

A special meeting of the **Integration Joint Board** will be held in the **Committee Suite, Municipal Building**, on **Thursday 30 March 2017 at 9:30am**

22 March 2017

## BUSINESS

1. **Apologies**
2. **Declarations of Interest**
3. **Minute**  
Minute of Meeting of the Integration Joint Board held on 3 February 2017 **(Pages 3 to 11)** For Decision
4. **Membership of Integration Joint Board** For Decision  
Report by the Chief Officer. **(Pages 12 to 15)**
5. **Chief Officer Report** For  
Report by the Chief Officer. **(To Follow)** Noting/Decision
6. **IJB Financial Report** For  
Report by the Chief Finance Officer. **(To Follow)** Noting/Decision
7. **Partnership Funding** For Decision  
Report by the Chief Officer. **(Pages 16 to 78)**
8. **Scheme of Delegation** For Decision  
Report by the Chief Officer. **(Pages 79 to 85)**
9. **Annual Risk Management Report** For Decision  
Report by the Chief Officer. **(Pages 86 to 116)**
10. **Performance Report** For  
Report by the Chief Officer. **(To Follow)** Noting/Decision

**11. IJB Audit Committee Report** For Decision

Report by the Chief Finance Officer. **(Pages 117 to 141)**

**12. Exclusion of Public**

If so resolved, exclude from the meeting the press and public for the following item of business on the grounds that it involves the likely disclosure of exempt information as set out in paragraph 3 of the schedule to the Standing Orders.

**13. Meetings of Social Work Complaints Review Committee** For Noting

Report by the Director of Corporate and Housing Services.

**(Contact for further information – Jack Frawley, Committee Services Officer,  
Telephone Number: 01324 506116)**

# **AGENDA ITEM**

**3**

**Draft**

## **FALKIRK INTEGRATION JOINT BOARD**

**Minute of Meeting of the Falkirk Integration Joint Board held in the Municipal Buildings, Falkirk on Friday 3 February 2017 at 9.30am.**

**Voting Members:**

Allyson Black (Chairperson)  
Dennis Goldie  
Linda Gow  
James King (Vice-Chairperson)  
Alex Linkston  
Julia Swan

**Non-voting Members:**

Margo Biggs, Service User Representative (substitute)  
Sandra Burt, Staff Representative, Falkirk Council  
Patricia Cassidy, Chief Officer  
Leslie Cruickshank, GP Medical Representative  
Tom Hart, Staff Representative, NHS Forth Valley  
Karen Herbert, Third Sector Interface  
Morven Mack, Carer Representative (substitute)  
Ewan Murray, Chief Finance Officer  
Fiona Ramsay, Director of Finance, NHS Forth Valley  
(substitute Chief Executive, NHS Forth Valley)  
Mary Pitcaithly, Chief Executive, Falkirk Council  
Angela Price, Third Sector Representative  
Angela Wallace, Nursing Representative

**Officers:**

Jack Frawley, Committee Services Officer, Falkirk Council  
Joe McElholm, Head of Social Work Adult Services, Falkirk Council  
David McGhee, Head of Procurement & Housing Property, Falkirk Council  
Liz McGhee, Service Manager, Falkirk Council  
Colin Moodie, Depute Chief Governance Officer, Falkirk Council  
Kathy O'Neill, Community Services Directorate – General Manager, NHS Forth Valley  
Margaret Petherbridge, Project Development Manager, Falkirk Council  
Bryan Smail, Chief Finance Officer, Falkirk Council  
Laura Taylor-Howat, Service Manager, Falkirk Council  
Suzanne Thomson, Programme Manager (Health and Social Care Integration)  
Elaine Vanhegan, Head of Performance and Governance, NHS Forth Valley  
Pauline Waddell, Senior Mobile Operations Co-ordinator, Falkirk Council  
Ian Whitelaw, Customer First Team Leader, Falkirk Council

**IJB72. Apologies**

Apologies were received on behalf of Claire Crossan, Jane Grant, Martin Murray.

**IJB73. Declarations of Interest**

There were no declarations of interest.

**IJB74. Minutes**

**Decision**

- (1) The minute of meeting of the Integration Joint Board held on 2 December 2016 was approved, and**
- (2) The minute of the meeting of the Integration Joint Staff Forum held on 15 July 2016 was noted.**

Councillor Goldie entered the meeting during consideration of the previous item.

**IJB75. Membership of the Integration Joint Board**

The Integration Joint Board considered a report by the Chief Officer advising of two changes to the board's membership. The report set out that Morven Mack would be the temporary carer representative substitute appointment and that Dr Andrew Murray would be the board's medical practitioner representative following the resignation of Tracey Gillies from her post with NHS Forth Valley. Suzanne Thomson provided an overview of the report.

**Decision**

**The Integration Joint Board noted the appointment of:-**

- (1) Morven Mack as the substitute carer representative for the duration of the carer representative's appointment, and**
- (2) Dr Andrew Murray as the registered medical practitioner member of the board.**

**IJB76. Chief Officer Report**

The Integration Joint Board considered a report by the Chief Officer which provided an update on developments within the Health and Social Care Partnership. The report provided information on capacity modelling; the frailty model; discharge to assess; primary care and GP update; delayed discharge; transfer of operational responsibility for NHS community services to the Chief

Officer, and Scottish Government correspondence. Patricia Cassidy provided an overview of the report.

The board discussed the potential financial savings of the move to the discharge to assess model and the escalation policy in relation to the policy on choice. Joe McElholm stated that the service was working to manage supply and demand. There were a finite number of care home placements available. Falkirk's per capita rate was slightly lower than the national average. However, across Forth Valley there were more people in care homes than in other authorities per capita. The key message was to develop more community resources.

The board discussed that it would be useful to know why Falkirk use care homes significantly more than Stirling & Clackmannanshire, asking why so many people were assessed as needing a care home placement. Members then asked what difficulties had arisen in relation to daily huddles beyond the test of change week. Patricia Cassidy stated that there was a resource issue which was being looked at. She highlighted the need for a cohesive patient pathway and that resources would be targeted where required.

Members discussed the Cabinet Secretary's request to improve the level of delayed discharge. Patricia Cassidy stated that it was a complex picture and that work was ongoing to tackle the whole cycle. There was a lot of learning coming for the discharge to assess pilot. She advised that the reablement work was reaching the right people and helping to improve the situation.

Members asked how capacity modelling fit within the wider work being undertaken and when results were likely to be seen. Patricia Cassidy stated that a whole systems map was being developed which would look at all points of entry. This would help to identify where there were sticking points and blockages. Then resources could be deployed in the most effective way. Suzanne Thomson advised that the first phase of mapping would be concluded by the end of March and that a wider stakeholder session would be held after that.

The board asked about the frailty clinic, and in reference to previous discussions, when the service was available or closed due to staffing availability. Patricia Cassidy stated that there would be data on the frailty clinic included as part of the next partnership funding report and that there was a need to look practically at how best to use resources.

Members discussed recruitment to the post of Chief Finance Officer. Patricia Cassidy advised that the job description had been finalised and that the advert would be live next week. It was confirmed that the appointments panel would comprise the Chair, Vice-Chair and Chief Officer, with Fiona Ramsay and Bryan Smail.

## **Decision**

### **The Integration Joint Board:-**

- (1) noted the continued progress being made within available resources;**
- (2) noted the process of the pilot of the Discharge to Assess model;**

- (3) remitted the Chief Officer, in discussion with the Chief Executives and Chief Finance Officer to take appropriate action in relation to the Discharge to Assess pilot set out in section 4 of the report;**
- (4) noted the Chief Officer will ensure that the project team continues to address emerging issues and report back to the Board;**
- (5) remitted the Delayed Discharge Steering Group to provide regular updates on key elements of the Delayed Discharge Improvement Plan with a full progress report on a 6 monthly basis;**
- (6) remitted the Chief Officer to provide an update to the special meeting on any action required in relation to Ward 5, Falkirk Community Hospital, and**
- (7) noted the response to the Scottish Government consultation on the draft National Health and Social Care Standards.**

#### **IJB77. Integration Joint Board Financial Report**

The Integration Joint Board considered a report by the Chief Finance Officer which provided an overview of the financial position of the Health and Social Care Partnership. The financial position to 30 November 2016 was summarised. Information on changes to the partnership budget, the current position and significant areas of financial pressure was provided. The board was provided with a presentation by Bryan Smail, Fiona Ramsay and Ewan Murray.

