 September.

Yours sincerely

PAUL GRAY
Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government’s budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. Which integration authority are you responding on behalf of?

   East Renfrewshire Health & Social Care Partnership Integration Joint Board

2. Please provide details of your 2016-17 budget:

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health board</td>
<td>65.178</td>
</tr>
<tr>
<td>Local authority</td>
<td>46.604</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>13.425</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125.207</strong></td>
</tr>
</tbody>
</table>

3. Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16.

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>20.079</td>
<td>20.079</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>21.177</td>
<td>17.671</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>36.436</td>
<td>35.832</td>
</tr>
<tr>
<td>Social care &amp; Housing</td>
<td>48.241</td>
<td>51.158</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125.923</strong></td>
<td><strong>125.207</strong></td>
</tr>
</tbody>
</table>

   Note full year 2015/16 shown – IJB was live from August 2015, with financial delegation from October 2015. Community Healthcare 2015/16 includes a number of non-recurring funding sources.

4. The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>928</td>
<td>To fund adult demographic pressures</td>
</tr>
<tr>
<td>100</td>
<td>To fund aids and adaptations increases relating to increased demographics</td>
</tr>
<tr>
<td>710</td>
<td>East Renfrewshire Council pressures</td>
</tr>
<tr>
<td>165</td>
<td>Living wage already in ERC contribution</td>
</tr>
<tr>
<td>935</td>
<td>Living Wage balance – part year effect to be determined</td>
</tr>
<tr>
<td>782</td>
<td>To be allocated, including charging threshold impact £30k, £250k ring-fenced for Living Wage recurring.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,620</strong></td>
</tr>
</tbody>
</table>

Budget setting process

5. Please describe any particular challenges you faced in agreeing your budget for 2016-17:

   - Timing differences between Local Authority & NHS budget setting processes, with NHS budget contribution notified 5/7/16
   - Demographic pressures and savings challenges
   - Uncertainty of future years recurring funding and impact on planning and service redesign challenges; associated frustrations for longer term financial planning
• Identifying options to deliver NHS savings challenge on a recurring basis in future years
• No mechanism for transfer of funds to primary from secondary care
• Funding is allocated on an historic basis and does not reflect NRAC distribution. Nor do the funding allocations reflect 10 years of integration.

6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?
• NHS recognition of financial planning timescales

7. When was your budget for 2016-17 finalised?
• East Renfrewshire Council contribution to IJB confirmed February 2016
• NHSGGC contribution to IJB confirmed July 2016
• NHSGGC set aside budget indicative as at July 2016

8. When would you anticipate finalising your budget for 2017-18?
• February/March 2017

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

East Renfrewshire had an integrated partnership for 10 years prior to the establishment of Integration Authorities. During this time we
• achieved management savings though integration of our health and social care teams and management structures
• aligned our services to clusters of GPs
• introduced a focus on personal outcomes and
• achieved challenging local delayed discharge targets.

Our new Integration Join Board/HSCP is focusing on:

Community Led Support

We have begun working the National Development Team for Inclusion on their Community Led Support programme which is designed to support Health and Social Care Partnerships to put their work right at the heart of communities. The programme works on the principle that frontline community health and social care support and services can be delivered out of “Hubs” based in and working with local communities. Its success comes from local people, organisations and professionals planning, developing and delivering this new way of working together. It is delivered in partnership with Shropshire Council and People2People, Shropshire’s independent social work practice, which is delivering:
• Improved outcomes for local people and their families;
• Motivated and engaged social work teams;
• Streamlined and proportionate support through developing local ‘hubs’ where people can get advice, information and assistance;
• Significant savings to the local authority through reduced demand on statutory services.

We believe that by developing and implementing this approach an integrated health and social care setting we can shift the balance of care in the community from a reactive to a preventative and anticipatory care model, with additional benefits of reduced bureaucracy, better outcomes for individuals and greater efficiency.
Safe and supported

Planning for delayed discharge and unscheduled care was identified as a priority area by our Strategic Planning Group. When we were made aware of the new funding earlier in 2016, we took the opportunity to review how we were currently managing discharges from hospital. This work was in the context of a long term commitment to reducing bed days and high performance in relation to delayed discharge with East Renfrewshire consistently in the top quartile of local areas. We decided to take a broader view of discharge, looking at it as a process, beginning when people were still at home, rather than a single discharge event. We have called this area of work Safe and Supported rather than delayed discharge to emphasise this wider approach. We set up four ‘Safe and Supported’ work groups to develop proposals for tests of change using improvement methodology.

- Prevention and Anticipatory Care
- Point of Possible Admission
- During Admission
- Discharge from Hospital

These task and finish groups which included third sector, independent sector, carers, health and social care staff and managers, GPs and acute clinicians have identified a range of additional improvement opportunities for us to test over the coming year.