#### **Decision**

##### **The Integration Joint Board:-**

- (1) noted the financial position of a reported overspend of £0.942m for the period ended 30 November 2016;**
- (2) noted the reduction in the current projected overspend for the year to 31 March 2017 from £0.872m to £0.730m;**
- (3) noted the anticipated use of Integration Funding to cover the projected Adult Social Care Services overspend as agreed on 5 August;**
- (4) noted the current position on savings programmes and other updates detailed in section 5 of the report;**
- (5) noted the update in relation to the implementation of the Living Wage as detailed in section 7 of the report;**
- (6) noted that an update on the 2017/18 budget would be presented to the Board in the form of a presentation;**
- (7) noted the feedback received on the 2017/18 budget proposals;**

- (8) noted the post due diligence update on Community Hospitals as detailed in section 9 of the report;**
- (9) noted the update in relation to VAT and IJBs as detailed in section 10 of the report, and**
- (10) agreed to hold a special meeting on 30 March 2017 for the primary purpose of considering the 2017/18 budget and to cancel the meeting scheduled for 7 April 2017.**

#### **IJB78. Partnership Funding**

The Integration Joint Board considered a report by the Chief Officer providing information in relation to Partnership Funding, Integrated Care Fund and the Delayed Discharge Fund. The report provided information on the Following the Public Pound (FPP) framework and partnership funding investment. Suzanne Thomson provided an overview of the report.

##### **Decision**

##### **The Integration Joint Board:-**

- (1) noted the progress of the Leadership Group in relation to a framework for commissioning Third Sector organisations in compliance to 'Following the Public Pound' (FPP);**
- (2) agreed that the FPP framework is presented to the Audit Committee for due scrutiny prior to submission to the IJB, and**
- (3) approved the allocations of Partnership Funding as set out in Appendix 1 and section 4.4 of the report.**

#### **IJB79. Performance Report**

The Integration Joint Board considered a report by the Head of Performance and Governance, NHS Forth Valley advising the Board of its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services. Elaine Vanhegan provided an overview of the report.

##### **Decision**

##### **The Integration Joint Board noted:-**

- (1) the report;**
- (2) the exceptions highlighted and that appropriate action will be taken forward by the relevant NHS General Managers, in conjunction with the Chief Officer, and**

- (3) that the performance information in this report will be considered by Falkirk Council's Scrutiny Committee (External).**

**IJB80. Homecare and Community Care Contract**

The Integration Joint Board considered a report by the Head of Procurement and Housing Property, Falkirk Council seeking agreement of the proposed contract strategy principles to facilitate the delivery of the new homecare and community care services contract. The report set out the contract timetable and strategy. David McGhee provided an overview of the report.

**Decision**

**The Integration Joint Board:-**

- (1) agreed the contract principles set out in section 4.6 of the report;**
- (2) noted the contract timetable and associated stakeholder consultation, and**
- (3) noted that a further report would be submitted to a future meeting to approve the completed contract strategy.**

The board agreed to a short adjournment at 11.40am and reconvened with all members present as per the sederunt with the exception of Councillor Goldie at 11.50am

**IJB81. Social Work Complaints Procedure**

The Integration Joint Board considered a report by the Chief Officer which provided an update on the changes to the existing system for reviewing complaints about social work provision, effective from 1 April 2017. The report set out the social work model complaints handling procedure. Suzanne Thomson provided an overview of the report.

**Decision**

**The Integration Joint Board:-**

- (1) noted the requirement to adopt the model complaints handling procedure from 1 April 2017;**
- (2) remitted the Head of Social Work Adult Services and the Head of Performance and Governance to ensure appropriate arrangements are in place to implement both the Council and NHS complaint procedures, and**
- (3) noted the Chief Officer would provide an update through the Chief Officer Report on the compliance statement and self-assessment return required by 7 April 2017.**

### **IJB82. Moving from Analogue to Digital Technology**

The Integration Joint Board considered a report by the Head of Adult Social Work Services which sought approval to enter the FREEDOM partnership project and apply for funding. The board were provided with a presentation by Liz McGhee, Pauline Waddell and Ian Whitelaw.

#### **Decision**

##### **The Integration Joint Board:-**

- (1) agreed to become a member of the FREEDOM project currently led by the Digital Health and Care Institute;**
- (2) noted that Falkirk Council staff will identify and utilise the current in-house funding streams, including the current allocated Integrated Care Fund monies;**
- (3) agreed to submit further bids to the Scottish Government, Technology Enabled Care Programme and Innovate UK, and any other funding streams that may be made available in the future, and**
- (4) noted that further work was required to understand the longer term financial implications both for the Council and the IJB and this would be taken forward by the Chief Finance Officer in conjunction with relevant colleagues.**

### **IJB83. Self Directed Support Implementation – Progress Update**

The Integration Joint Board considered a report by the Head of Social Work Adult Services which provided an update on the progress of implementation of Self Directed Support (SDS) in Falkirk. The report provided information on the SDS options, SDS action plan and workstreams, and performance reporting. Joe McElholm provided an overview of the report.

#### **Decision**

##### **The Integration Joint Board:-**

- (1) noted the progress made to date, and**
- (2) requested a further progress report on SDS to the October meeting.**

### **IJB84. Strategic Outcomes & Local Delivery Plan, 2016 – 2020**

The Integration Joint Board considered a report by the Chief Officer which provided information on the delivery plan, work undertaken to date and the pilot of locality planning in Bo'ness and Blackness. Suzanne Thomson provided an overview of the report.

Members discussed that the success measures required further work and development. Suzanne Thomson stated that the performance sub-group had worked to ensure that there was reliable performance information available. Currently on information which had been assessed as being reliable had been included this allowed certainty that the measures were meaningful.

### **Decision**

**The Integration Joint Board noted the:-**

- (1) submission of the SOLD Delivery Plans to the Community Planning Partnership Strategic Board;**
- (2) board's role as a delivery group and responsibility to provide progress and performance reports to the Community Planning Partnership Strategic Board, and**
- (3) development of a locality planning framework for the Community Planning Partnership.**

# **AGENDA ITEM**

**4**

**Title/Subject: Membership of Integration Joint Board**  
**Meeting: Integration Joint Board**  
**Date: 30 March 2017**  
**Submitted By: Chief Officer**  
**Action: For Decision**

## 1. INTRODUCTION

- 1.1 The purpose of the report is to inform Integration Joint Board members about a number of changes of representation and to invite the Board to confirm these appointments.

## 2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1 confirm the appointment to the Integration Joint Board as noted at section 4.

## 3. BACKGROUND

- 3.1 At the meeting on 9 January 2015 the Transitional Board agreed that membership will align with that prescribed within the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the IJB Regulations) except that the Chief Executives of the Council and Health Board will be non-voting members and that one staff representative from each constituent organisation be appointed to the IJB.
- 3.2 The IJB Regulations state that the non-voting members must include the following representation by role:
- The Chief Officer of the IJB
  - The Chief Social Work Officer
  - The proper officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973 i.e. the finance officer of the IJB
  - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Scotland (Scotland) Act 1978
  - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract
  - A registered medical practitioner employed by the Health Board and not providing primary medical services.

#### **4. MEMBERSHIP OF THE INTEGRATION JOINT BOARD**

- 4.1 The Chair of the Integration Joint Board's term of appointment will end on 30 April 2017, and the Vice Chair is stepping down from 31 March 2017. The IJB were advised at the Board meeting on 3 February 2017 that Julia Swan will be the Chair.
- 4.2 The councillor members term of appointment ends on 30 April 2017. The Vice Chair and councillor members will be confirmed following the local government elections, and it is anticipated this will be reported to the Board at their meeting on 16 June 2017.
- 4.3 The Chief Executive, NHS Forth Valley has been appointed to a new post with effect from 1 April 2017. It is proposed the Interim Chief Executive is appointed to the IJB pending recruitment to the post. A verbal update on the interim post-holder will be provided at the IJB meeting.
- 4.4 The Board is asked to note that Helen Welsh will be the substitute staff representative for Falkirk Council.

#### **5. CONCLUSION**

In conclusion the Integration Joint Board are asked to confirm the appointments to ensure the IJB is compliant with the required membership as set out in the Public Bodies (Joint Working) (Integration Joint Boards Establishment) (Scotland) Order 2015.

##### **Impact on IJB Outcomes and Priorities**

There is not an impact on IJB outcomes and priorities.

##### **Legal and Risk Implications**

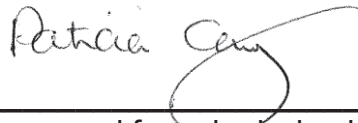
There are no legal and risk implications arising from this appointment.

##### **Consultation**

No consultation is necessary.

##### **Equalities Assessment**

An equalities assessment is not required



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Approved for submission by: Patricia Cassidy Chief Officer

**Author** – Suzanne Thomson, Programme Manager, Falkirk HSCP

**Date:** 17 March 2017

**List of Background Papers:**

February 2017 Integration Joint Board Report

Falkirk Health and Social Care Partnership Integration Scheme

# **AGENDA ITEM**

**7**

**Title/Subject:** Partnership Funding  
**Meeting:** Integration Joint Board  
**Date:** 30 March 2017  
**Submitted By:** Chief Officer  
**Action:** For Decision

## 1. INTRODUCTION

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with the following information in relation to Partnership Funding; Integrated Care and Delayed Discharge Funds:

- Funding recommendations for new proposals reviewed in accordance with the agreed Partnership Funding Governance process, detailed within Appendix 1.
- A recommended process, to bring current investment in Arm's Length and External Organisations in line with a strategic commissioning process, which will enable the IJB to appropriately commission and thereafter scrutinise services provided.

## 2. RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1 Approve allocations of Partnership Funding, as presented in Appendix 1; and
- 2.2 Remit the Leadership Group to progress work relating to the alignment of current investment to Arm's Length and External Organisations with a strategic commissioning process, as noted in section 5.

## 3. BACKGROUND

- 3.1 Integrated Care (ICF) and Delayed Discharge (DD) Funds are currently allocated to Integration Authorities by the Scottish Government, to add value to existing core services, for the period 2015 to 2018. In line with Scottish Government guidance, issued in July 2016, funds are currently allocated and scrutinised in line with local evidence of need and strategic commissioning priorities.
- 3.2 As highlighted within the Chief Finance Officer's report, from April 2018, ICF and DD funds will be included within NHS Forth Valley's recurring base budget.

It should be noted that Scottish Government direction regarding the levers and priorities relating to future use of Partnership Funds may change. Local investment priorities will take cognisance of any formal notification of change and the IJB will be updated accordingly.

- 3.3 Table 1 below, provides the financial position for Partnership Funding as at March 2017. Figures provided in Table 1 includes information gathered from quarter 3 (Oct – Dec 16) monitoring returns. On this basis, where initiatives have reported underspends or any significant slippage, the accumulative total is reported as ‘resource for reallocation’. It should be noted that financial controls and monitoring in place has resulted in an accurate overview of expenditure against commitment, however also results in regular amendment to the balance available to commit.

*Table 1: Financial position at March 2017, including Quarter 3 projections*

	2016/17			2017/18		
	Resource available	Current Projected Expenditure	Available to commit	Resource available	Current Projected Expenditure	Available to commit
	£'000	£'000	£'000	£'000	£'000	£'000
Integrated Care Fund and Bridging	3,863	2,912	951	3,798	2,256	1,542
Delayed Discharge Fund	894	894	-	864	494	370
Resource for reallocation (from monitoring returns)	-	184	184			
<b>TOTALS</b>	<b>4,757</b>	<b>3,622</b>	<b>1,135</b>	<b>4,662</b>	<b>2,750</b>	<b>1,912</b>

#### **4. PARTNERSHIP FUNDING INVESTMENT**

- 4.1 During the past two months, the Partnership Funding Group (PFG) has considered investment with a total value of £1,826,625. This comprised two new proposals, four continuations and one request for additional funds. The value of the total recommendation made by the PFG is £1,783,325. PFG recommendations were endorsed by the Strategic Planning Group on the 17<sup>th</sup> March 2017 and are included within Appendix 1 of this report.
- 4.2 As reported to the IJB via the Chief Officer’s reports in October 2016, the HSCP joint management structure, including the Leadership Group and Change Programme Board are now fully operational in the provision of strategic operational direction and management. In line with the agreed Partnership Funding governance process, a proposal was provided to the PFG by the Chief Finance Officer. This related to a proposal of £1.5million from the ICF to be directed by the Leadership Group. This will enable the Leadership Group to effectively and timeously allocate resources to respond to need, effect

action, increase pace of change and improvement within key priority areas aligned with the Strategic Plan.

- 4.3 The Leadership Group will identify priority areas for investment and remit appropriate officers to develop and submit funding proposals to be considered by the Leadership Group. The funding application and decision-making will be in line with the previously agreed Partnership Funding process and is governed by the financial regulations and Scheme of Delegation. Once it has been considered by the Leadership Group and approved by the Chief Officer, this will be presented to the Chair and Vice Chair of the IJB for agreement. The outcome of these decisions will be reported to the Integration Joint Board and Strategic Planning Group.
- 4.4 The PFG will be provided with regular investment updates on these projects and will assume a monitoring remit, gathering performance information to evidence the impact of initiatives supported. Where required these proposals will be overseen by the HSCP Change Programme Board. Performance information will be reported to the IJB within the bi-annual Partnership Funding performance report. This process is summarised in Appendix 2.

## **5. THIRD SECTOR IMPACT MEASUREMENT REPORT**

- 5.1 The Third Sector within the Falkirk Council area is very diverse and contributes greatly to the local economy and social welfare of our communities. Appendix 3, the Third Sector Impact Measurement Report 2016, provides a context and details of the breadth of services offered, and the financial contribution made in the Falkirk Council area.
- 5.2 The Impact report draws on information gathered from 381 organisations operating within the Falkirk Council areas. It is acknowledged that this equates to less than half of all Third Sector Organisations within the area. The report highlights that similar to Scotland as a whole, social care was the largest sub-sector, with 27% of organisations. Over 132,000 people benefitted from the activities of organisations and 60% had an income of less than £25,000. The report concludes that the Falkirk Third Sector is healthy, growing, and contributes in many varied ways to our community.

## **6. STRATEGIC COMMISSIONING: ARMS LENGTH AND EXTERNAL ORGANISATIONS**

### **Strategic Commissioning**

- 6.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a requirement of integration authorities to prepare a strategic commissioning plan, establishing the arrangements for delivery of integrated functions and how these arrangements will achieve local outcomes. Falkirk Health and Social Care Partnership's Strategic Plan sets the strategic direction and local outcomes and priorities for the period 2016 – 2019.