Getting it Right for Every Child

For children’s services all activity is underpinned by Getting it Right for Every Child and the wellbeing indicators of Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. In East Renfrewshire, local partners have worked in a collaborative way over the last 6 years to plan and deliver for children through our integrated children’s services planning approach. We have also played a key role in developing and delivering the Early Years Collaborative and Strategy. Children’s social work and health services form part of the services delegated to the Health and Social Care Partnership.

Our campaign to recruit foster carers who live within East Renfrewshire, launched in March 2015, and enabled us to increase our own local authority foster carers. Kinship and close family support is utilised when it is assessed as safe to do so and in the child’s best interests and this is an area that the greatest growth has happened over the last two years, with the number of looked after children in kinship care increasing by 100%. The use of external care placements purchased from the independent sector has reduced by 35% between 2014 and 2016, as costs were exceptionally high and outcomes for children unclear. The use of residential school accommodation is now minimal except for those young people who have additional support needs. There were no young people in secure placements from 2014 to 2016.

10. What efficiency savings do you plan to deliver in 2016-17?
   - Total savings challenge is £2.727 million

11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)
   - No, at present all children’s services and criminal justice are delegated as are those housing functions required by legislation
**Performance framework**

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes

(b) If possible, also show how your budget links to these outcomes

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | - Cervical screening take-up  
- Breast screening up-take  
- Bowel Screening  
- Number of people participating in community based health improvement programmes  
- Local outcome – Older People and People with LTC Feel Included  
- Citizens’ Panel % agree that their community supports older people  
- People reporting ‘seeing people’ needs fully met (%) | Not yet analysed / allocated over outcomes |
| People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. | - People reporting ‘living where you want to live’ needs fully met (%)  
- Self Directed Support spend on adults 18+ % of total social work spend on adults 18+  
- Number of older people with Anticipatory Care Plans  
- Percentage of people aged 65+ who live in housing rather than a care home or hospital  
- Number of people self directing their care through receiving direct payments and other forms of self-directed support.  
- Percentage of people with learning disabilities with an outcome-focused support plan  
- Percentage of deaths occurring in hospital among people aged 65+  
- Percentage of deaths occurring in hospital among people aged 75+  
- Delayed discharge: people waiting more than 14 days to be discharged from hospital into a more appropriate care setting  
- Delayed discharges bed days lost to delayed discharge for patients aged 65+ (incl AWI’s)  
- Delayed discharges bed days lost to delayed discharge for Adults with Incapacity (AWI)  
- A&E attendance per 100,000  
- % Increase in number of older people’s groups  
- % Increase in infant and parent support groups in Barrhead |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use health and social care services have positive experiences of those services, and have their dignity respected.</td>
<td>- People reporting 'being respected' needs fully met (%)&lt;br&gt;- Citizens' Panel % agree that their community supports older people&lt;br&gt;- People reporting 'having things to do' needs fully met (%)&lt;br&gt;- People reporting 'staying as well as you can' needs fully met (%)&lt;br&gt;- People reporting 'living where you want to live' needs fully met (%)&lt;br&gt;- Percentage of offenders completing orders reporting that the order helped them to look at how to stop offending.&lt;br&gt;- Percentage of HSCP (NHS) complaints received and responded to within timescale&lt;br&gt;- Percentage of HSCP (local authority) complaints received and responded to within timescale&lt;br&gt;- Drug-related deaths per 100,000&lt;br&gt;- % of service users moving from drug treatment to recovery service&lt;br&gt;- Alcohol brief interventions - Brief interventions delivered&lt;br&gt;- Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.&lt;br&gt;- % Change in individual recovery Outcome Score Percentage of Licensed Premises passing Challenge 25 Integrity Test – Level 1</td>
<td></td>
</tr>
<tr>
<td>National Outcome</td>
<td>Indicators</td>
<td>2016-17 budget</td>
</tr>
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<td>------------------------------------------------------</td>
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<td>----------------</td>
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</tbody>
</table>
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | - Percentage of those whose care need has reduced following re-ablement  
   - Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population  
   - Number of people referred for dementia post-diagnostic support  
   - People with dementia post-diagnostic support  
   - Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD1  
   - Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD5  
   - Dietetics - % of people waiting over target time at end of month  
   - Physiotherapy - % of people waiting over target time at end of month  
   - Podiatry - % of people waiting over target time at end of month  
   - 48 hour access to GP practice team  
   - Primary Care Mental Health Team wait for referral to assessment within 4 weeks (%)  
   - Primary Care Mental Health Team wait for referral to treatment appointment within 9 weeks (%)  
   - People reporting 'having things to do' needs fully met (%) |                                                                          |                |
| Health and social care services contribute to reducing health inequalities. | - Cancer screening - bowel SIMD1  
   - Cancer screening - bowel SIMD5  
   - Cancer screening - bowel male SIMD1  
   - Cancer screening - bowel male SIMD5  
   - Cancer screening - bowel female SIMD1  
   - Cancer screening - bowel female SIMD5  
   - Number of smokers supported to successfully stop smoking in the most deprived areas  
   - Cervical screening - SIMD1  
   - Cervical screening - SIMD5  
   - INCREASE - 005.1A Male Life expectancy at birth  
   - INCREASE - 005.1B Female life expectancy at birth  
   - INCREASE - 005.1E Male life expectancy at birth in 15 per cent most deprived communities  
   - INCREASE - 005.1B Female life expectancy at birth in 15 per cent most deprived communities |                                                                          |                |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. | People reporting ‘quality of life for carers’ needs fully met (%)  
NB indicators for carers will be further developed as work to implement new Carers’ Legislation is progressed |                |
| People who use health and social care services are safe from harm.               | People reporting ‘feeling safe’ needs fully met (%)  
% Change in women’s domestic abuse outcomes  
People agreed to be at risk of harm and requiring a protection plan have one in place  
Adult Support and Protection - Average time to enquiry completion  
Percentage of Licensed Premises passing Challenge 25 Integrity Test – Level 1 |                |
| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | - % Staff who report feeling 'engaged' in Staff Survey  
- Absence: average days lost per employee (all staff LA)  
- Absence: days lost for long-term absence as percentage of all days lost  
- (all staff LA)  
- Absence: days lost for short-term absence as percentage of all days lost  
- (all staff LA)  
- Sickness absence (%) NHS  
- Sickness absence - short-term (%) NHS  
- Sickness absence - long-term (%) NHS  
- Percentage of NHS HSCP Staff with an e-KSF (Knowledge and Skills Framework) review in last 12 months  
- Percentage of HSCP local authority staff with Performance Review and Development (PRD) plans in place |                |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources are used effectively and efficiently in the provision of health and social care services.</td>
<td>- Primary care prescribing performance - cost per patient (weighted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Primary care prescribing performance against budget</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Primary care prescribing performance - % compliance with preferred list</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Outturn net expenditure within 95% to 100% of approved revenue budget (CHCP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The gross cost of &quot;children looked after&quot; in residential based services per child per week £</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The gross cost of &quot;children looked after&quot; in a community setting per child per week £</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Home care costs for people aged 65 or over per hour £</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Direct payments spend on adults 18+ as a % of total social work spend on adults 18+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Net Cost of Residential Care Services per Older Adult (+65) per Week</td>
<td></td>
</tr>
</tbody>
</table>
Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. **As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?**