- 6.2 Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Strategic commissioning relates to services that are delivered within Health and Social Care services and also to services that are purchased within Independent and Third Sectors.
- 6.3 Falkirk Council and NHS Forth Valley currently fund a wide range of services delivered through external providers. There are currently two main processes for engaging external providers in service delivery; tendering and grant funding. The tendering process is the most commonly used approach to commissioning external provision, however there are currently a number of arrangements in place with Third Sector organisations to deliver services via grant funding. In these cases, a Service Level Agreement or Joint Working Agreement is the binding contract between the lead agency and provider.
- 6.4 With the transfer of budgetary authority to the IJB, there is an opportunity to consider how current grant funding arrangements support the delivery of the HSCP Strategic Plan and achieve best value, whilst also adequately supporting local providers within the Third Sector to develop and improve services in line with need and demand within localities. In addition, the HSCP's Financial Regulations and Reserves Policy states that 'arrangements will be put in place to maintain control and clear accountability over the public funds delegated to the Board' and furthermore that 'Best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound should be incorporated into the Strategic Plan'.
- 6.5 Appendix 4 provides an overview of the organisations that have received grant funding from NHS Forth Valley and Falkirk Council from both mainstream and ring-fenced budgets, over the value of £10,000, during 2016/2017. It should be noted that figures provided relate to approved budget rather than spend, as spend is yet to be confirmed for the 2016/2017 financial year. Figures will be confirmed within NHS Forth Valley and Falkirk Council's year end accounts.

### **Case for Change**

- 6.6 Grant funding awarded for service delivery within Third Sector organisations has typically been allocated and reviewed on an annual basis, by the commissioning service. This model has resulted in a fragmented approach to resource allocation and reductions being made to some stands of funding with limited consideration to the impact on wider service delivery. The current model prohibits the Partnership's ability to strategically commission services, limits innovation and deters new entrants. Third Sector organisations are restricted in their ability to plan ahead, drive continuous improvement or to effectively measure outcomes, which can result in unstable service delivery.

- 6.7 To enable Falkirk HSCP to adopt an approach to strategic commissioning that continues to fully recognise the value of our Third Sector partners in achieving better outcomes for service users and communities, and to provide a robust foundation for service delivery and improvement, it is proposed that a whole-scale review be undertaken to consider what services are currently in place, what services are needed and the most appropriate mechanism for commissioning these services. This review will be undertaken with consideration of national Procurement Regulation and local Contract Standing Orders and Financial Regulations.
- 6.8 Appendix 5 sets out the proposed review process, which will be undertaken during 2017/2018. It is anticipated that a lead-in timescale will be required to procure and establish contractual arrangements (where that is deemed appropriate). As such, it is likely that new contracts will be in place from mid 2018.
- 6.9 As noted within the Chief Finance Officer's report, where organisations have received a grant during 2016/2017 and continue to evidence effective delivery, it is recommended that funding is awarded for the period 2017/2018. This will allow the review of commissioned services to be undertaken. As reported in the Partnership Funding report in December 2016, the review will consider:
- Clear alignment of investment with HSCP priorities
  - Potential de-commissioning of some services which no longer meet with HSCP priorities
  - Maintenance of services supported through short-term funding, in line with service specific commissioning strategy and priority e.g. development of the Mental Health & Wellbeing Priority of the SOLD Plan
  - Alignment of in-scope service provision, currently funded by Service areas that are out of scope and vice versa and
  - The introduction of new legislation, which changes current statutory responsibility.
- 6.10 In addition, during the review process, consideration will also be given to the following:
- **Duration of Funding:** Commissioning service provision for more than 1 year; typically 3, will allow a constancy of service delivery. It will enable commissioned services to plan the implementation, delivery and evaluation of services to enable continuous improvement. Longer contract periods will provide an opportunity to gather valuable longitudinal data to measure more effectively the outcomes achieved by the service, which in turn can be bench-marked against similar services nationally, to evidence efficiency.
  - **Stakeholder Engagement:** Service leads, partner agencies and service users, their carers and families will be engaged within the process of service evaluation and service design. This will ensure that future services are appropriate to local need and where appropriate, give cognisance the outcomes of, for example the Community Planning Partnership (CPP).

- **Development of outcomes focussed commissioning and performance frameworks:** The proposed strategic commissioning process will enable services to be developed with a focus on service user and service outcomes. This enables organisations to adopt a flexible approach to delivery which can be shaped and amended to maintain a focus on outcomes rather than outputs. Performance information will also relate to progress towards short, medium and long-term outcomes. Effort will also be made to link performance within commissioned services to the IJB performance framework to further enable whole system impact to be assessed.
- **Collaborative approaches to service delivery:** Integrated approaches to provision will be encouraged to ensure that Third Sector organisations are able to contribute towards service user pathways. This is likely to be particularly relevant to support both early intervention and prevention, and also to promote reablement and independence. Collaborative approaches will also reduce the culture of competitiveness that has arisen within Third Sector organisations, which has been exacerbated by an unstable grant funding environment.
- **Community asset based approaches:** The process will recognise and encourage the 'keep it local' agenda, whereby local community based services can increase their service reach, depth and efficacy through the voluntary use of community assets. In the long-term, this will generate buy-in from the community, resulting in increased longevity, sustainability and engagement, particularly around the key areas of early intervention and prevention. An often unintended consequence of local action is the spread of knowledge in the community, which can of itself be a benefit and result in a prevention outcome.

6.11 In order to progress this important and significant piece of work, it is proposed that the Leadership Group be remitted to initiate the approach, as set out within Appendix 5 of this report. It is intended that the review process is completed by April 2018. By this time the commissioning process will be underway, however it is anticipated that new contracts will be established from mid 2018. Due to the complex nature of current funding, new Legislation and the development of the CPP's SOLD plan, initial priority will be given to services for unpaid carers and mental health.

## 7. CONCLUSIONS

### Resource Implications

To effectively progress the process to bring current investment in Arm's Length and External Organisations in line with a strategic commissioning process, a commitment to contribute will be required from a range of departments across the Partnership. This is likely to include service leads within Health and Social Care as well as representatives from Procurement, Planning, Performance and Finance.

It is anticipated that there will also be a request for support from CVS Falkirk, as the local TSI (Third Sector Interface), who are remitted with communicating with, and supporting Third Sector engagement.

### **Impact on IJB Outcomes and Priorities**

Partnership investment aligns and contributes directly towards local outcomes. The adoption of a strategic commissioning approach to working with Third Sector organisations will further support the delivery of IJB outcomes, in the medium to long-term.

### **Legal & Risk Implications**

No legal issues have been identified.

In relation to Partnership Funding, risk implications relate to individual initiative performance and compliance with Scottish Government requirements regarding use of partnership funds. The governance and monitoring process previously approved addresses any potential risk.

Failure to adopt adequate commissioning arrangements will result in increased risk. Commissioning of future services will be compliant with Contract Standing Orders and Financial regulations.

### **Consultation**

The process set out within Appendix 5, has been in consultation with relevant services within the Partnership, including Procurement and Finance and also the TSI.

Consultation and engagement will be an important aspect of this work and will be developed in conjunction with the TSI to ensure a wide reach within the Third Sector. Consultation will be through existing platforms such as the Community Care and Health Forum, online discussion forum currently in place, e-news bulletins and various events facilitated through the year such as the Older People's Day event. In addition, as a CPP partner, the TSI will use similar mechanisms to reach beyond the Third Sector organisations focused on adult health and social care, to those where it is considered an adjunct to their main objectives, and to provide links across the SOLD themes.

### **Equalities Assessment**

Allocations of partnership funding directly contribute towards and align with the Strategic Plan and a full Equalities and Poverty Impact Assessment has been completed for the Plan. Further EPIA will be undertaken for areas of disinvestment.