   The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer is responsible for the operational management of integrated services. These include social work, social care, rehabilitation, district nursing and aids and equipment all of which have a role in delayed discharge. A number of the health and wellbeing outcomes and national indicators relate to delayed discharge.

2. **What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?**

   The Integration Joint Board directs the allocation of the expenditure. One of the early actions of the IJB through its Strategic Planning Group was to establish a Safe and Supported work stream using improvement methodology to look at both delayed discharges and unplanned admissions. The improvement planning work was undertaken by staff, clinicians, third sector, users and carers.

3. **How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.**

   £1.01m comprising specific funding further supplemented by core activity and budget.

4. **What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:**

   - NHS board
   - Local authority
   - Other (please specify)

   £1.505m comprising specific funding further supplemented by core activity and budget.

5. **How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?**

   The focus in 2015/16 was primarily on planning and scoping work with a total spend of £205k, with funds carried forward to support the projects as detailed below.

   For the remainder of the funding we plan to spend:

<table>
<thead>
<tr>
<th>Project</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Connectors &amp; Hospital Connectors</td>
<td>400</td>
</tr>
<tr>
<td>Pharmacy Support</td>
<td>120</td>
</tr>
<tr>
<td>Out of Hours Care Home Access / Home Care</td>
<td>400</td>
</tr>
<tr>
<td>48 Hour Access</td>
<td></td>
</tr>
<tr>
<td>Step Up / Down Beds</td>
<td>70</td>
</tr>
<tr>
<td>Projects</td>
<td>310</td>
</tr>
<tr>
<td><strong>Total 2016/17 and 2017/18</strong></td>
<td>1,300</td>
</tr>
</tbody>
</table>
6. **What impacts has the additional money had on reducing delayed discharges in your area?**
   
   Our delayed discharge performance has generally been good. The additional funding will help us keep pace with the increase in admissions as well as help prevent increasing numbers.

7. **What do you identify as the main causes of delayed discharges in your area?**
   - As an integrated partnership for 10 years East Renfrewshire has performed very well in relation to delayed discharge meeting the new 72 hour delayed discharge targets most months. Whilst overall lengths of stay are reducing, the level of unplanned admissions continues to be a challenge impacting on overall bed days. Our population has high levels of very elderly living independently but once a fall or other trauma occurs there are few options other than an emergency admission.

8. **What do you identify as the main barriers to tackling delayed discharges in your area?**
   - Hospital information systems are not linked to those in the community including GPs, and this impacts on our ability to track and engage earlier with individuals and their families.
   - Increasing impact of dementia on individual capacity for decision making/planning

9. **How will these barriers to delayed discharges be tackled by you?**
   - Active promotion of guardianship
   - Inreach activity to identify residents and begin planning prior to being “fit for discharge" and ensure that they are both provided with appropriate support and reconnected to informal support networks.
   - Working to avoid inappropriate readmission through medicine reconciliation and compliance activity; end of life care work with care homes and hospice outreach; and community supports.

10. **Does your area use interim care facilities for patients deemed ready for discharge?**
    - Direct access out of hours to interim care support to avoid admissions coupled with district nurse and rehabilitation support

11. **If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?**
    - Trialled this and exploring efficacy

12. **Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as ‘complex’ reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code 9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?**
    
    For financial year 2015/16 our cost was £35k. For 2016/17 and 2017/18 costs will range from £35k to £100k dependant on level of activity.
Social and Community Care Workforce

In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. **As an Integrated Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?**
   
   Responsible for health and wellbeing outcomes including
   
   - People using health and social care services are safe from harm.
   - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

   Responsibilities under Integration Planning and Delivery Principle of Quality of Care include.
   
   - Ensuring that the services we commission and/or deliver are providing appropriate education, training and supervision to staff to improve care quality
   - Being assured that staff in our area are clear about lines of professional accountability for care, whichever sector they work in.
   - Being assured that the services we commission and/or deliver have appropriate numbers of staff and skill mix to provide quality care.

   Responsibility under Clinical and Care Governance Framework and local arrangements
   
   - Through Council’s commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors
   - Through Clinical and Care governance arrangements providing assurance to the IJB, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.

2. **Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government’s vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.**
   
   Yes although local Care Homes report some difficulties in recruiting and retaining qualified nursing staff

3. **Other than social and community care workforce levels, are there other barriers to moving to a more community based care?**
   
   Reduced funding from the NHS board along with 10 years of integration meant that we have already realised the efficiencies of integrated working and there is real potential that front line services will be affected in future years.

4. **What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?**
   
   East Renfrewshire is a relatively affluent area with high educational attainment. Providers who cover a number of areas report that they experience more issues recruiting staff in the area than neighbouring authorities. There is a degree of staff mobility between providers, with the workforce mostly retained within East Renfrewshire.
5. **What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across local authority, independent and voluntary sectors?**

- We are in the process of letting a care and support contract that is pivotal to reviewing contractual terms and costs in relation to fair work practices.
- Close working with providers through forums and public social partnerships allow us to jointly consider future staff roles and associated skill/knowledge base. Public Social Partnership has resulted in increased collaborative work between providers including staff training and development activity.
- Workforce planning is exploring potential career pathways across health and social care, including the development of modern apprentices. Career and recruitment fairs have been organised with support from local employability partners.

6. **What proportion of the care for older people is provided by externally contracted social and community care staff?**

- 95% of residential nursing care placements are provided by externally contracted providers.
- 30% of homecare is currently contracted, with a framework exercise currently ongoing
- Approximately 70% of day-care is purchased

7. **How are contracts monitored by you to ensure quality of care and compliance with other terms including remuneration?**

We have small contracts monitoring team that uses a risk based approach to monitoring quality of care.

Providers submit quarterly returns which contain information about fair work practice, staff movements, use of agency, and a number of quality indicators. This data is supplemented by feedback from HSCP staff if concerns arise from reviews of people supported by providers.

Where there are concerns about quality or compliance the team works with providers to develop, agree and monitor an improvement plan. Where appropriate this is carried out in collaboration with the Care Inspectorate.
Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government’s budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. Which integration authority are you responding on behalf of?

Clackmannanshire & Stirling Health and Social Care Partnership
Correspondence email address: CS.integration@nhs.net
Correspondence postal address: 4th Floor, Kilncraigs, Greenside Street, Alloa, FK10 1EB
Telephone: 01259 225080

2. Please provide details of your 2016-17 budget:

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health board</td>
<td>96.789</td>
</tr>
<tr>
<td>Local authority</td>
<td>44.846</td>
</tr>
<tr>
<td>Set aside budget</td>
<td>19.123</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>160.758</strong></td>
</tr>
</tbody>
</table>

Note excludes £4.507 of Partnership Funding Flowing through NHS Board included in IJB initial budget total of £165.265m.

3. Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16.