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Approved for submission by: Patricia Cassidy, Chief Officer

**Author – Lesley MacArthur, Integrated Care Fund Co-ordinator & Karen Herbert, Chief Executive Officer, CVS Falkirk**  
**Date:** 9 March 2017

**List of Background Papers:**

Integrated Care Plan December 2014

IJB Papers regarding Partnership Funding:

- 7 October 2016

- 5 December 2016

- 2 February 2017

Partnership Funding Group minute and scoring matrix

- 6 December 2016

- 9 January 2017

- 7 March 2017

Strategic Planning Group minute

- 20 January 2017

- 17 March 2017

## Strategic Planning Group: Partnership Funding Group Project Summary and Recommendations

Funding Proposals: Recommendations – All funded services and posts are required to integrate within the Change Programme and be an integral part of the cohesive whole system approach

Project Name & Lead Agency	Amount and Term Requested	Project Summary	Strategic Alignment	Recommended Funding	Justification/Condition
My Home Life  Scottish Care	£32,000  1 June 2017 – 31 August 2018	<b>Overview:</b> This initiative intends to deliver a tried and tested leadership support programme to 16 care home managers based within local care homes, with a focus on personal outcomes that will enhance quality of life and experiences of those living, working, visiting and dying in care homes. The programme will support care home managers to establish a community of practice that will equip them to take forward integrated care initiatives in a sustainable way. It will also help them to empower all those in the care home environment to collaborate to encourage an asset based approach to be taken, resulting staff and service users being able to use their capabilities to the full.	<b>Self-Management:</b> The skills and capabilities of service users and their families are recognised and encouraged by staff, in line with personal outcomes. <b>Safe:</b> Care home managers and staff develop knowledge and skills to manage positive risk to be taken that enables service users to achieve personal outcomes. <b>Autonomy &amp; Decision Making:</b> Care homes beyond respecting basic ‘preferences’ to address the ethical and practical dilemmas associated with balancing resident autonomy, care, protection, dignity & relatives’ preferences in context of group living <b>Community Based Supports:</b> Existing and potential personal and local community supports in resident’s life are identified and contact opportunities explored.	N/A	Funding is not recommended: <ul style="list-style-type: none"> <li>Lack of clear evidence of local need or added value to existing training provision.</li> <li>PFG noted that a training element is included within cost of care contracts, however no contribution towards cost was proposed from Care Homes.</li> </ul>
Rapid Access Frailty Clinic 25 NHS Forth Valley	£167,000  1 April 2017 - March 2018	<b>Overview:</b> In December 2016, the IJB agreed that on-going funding to the Rapid Access Frailty Clinic (RAFC) within Forth Valley Hospital, would be subject to the submission of a business case, outlining a revised model of delivery and taking into account learning from current provision. It was also agreed that the amended service should set within the context of an overarching Frailty model and supporting Discharge to Assess. Assurance was also to be provided that Partnership Funded resource is dedicated to the provision of the initiative. As a Forth Valley service, this development was to be taken forward in discussion with Clackmannanshire and Stirling Partnership.  Discussion with RAFC leads has progressed in conjunction with Clackmannanshire and Stirling Partnership. Geriatric Assessment and fast initiation of a care plan is noted as being important in admission avoidance. Consideration is being given to how the RAFC aligns with front door provision with an onward pathway to on-going community based care and support.	<b>Self-Management:</b> People are able to manage their health conditions through access to diagnosis, advise and prompt referral when required. <b>Safe:</b> Consultant assessment informed decisions are taken to prevent and reduce admission to hospital. <b>Autonomy &amp; Decision Making:</b> Services users and their carers are able to participate in the development of treatment and care plans. <b>Service User Experience:</b> People have access to services timeously.	£167,000  1 April 2017 - March 2018	To enable the service development process to conclude and to ensure service continuity, it is recommended that funding be allocated, in principle, until 31 March 2018.  Conditions of in principle award: <ul style="list-style-type: none"> <li>On conclusion of service development discussions, that a revised business case is provided, detailing revised provision and associated costs.</li> <li>Staff resource funded through Partnership Funds will be dedicated to the provision of the revised model and evidence of this will be provided within quarterly monitoring returns.</li> </ul>
ALFY  NHS Forth Valley	£13,300  1 April 2017 - March 2018	<b>Overview:</b> In February 2017, the IJB approved funding of £88,298 to an amended ALFY service, to include a public facing advice line as well as a single point of contact.  A request has been made for additional funds for senior nurse leadership in ALFY to ensure that the service develops as anticipated. ALFY staff are currently provided with management support via the ACP and Night Nursing Team. Dedicated	<b>Self-Management:</b> People are able to manage their health conditions through access to advise, information and prompt referral when required. <b>Safe:</b> Professionals have access to community services on a 24/7 basis, ensuring that people can be directed to relevant services promptly. <b>Autonomy &amp; Decision Making:</b> Communities have access to reassurance and advice, whilst professionals can take decisions about people’s care based on	N/A	Decision deferred pending submission of a detailed implementation plan, in line with recommendations approved by the IJB in February 2017, regarding funding for reconfigured service for the period 1 April 17 – 31 March 18.

		management resource would allow the progress toward implementing the single point of contact whilst also improving the existing public facing service. £13,300 would provide 0.25 FTE Band 7. It is intended that this contribution is matched by Clackmannanshire/Stirling Integrated Care Fund.	prompt response from community services. <b>Community Based Supports:</b> Staff are aware of third sector/community based supports as a point of referral or signposting. <b>Service User Experience:</b> People have access to services timeously.		
Data Analyst HSCP	£39,000 1 July 2017 – 31 March 2018	<b>Overview:</b> Additional data analyst support has now been in place since May 2016. The focussed expertise has enabled the analysis of a range of data across the health and social care system to provide an understanding of current service delivery and support future planning at a service and Partnership level. On-going expertise will assist in the development of Locality based planning and delivery as well as undertaking specific thematic work linked to service improvement.	Data Analyst support contributes to the underpinning intelligence that is essential to the longer-term planning and delivery of health and social care services.	£39,000 1 July 2017 – 31 March 2018	Continue funding.
Integrated Care Fund Co-ordinator HSCP	£46,110 1 July 2017 – 31 March 2018	<b>Overview:</b> Dedicated management of Partnership Funds has now been in place since April 2016. During this time revised governance, monitoring and evaluation processes have been introduced, whilst continuing to invest in priority areas. On-going investment of Partnership Funds should link directly with Partnership's strategic commissioning priorities, supporting change and improvement across the partnership. On-going management support will further enable a strategic commissioning approach to be developed and embedded. The ICF Co-ordinator contributes to other areas of development within the HSCP such as Strategic Planning and Participation and Engagement.	On-going management of Partnership Funds is key to aligning investment with Partnership priorities to help affect service change and improvement.	£46,110 1 July 2017 – 31 March 2018	Continue funding.
Performance Support HSCP	£31,220 1 July 2017 – 31 March 2018	<b>Overview:</b> To date the Performance management and support capacity has largely focussed on Partnership Funding, with a small amount of time being provided to supporting Partnership performance. With the introduction of the new Partnership performance framework a need has emerged for further capacity to support the development of process and structures that will enable the production of robust, integrated performance information. It is proposed that existing Performance Support capacity move towards a dual role of monitoring Partnership Funding performance and impact and also supporting wider Partnership performance developments.	On-going performance management is key to aligning investment with Partnership priorities to help affect service change and improvement.	£31,220 1 July 2017 – 31 March 2018	Continue funding, noting amended remit.
Strategic Commissioning HSCP Leadership Group	£1,500,000 1 April 2017- 31 March 2018	<b>Overview:</b> It is proposed that an allocation of £1.5million ICF be ring-fenced for direct allocation by the Leadership Group. This allocation will allow the HSCP Joint Management Team, including the Leadership Group and Change Programme Board to respond effectively to need, ensuring that they are able to direct action, change and improvement within key priority areas.	Strategic investment supports progress towards integrated service delivery.	£1,500,000 1 April 2017-31 March 2018	Funding recommended, with the following conditions: <ul style="list-style-type: none"> <li>• Areas for investment are agreed through discussion between Chief Officer, Chair and Vice Chair of IJB.</li> <li>• PFG are provided with investment updates.</li> <li>• Performance is reported in line with Partnership Funding governance process.</li> </ul>
<b>Total funding requested:</b>	<b>£1,828,630</b>		<b>Recommended Funding:</b>	<b>£1,783,330</b>	

**STAGE 1**

**Leadership Group:**

1. Investment area identified based on evidenced need
2. Lead Officer identified to develop proposal.

Identification of investment area

**STAGE 2**

Proposal submitted by Lead Officer and assessed by Leadership Group.

Proposal submitted

**STAGE 3**

1. Proposal considered by Leadership Group and approved by the Chief Officer.
2. Chief Officer presents proposal to Chair and Vice Chair of IJB.

Proposal Approved

**STAGE 4**

Investment update presented to IJB & Strategic Planning Group.

Performance Monitored

**STAGE 5**

1. Performance managed by Change Programme Board and monitored by Partnership Funding Group.
2. Performance reported to IJB on 6-monthly basis.

Performance Reported

# The Third Sector in Falkirk

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## Impact Report 2016

CVS Falkirk  
James Gigg



## Acknowledgements

CVS Falkirk would like to thank the University of Edinburgh for part-funding an intern, James Gigg, who completed this research and produced the following report. Thanks also go to the previous intern, Jennifer Kean, who conducted the research for the Impact Report published in 2015.

We would like to thank the organisations that contributed to this report.

Thank you to Falkirk Council for continued support and partnership working.

CVS Falkirk and District is the Third Sector Interface for the Falkirk Council area.

We support, develop, promote and represent volunteering, social enterprise and the wider third sector locally. We work with community planning partners to ensure the third sector is engaged in community planning and that our sector thrives and is sustainable.

CVS Falkirk and District is a Registered Company Limited by Guarantee in Scotland No. SC085838. Registered Scottish Charity, No. SC000312

## Executive Summary

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This research is intended to measure the economic impact of the third sector in the Falkirk Council area. It was conducted with the conviction that only with knowledge of, and attention to, the contribution of the Falkirk third sector to our community, can we adequately address the deficiencies, celebrate the successes, and represent the views of our sector.

This research is drawn primarily from a survey, which was distributed to 617 third sector organisations, and for which 117 responses were received – a response rate of 19%. This was supported by secondary data collection, from: the list of Falkirk charities on the OSCR website; the third sector funding detailed in the Council budget, and; a 2014 Social Enterprise mapping analysis, conducted jointly by Falkirk Council and CVS Falkirk.

There are clear limits to the scope of this research – it does not capture, nor is it representative of, the whole third sector in Falkirk. And, the research is at an early stage, this being only the second iteration of what will become an annual process. But with these caveats, there have been some impressive results:

- Total income of **£103,217,291**, with total grant funding of £3,291,269.
- A total of **131,136** people served.
- Similarly to Scotland as a whole, Social Care was the largest sub-sector, with 27% of organisations.
- 212 out of 360 organisations (58.9%) had income of less than £25,000, with only 7 above £1,000,000.
- The organisations surveyed had **3,563** volunteers, **415** part time staff, and **350** full time staff.
- Organisations with income below £25,000 rely disproportionately on volunteers
- Falkirk's Third Sector organisations felt that they contributed most to the 'Early Years & Children' Community Planning theme, but overall the sector contributed to each of the themes.

It is clear that the Falkirk third sector is healthy, growing, and contributes in many varied ways to our community.

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## 2. Introductory Remarks

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The third sector is defined simply as all organisations that are neither private nor public sector – any organisation that does not distribute profits to owners, and is not controlled directly by government. It includes community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers. Third sector organisations provide valuable services that would otherwise not be available; these organisations also have a direct financial impact on the local area, in terms of funding, employment, and volunteer opportunities.

Falkirk has a dynamic and diverse third sector which ranges in scope and size, and this report aims to catalogue the economic contributions that it makes. The report follows on from the 2015 Impact Report, which is available [online](#) on the CVS Falkirk website.

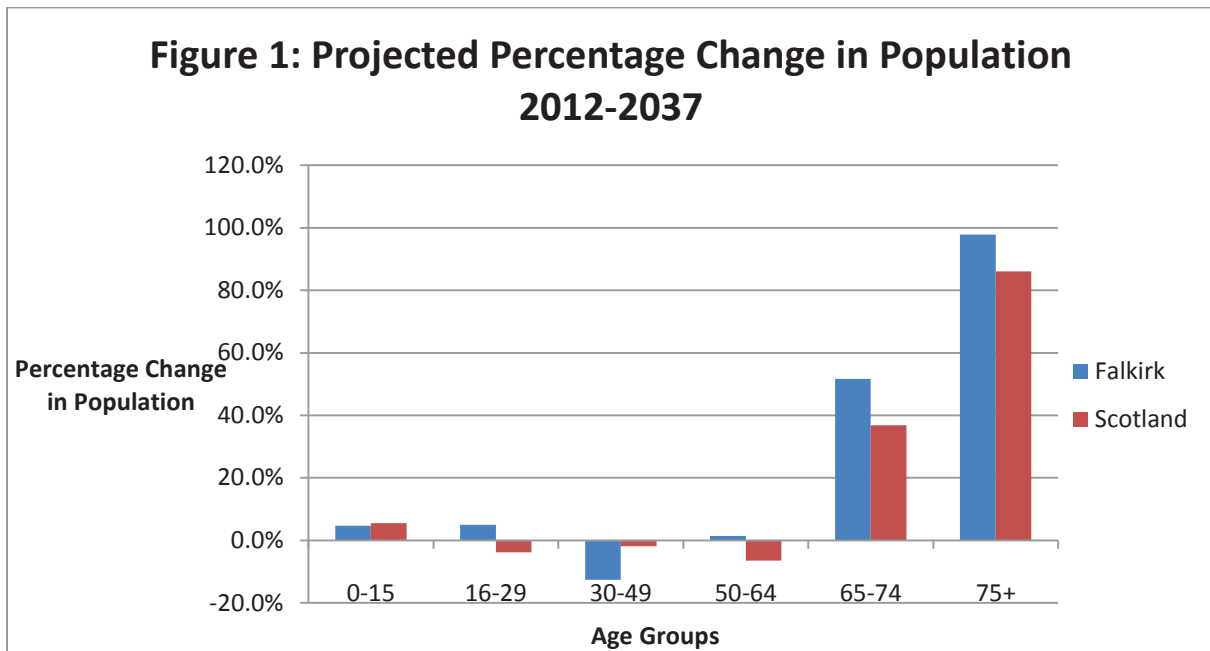
This research was conducted during an eight-week internship period, and as such cannot fully capture all of the third sector's contributions: it should be viewed as a minimum value of the impact the third sector has in Falkirk.

### 2.1 Falkirk and the Third Sector

Falkirk, located at the heart of Scotland, is served by a vibrant and engaged third sector. By population, it is the 11<sup>th</sup> largest Local Authority of 32 in Scotland (ONS – Nomis, 2016).

Unemployment in Falkirk is slightly below that of Scotland as a whole with 5.2% of people unemployed compared to 5.9% nationwide. However, Falkirk unemployment remains above the UK average of 5.1%. The area is ranked joint 17<sup>th</sup> in terms of unemployment rates out of the 32 Local Authority areas in Scotland (ONS - Nomis, 2016).

Falkirk's population grew by 0.5% from 2014 to 2015, and it is projected to increase by a total of 10.4% between 2012 and 2037 – a larger increase than that projected for Scotland as a whole (NRS, 2016). Similarly to the national trend, it has an ageing population, though it is notable for also being projected to have a growing number of young people, as can be seen in Figure 1 below.



Source: NRS (2016)

These demographic changes will clearly pose challenges for the Falkirk area, especially with the current trend towards smaller budgets. The third sector has an important role to play in overcoming such challenges.

## 2.2 Aim

This report will make clearer the impact of the third sector in the Falkirk Council area, building on the knowledge gained from the 2015 research report. It will not be possible to fully assess all that the third sector does in the Falkirk area within this report, as the resources and information to do so do not currently exist. A full accounting of the impact the third sector has would require far more data than almost all third sector organisations currently collect – for instance on not just the number of people helped by an organisation, but also the effect that such services had on the recipients’ lives.