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>19.535</td>
<td>19.123</td>
</tr>
<tr>
<td>Community healthcare</td>
<td>33.808</td>
<td>33.324</td>
</tr>
<tr>
<td>Family health services &amp; prescribing</td>
<td>65.087</td>
<td>63.465</td>
</tr>
<tr>
<td>Social care</td>
<td>47.397</td>
<td>44.846</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>165.827</strong></td>
<td><strong>160.758</strong></td>
</tr>
</tbody>
</table>

Note 2016/17 Social Care budget includes £4.507m of funding from Integration Fund (the £250m budget allocated for social care). On a like for like basis the total 2016/17 budget would equate to £156.251m.

4. The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.

As detailed within Paper 9 presented to the June 2016 Integration Joint Board meeting subject to ongoing review of cost estimates in relation to the costs of implementing the Living Wage from 1 October 2016. A link to the paper is provided here [http://nhsforthvalley.com/wp-](http://nhsforthvalley.com/wp-).
Budget setting process

5. Please describe any particular challenges you faced in agreeing your budget for 2016-17

The process detailed within the Integration Scheme and a comprehensive, transparent and collegiate due diligence process assisted greatly with 2016/17 budget setting. Although there remain matters to address going forward this is essentially around the margins of the budget and the process provided a solid foundation for agreeing initial budgets.

6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?

The Clackmannanshire & Stirling Health and Social Care Partnership Integration Scheme details process to be used. The financial sections of the integration scheme were developed by the pan Forth Valley Finance Workstream and represent professional financial advice as part of supporting the governance arrangements of the Integration Authorities.

7. When was your budget for 2016-17 finalised?

At the special Integration Joint Board meeting of 30 March 2016. Paper can be accessed here.

8. When would you anticipate finalising your budget for 2017-18?

The Partnership’s Integration Scheme details the process to be used and interface with Local Authority and NHS Board budget setting. However the finalisation of the budget is largely dependent on the timing of financial settlements to Local Authorities and NHS Boards so it is difficult to be definitive at this point in time. The treatment of the Integration Fund within the 17/18 Scottish budget will be particularly important for IJBs given the significant cost of implementing the living wage.

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan 2016 - 2019:

We have already begun realignment of use of Partnership funding streams to clearly focus on the priorities agreed within the Strategic Plan 2016 - 2019.
Development of reablement and frailty pathways will also shape investment decisions going forward including the delivery of Stirling Care Village and the care models therein. Further work is also planned to develop a detailed financial plan to underpin the delivery plan for the Strategic Plan 2016 - 2019 and development of localities which will aim to shape and target future expenditure patterns towards the Strategic Plan 2016 - 2019 priorities and the needs evidenced within the supporting Strategic Needs Assessment.


10. What efficiency savings do you plan to deliver in 2016-17?

As detailed in the budget setting papers from the Special Integration Joint Board meeting of 30 March 2016. These can be accessed at this link: http://nhsforthvalley.com/wp-content/uploads/2015/12/Stirling-and-Clackmannanshire-Integration-Joint-Board-Special-Meeting-29th-March-2016.pdf#page=17

11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)

The Integration Scheme was approved by:

- Transitional Board on 3 June 2015
- NHS Forth Valley on 16 June 2015
- Clackmannanshire Council on 25 June 2015
- Stirling Council on 25 June 2016

It was subsequently submitted to the Cabinet Secretary for Health, Wellbeing and Sport who approved the Integration Scheme and was laid before Scottish Parliament before coming into effect on 4 September 2015 for 28 days before coming into effect on 3 October 2015.

The Integration Scheme sets out the functions to be delegated and there are currently no plans to extend delegation.
### Performance framework

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes
(b) If possible, also show how your budget links to these outcomes
- We are currently developing the performance framework to align to the developing partnership activity underpinning the Strategic Plan. We are unable to provide a budget breakdown aligned with the nine National Health and Wellbeing Outcomes at this point in time but are working towards this over 2016/17.

<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer.</td>
<td>% of adults able to look after their own health very well or quite well</td>
<td></td>
</tr>
</tbody>
</table>
| People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. | % adults supported at home who agree that they are supported to live as independently as possible  
% of people admitted from home to hospital during the year, who are discharged to a care home  
Proportion of last 6 months of life spent at home or in community setting.  
% of adults age 65+ with intensive needs (10+ hrs) receiving care at home |                |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | % of adults supported at home who agree that they had a say in how their help, care or support was provided.  
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated.  
% of adults receiving any care or support who rate it as excellent or good  
% of people with positive experience of care at their GP practice.  
Expenditure on end of life care |                |
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life  
Rate of emergency admissions for adults  
Proportion of care services graded ‘good’ or better in Care Inspectorate Inspections. | |
| Health and social care services contribute to reducing health inequalities. | Premature mortality rate | |
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. | % of carers who feel supported to continue in their caring role. | |
| People who use health and social care services are safe from harm. | % of adults supported at home who agree they felt safe  
Emergency (all) bed day rate per 1,000 population  
Readmissions to hospital within 28 days of discharge  
Falls – rate per 1000 patients 65+ | |
<p>| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | % of NHS staff who say they would recommend their workplace as a good place to work | |</p>
<table>
<thead>
<tr>
<th>National Outcome</th>
<th>Indicators</th>
<th>2016-17 budget</th>
</tr>
</thead>
</table>
| Resources are used effectively and efficiently in the provision of health and   | % of adults supported at home who agreed that their health and care services seemed to be well co-ordinated  
| social care services.                                                          | • Readmissions to hospital within 28 days of discharge  
|                                                                                | • % of total health and care spend on hospital stays where the patient was admitted in an emergency  
|                                                                                | • Older people’s (65+) home care costs (expenditure) per hour.  
|                                                                                | • Bed Days Occupied by Delayed Discharge Patients per 1000 Population aged 75+  
|                                                                                | • % of people who are discharged from hospital within 72 hours of being ready                                                                                                                            |
Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?

The Integration Joint Board is responsible for monitoring the performance of the delegated functions and therefore receives delayed discharge performance reports at every Integration Joint Board meeting. Over 2016/17 this report will evolve into a whole system performance report in preparation for the first Annual Report in 2017.

A Clackmannanshire & Stirling Delayed Discharge Steering Group is in place to support operational performance and lead improvement activity with acute services and the other Partnership within the NHSFV area as appropriate.

2. What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?

The relevant expenditure is contained within in-scope functions and the Set Aside budget therefore the responsibility for directing these resources lies with the Integration Joint Board. At operational level the activity to address delayed discharge is managed through the partnership management groups and the improvement actions taken forward through the delayed discharge steering group and the reshaping care planning group.

3. How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.

£0.722m was specifically spent on actions to address delayed discharge. However many other supplementary streams of work, activity and resource are focussed on effective prevention, admission avoidance and supporting rehabilitation and reablement.

4. What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:
   a. NHS board
   b. Local authority
   c. Other (please specify)

The partnership does not receive or direct funding solely to address the issue of delayed discharges. Resources which form the payment to the IJB...
have been allocated in line with the functions detailed within the Integration Scheme. Some of these functions will contain costs of services aimed at reducing unplanned admissions, supporting safe and effective discharge and rehabilitation and Reablement which will collectively minimise the incidence and impact of delayed discharge.

5. **How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?**

The Partnerships planned investment programme for Delayed Discharge Funding was presented to the 22 June 2016 Integration Joint Board meeting as is detailed within Paper 8.2 Update on Evaluation and Review of Integrated Care Programme. The report can be accessed here: [http://nhsforthvalley.com/wp-content/uploads/2015/12/Wednesday-22-June-2016-Clacks-and-Stirling-IJB-Papers.pdf#page=55](http://nhsforthvalley.com/wp-content/uploads/2015/12/Wednesday-22-June-2016-Clacks-and-Stirling-IJB-Papers.pdf#page=55) and it is important to view this investment as an element of a wider programme aimed at delivering the priorities of the Strategic Plan 2016 - 2019.

6. **What impacts has the additional money had on reducing delayed discharges in your area?**

- There has been investment across Clackmannanshire & Stirling and Forth Valley wide initiatives. A central discharge hub to coordinate the discharge process, additional Social Work assessment capacity created intermediate care capacity and additional long term care beds in rural Stirling.
- The investment in the discharge hub and associated assessment capacity improved the process of discharge and in particular the pathway through the acute hospital. This is evident in overall reduction in bed days for Forth Valley last year. It also enabled short term additional capacity in the community to be put in place over the winter months and this supported hospital flow during this period.

7. **What do you identify as the main causes of delayed discharges in your area?**

- Prevention of admission services via the hospital based Frailty Service is still in development and is not yet demonstrating impact at scale.
- Social Work Assessment capacity
- Different risk thresholds between hospital and community based staff which can create delays in the timeframe for discharge planning and create delays in the commissioning process for the variable nature of care packages that are subsequently commissioned.
- Adults with Incapacity Legislative framework. Limited Mental Health Officer (MHO) capacity and limited progress on managing incapacity issues in advance of requirement for admission creates a delay in the timeframe for discharge.
- Lack of capacity to discharge to home care, due to significant recruitment issues within the external homecare sector. This results in internal
capacity routinely being used in full with the result that there are delays in commissioning new packages.

- Lack of capacity to discharge to long term residential/nursing care or extra care sheltered accommodation. The existing services are being used to full capacity routinely impacting on the ability to discharge from hospital timeously.