However, this report will aim to provide a baseline picture of some of the third sector’s contributions to the Falkirk area. To that end, the report will focus on:

- Annual income and grant funding
- Employment and volunteer contributions
- Impact on seven key areas:
  - Economic Growth and Employment

- Early years and Children
- Community Safety
- Environment
- Health and Physical Activity
- Older People
- Poverty and Welfare Reform

These seven key areas were identified in the 2015 report from two sources: the Single Outcome Agreement for Falkirk 2013-2015 (Falkirk CPP, 2013) provided six, with the additional Environment outcome sourced from Scotland's National Outcomes (Scottish Government, 2012). These key areas are referred to as Community Planning themes.

## 3. Methodology

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This report largely follows the outline of the initial 2015 report (CVS Falkirk, 2015), for ease of comparison and data gathering. The 2016 research was conducted during an eight-week internship commencing 13<sup>th</sup> June 2016. Due to the obvious time and resource constraints, there are limitations to the conclusions that can be drawn from this research. Appendix C gives a breakdown of data sources for each section of the results.

### 3.1 Primary Data

Primary data was gathered using a survey of Third Sector Organisations (TSOs) in the Falkirk Council area, a copy of which is available in Appendix B. A [surveymonkey.com](#) link to complete the survey was widely distributed – via email, CVS Falkirk e-bulletin, personal meetings and telephone calls – to third sector organisations operating in Falkirk. In total, the survey was directly sent to 617 organisations. The survey was also available in word document, hardcopy and by interview for those who would find the online format inaccessible due to time or technological constraints. The survey was open for responses between 1<sup>st</sup> and 26<sup>th</sup> July, and a total of 117 valid responses were received. Of these, 115 responded through [surveymonkey.com](#), and 2 in hardcopy. The survey was designed so as to gain information on both economic and social contributions; where information is available through the survey, this data has been used in preference to the other data-gathering methods detailed.

Methodological issues with the primary data include:

- There are far more organisations in Falkirk than those surveyed. It is estimated that there are more than 800 TSO's in the Falkirk area, compared to a respondent count of 117.
- Respondents to the survey are self-selecting (i.e. organisations choose to respond or not), meaning the data should not be seen as a representative sample from which to draw conclusions about the sector as a whole.

So, we can only take the results summarised as a baseline estimate of the third sector's contribution to Falkirk, bearing in mind that this reflects only a portion of the whole sector.

### 3.2 Secondary Data

Secondary financial data was gathered from the Office of the Scottish Charity Regulator (OSCR) website, from Falkirk Council data, and from previous data collection conducted jointly by CVS Falkirk and Falkirk Council.

The OSCR data was collected directly from the OSCR website for all charities based within the Falkirk Council area. The data was valid as of 27<sup>th</sup> June 2016 and relates to 2013/2014, 2014/2015 or 2015/2016, depending on the most recent organisational reporting to OSCR.

Also included in the financial figures was data collected in 2014 (and therefore relating to the 2013/14 financial year) in a mapping analysis of social enterprise by CVS Falkirk and Falkirk Council. Where there was overlap between the 2014 data and the more recent OSCR data, the OSCR data was used, except where organisations operated in more than one area – the mapping analysis relates directly to funding/income for the Falkirk Council area, whereas the OSCR data only gives information for the whole organisation, so the mapping analysis is more relevant, even if earlier.

Funding information was provided directly by Falkirk Council, for organisations which it funds. This data relates to the external funding Falkirk Council allocated in the 2015/16 budget and is available in Appendix D or [online](#). Some of the organisations included in this dataset were included in the OSCR or Social Enterprise mapping data, or indeed may have responded to the survey. Therefore, the Council funding data should be viewed as extra information only, not as an addition to the total financial figures. It shows only the funding that Falkirk Council has distributed, and is therefore a subset of the wider third sector data.

Methodological issues with secondary data collection include:

- Many TSO's are not charities, and therefore are not registered with OSCR.

- Some organisations work in Falkirk but are based elsewhere, and may therefore be missed out of this data.

For these reasons, the data gathered are not necessarily representative of the sector as a whole in Falkirk. So, the financial figures are only an indication of the true size of the third sector in Falkirk, and should be viewed as minimum values for Falkirk's third sector. Similarly, there are likely many more volunteers and staff working for third sector organisations than the figures given here.

## 4. Results

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The report will detail the results from this research by focusing on the financial contribution, the employment contribution and the impact, in relation to the Community Planning themes detailed, that organisations have in the local area.

A total of 617 organisations were directly sent the Third Sector Impact Measurement Survey; of these, 117 responded – a response rate of **19%**. Combined with the 323 charities collected from the OSCR website and 10 from the 2014 Social Enterprise mapping analysis, there are **381** organisations in total in this research.

Appendix C details from where the data for each sub-section is sourced; data may be sourced from a mixture of the survey, OSCR, the Social Enterprise mapping analysis, and the Council budget.

### 4.1 Financial Data

Of the 360 organisations for which financial data is held, total annual income was **£103,217,291**, with median annual income of £16,351. Meanwhile, a total of £3,291,269 in grant funding was brought into the area by 64 organisations.

During the 2015/16 financial year, Falkirk Council provided funding for 53 projects, delivered by 42 Third Sector Organisations, to a total of £4,287,931. A breakdown of this funding by sector can be seen in Figure 2 below.

Sector	Council Funding 2015/16
Children's Services	£2,194,868
Adult Services	£619,053
Corporate & Housing	£1,219,500
Development	£254,510
<b>Total</b>	<b>£4,287,931</b>

Figure 2: Breakdown of Falkirk Council funding to Third Sector Organisations, 2015/16.

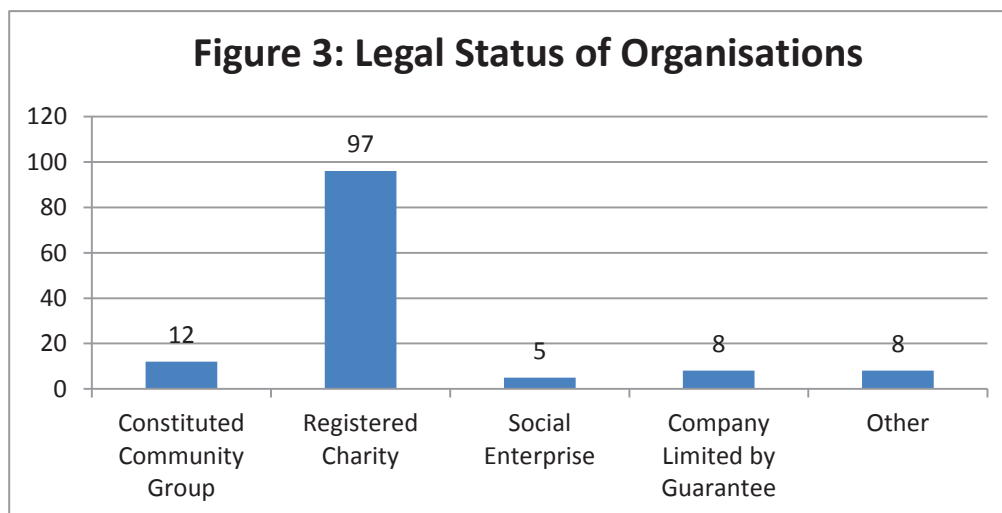
A full breakdown of Falkirk Council funding to third sector organisations during the 2015/16 financial year is available in Appendix D.

## 4.2 Service Users

131,136 people used services provided by the third sector in 2015/16, according to the survey respondents. This number excludes two organisations whose responses would skew the result as they are likely to consist mostly of visitor figures. These two organisations alone account for 3,833,784 users, but these are mostly or entirely visitors to museums or attractions, as opposed to users of services. Including these visitor-type responses, the total would be 3,964,920 people.