Note: The combination of the homecare recruitment issues and the care home sector/sheltered housing sector being used to capacity results in the totality of the older people’s services having significant capacity issues in managing those services users fit for discharge.

Worth noting that performance for both Clackmannanshire and Stirling has remained relatively consistent in terms of overall Scottish performance. Issues highlighted are not always problematic e.g. issues with long term care availability are relatively recent.

8. **What do you identify as the main barriers to tackling delayed discharges in your area?**

   - Service capacity in relation to recruitment and retention of homecare staff by external providers
   - Service capacity in relation to the availability of care home beds, intermediate care beds and extra care sheltered accommodation at short notice
   - The remote and rural nature of some of the partnership area also presents some challenge in terms of choice for older people and availability of all forms of care.

9. **How will these barriers to delayed discharges be tackled by you?**

   - Working strategically in partnership with Independent Homecare companies in relation to recruitment & retention, training and the development to support a career pathway that encourages people into the service and increases staffing capacity.
   - Further implementing a model of reablement across care providers in order to reduce the focus of commissioning based on task and time and move to a more efficient and person centred model of commissioning based on individual outcomes.
   - Further developing intermediate care facilities that either prevent admission to hospital or facilitate early discharge from hospital
   - Greater use of Telecare technology in order to reduce the dependency upon home care, thus increasing the capacity of the service to respond to other clients’ needs and reduce Delayed Discharge.
   - Greater flexibility in pulling staff resources together across health and social care within a locality framework of integrated/locality teams in order to increase general capacity. This work will start in the more remote and rural areas of the partnership.
   - Working in partnership with Housing Providers within the Partnership area in order to develop greater capacity within the extra care/sheltered housing
sector in order to increase the capacity of the variety of services available to facilitate discharge from hospital.

- Development of the Stirling Care village with a significant investment in a joint care facility and will effectively deliver discharge to assess model.
- Pilot work in developing an intermediate care model for people with dementia which will support reduction in delays for this client group.

10. **Does your area use interim care facilities for patients deemed ready for discharge?**

   The partnership has developed intermediate care provision both in terms of bed based provision within care homes and in care at home reablement services. People being discharged to the intermediate care services are worked with to maximise their recovery.

11. **If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?**

   - Stirling: 10 weeks average stay
   - Clackmannanshire: 8.5 weeks average stay

12. **Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as ‘complex’ reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code 9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?**

   Using the direct costs of a community hospital ward and applying this to the Occupied Bed Day’s for Code 9 patients the cost for 2015/16 is estimated at £0.739m. We would, however, suggest that extreme caution should be applied in interpreting this estimate as it does not represent a fully realisable cost should these occupied bed days reduce.

   Current intelligence suggests a similar level of OBD’s for 2016/17 and therefore a similar level of cost.

   **Social and Community Care Workforce**

   In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. **As an Integration Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?**

   This responsibility is addressed through the Strategic Plan 2016 – 2019 and through associated workforce planning activities. An integrated approach to
workforce planning has started and will be taken forward to address these areas of responsibility and the Partnerships Integrated Workforce Plan 2016 – 2019 can be accessed here.

2. Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government’s vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.

- General shortage of Social Care staff across residential/day and homecare services.
- Recruitment and retention in the independent care at home sector is a particular challenge for the Partnership
- Specific shortage of Mental Health Officers (Social Work) in managing issues in relation to Adults With Incapacity both in terms of direct delivery and their capacity to provide training for other Social Services and NHS staff to support earlier planning for people who may lack capacity to make decisions and in the appropriate use of legislation to protect individuals’ rights.

3. Other than social and community care workforce levels, are there other barriers to moving to a more community based care?

- The Partnership is working on the development of a strategy for the provision of extra care/sheltered housing in partnership with housing partners.

4. What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?

**Home Care:**

- Availability of both Zero hour contracts v contracted/banked hours in order that potential employees can make a positive choice in relation to preferred conditions of service – zero hours contracts currently in use by independent providers
- Unsocial hours and expectation to work flexible work patterns
- Relatively low pay and low status across the sector
- Increasingly complex nature of needs of individuals requiring a care at home service
- Home care not viewed as an attractive work for young people
- Home care not viewed as an attractive work for men.
- Need to improve the out of hours services
- No clear or very limited career pathway

5. What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across Local Authority, independent and voluntary sectors?
Commissioning/Finance and senior Operational Management staff have been meeting the home care providers individually during the year in order to progress this matter. An interim payment has been agreed with the companies concerned but a full year payment has not been settled to date. A report will be presented to the Integration Joint Board in September 2016 to provide an update on progress.

Learning and development and career pathways are also areas we have explored in meetings with providers. Staff recruitment/retention and learning and development are key aspects of contract.


6. **What proportion of the care for older people is provided by externally contracted social and community care staff?**

The proportion of externally commissioned care across all adults services is 76% in the Clackmannanshire area and 81.7% in the Stirling area.

7. **How are contracts monitored by you to ensure quality of care and compliance with other terms including remuneration?**

The monitoring and review of external provision is designed to be risk-based and proportionate. Commissioners evaluate risk, based on seeking information about performance from different sources including complaints, feedback from staff members or service users and their families and from other agencies or regulatory bodies. The range and type of intervention or support provided can vary depending on the on the factors involved, which may include:

- Where significant concerns are raised about a service by users or their representatives, staff, regulatory bodies, other partners, the media, the public etc.
- Number of complaints and patterns/trends in complaints
- Services where there are significant concerns, such as staff turnover, staff absence, the level of serious incidents
- Number of adult support and protection concerns and patterns/trends
- A breakdown of the service, which would potentially have a significant budgetary impact or a requirement for reconfiguration.
- Where changes in the service effects its overall cost, leading to concerns about the viability or cost of the service
- Where the provider is in breach of the terms and conditions of the contract
- Where the model of service no longer complies with strategic objectives
- Where changes to legislation effect existing arrangements or the providers’ ability to provide a service
Contract monitoring involves the following activities:

- Collection of consistent and measurable data about services (quantitative and qualitative);
- Collation of information from a variety of sources including complaints data, feedback from stakeholders and survey information; and
- Analysis, consideration and informed judgements about the information obtained.

This information is then used to:

- Identify and resolve any shortcomings of individual providers and within the service;
- Review and raise service and contractual standards;
- Support service-purchasing decisions, including those involving suspension or termination of contracts as a result of continuing unsatisfactory performance; and
- Support and stimulate wider market management and strategic commissioning decisions.
The following table details new documents laid or published since the last Committee meeting which fall within the general remit of the Committee. Except in relation to reports from the Auditor General for Scotland, there is no requirement for the Committee to consider these documents, however Rule 6.7 of Standing Orders provides for the Committee to consider any such documents, if it so decides.

<table>
<thead>
<tr>
<th>Date Laid</th>
<th>Ref</th>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/06/2016</td>
<td>SG/2016/106</td>
<td>The Office of the Scottish Charity Regulator Annual Report and Accounts for the year ended 31 March 2016</td>
</tr>
<tr>
<td>29/06/2016</td>
<td>SG/2016/19</td>
<td>The Parole Board for Scotland Annual Report 2014-15</td>
</tr>
<tr>
<td>30/06/2016</td>
<td>SG/2016/85</td>
<td>Office of Gas and Electricity Markets (Ofgem) Annual Report and Accounts 2015-16</td>
</tr>
<tr>
<td>30/06/2016</td>
<td>SG/2016/70</td>
<td>Scottish Criminal Cases Review Commission 2015-16 Annual Accounts</td>
</tr>
<tr>
<td>30/06/2016</td>
<td>SG/2016/65</td>
<td>Professional Standards Authority for Health and Social Care Review of professional regulation and registration and Annual Report and Accounts 2015/16</td>
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<tr>
<td>04/07/2016</td>
<td>SG/2016/74</td>
<td>Transport focus annual report and accounts 2015-16</td>
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<td>12/07/2016</td>
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<td>BBC Annual Report &amp; Accounts 2015/16</td>
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<tr>
<td>13/07/2016</td>
<td>SG/2016/114</td>
<td>The Office of Communications Annual Report and Accounts for the period 1 April 2015 to 31 March 2016</td>
</tr>
<tr>
<td>22/07/2016</td>
<td>SG/2016/121</td>
<td>Risk Management Authority Annual Report &amp; Accounts 2015-16</td>
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<td>SG/2016/125</td>
<td>Scottish Public Services Ombudsman Annual Report and Accounts year ended 31 March 2016</td>
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<td>04/08/2016</td>
<td>SG/2016/127</td>
<td>Forestry Commission Scotland Annual Report and Accounts 2015-16</td>
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<td>10/08/2016</td>
<td>SG/2016/102</td>
<td>Student Awards Agency for Scotland Annual Report and Accounts 2015-16</td>
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<td>15/08/2016</td>
<td>SG/2016/84</td>
<td>Education Scotland Annual Accounts 2015-16</td>
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<tr>
<td>07/09/2016</td>
<td>SG/2016/149</td>
<td>Cairngorms National Park Authority Annual Report and Accounts 2015/16</td>
</tr>
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**Forthcoming AGS reports**

<table>
<thead>
<tr>
<th>Title</th>
<th>Anticipated publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS in Scotland 2016</td>
<td>October 2016</td>
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**Forthcoming Accounts Commission reports (for information)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Anticipated publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work in Scotland</td>
<td>September 2016</td>
</tr>
<tr>
<td>Local Government overview</td>
<td>November 2016</td>
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