## 4.3 Legal Status

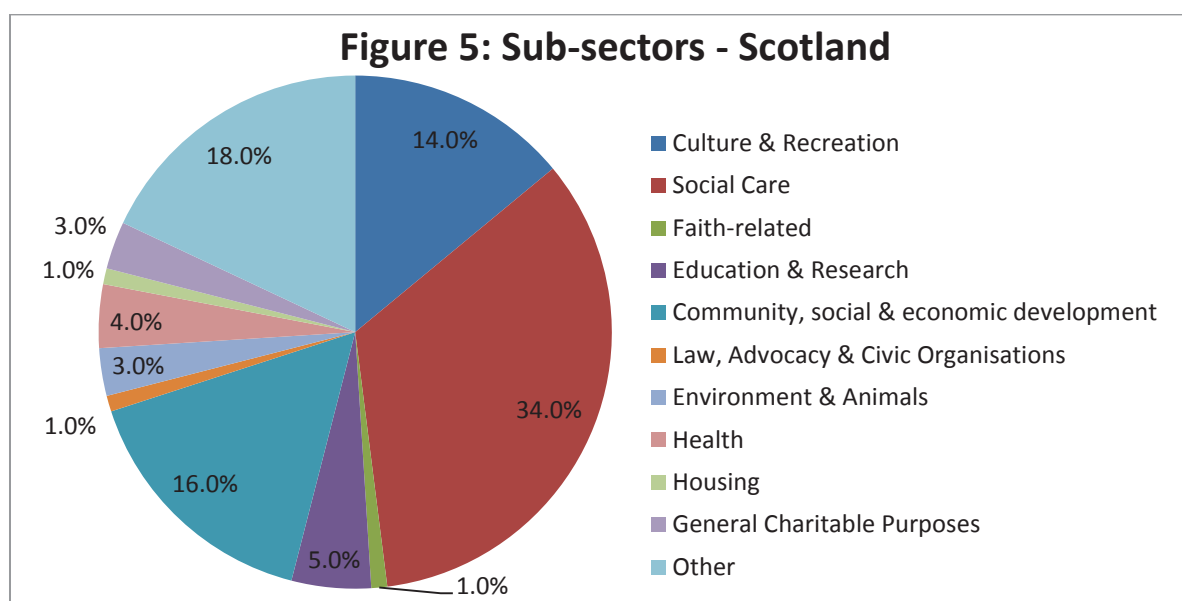
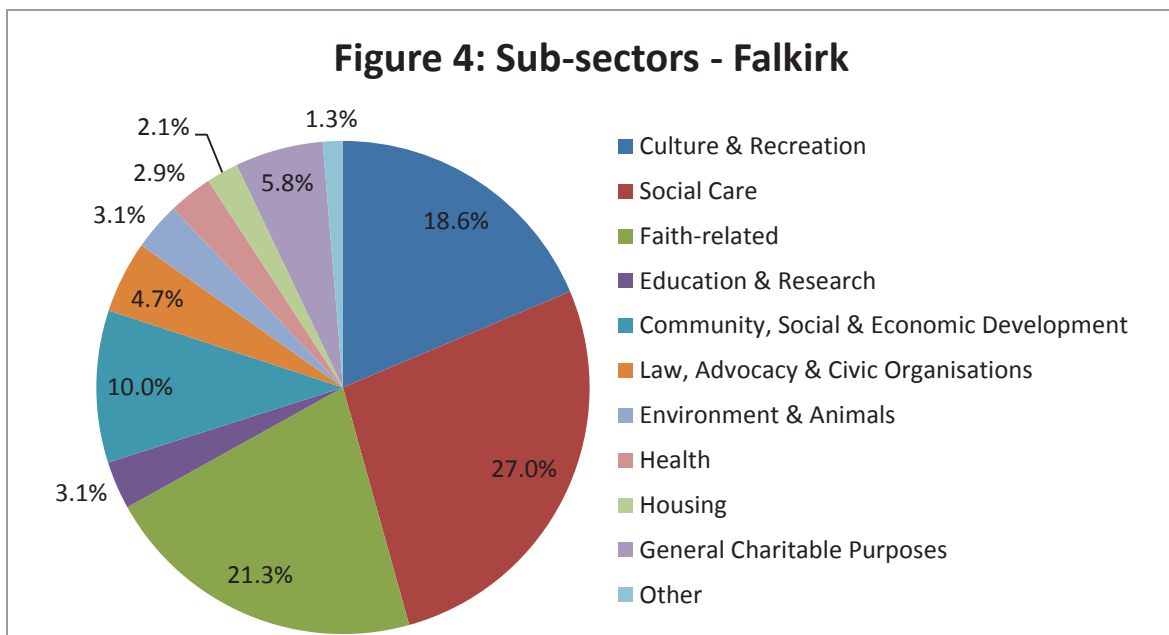
Of the organisations responding to the survey, 82.9% were charities, with 6.8 % companies limited by guarantee, 4.3% social enterprises, and 10.3% constituted community enterprises. 6.8% of responding organisations considered their legal status to be 'other'<sup>1</sup>. This is detailed in Figure 3, which highlights the high number of registered charities that responded to the survey – it is unclear whether this is a true reflection of the third sector in Falkirk, or whether this is because charities were more likely to respond.



<sup>1</sup>Note that as organisations can be of more than one legal type, percentages do not sum to 100.

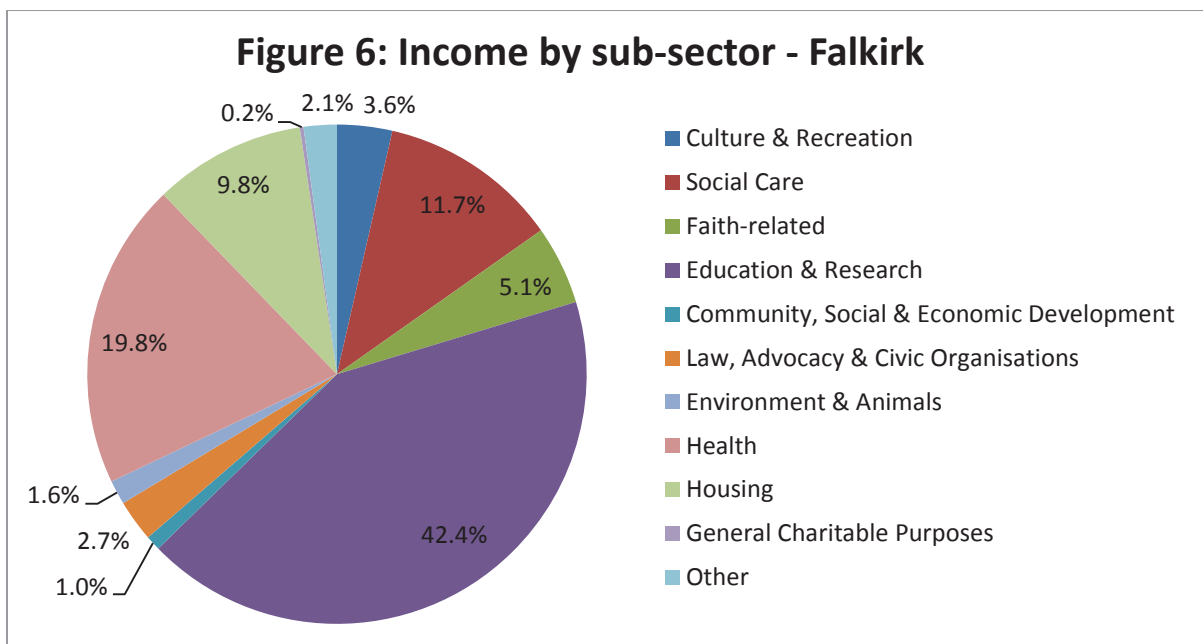
#### 4.4 Sub-Sector Breakdown

Figure 4 gives a breakdown of organisations by subsector for the Falkirk organisations, followed by the same graph for Scotland in Figure 5 (SCVO, 2014). For both Falkirk and Scotland, the largest sub-sector is Social Care, though this sub-sector is larger for Scotland than in this research – Social Care takes up 34% of the Scottish third sector, compared to 27% of the Falkirk organisations.

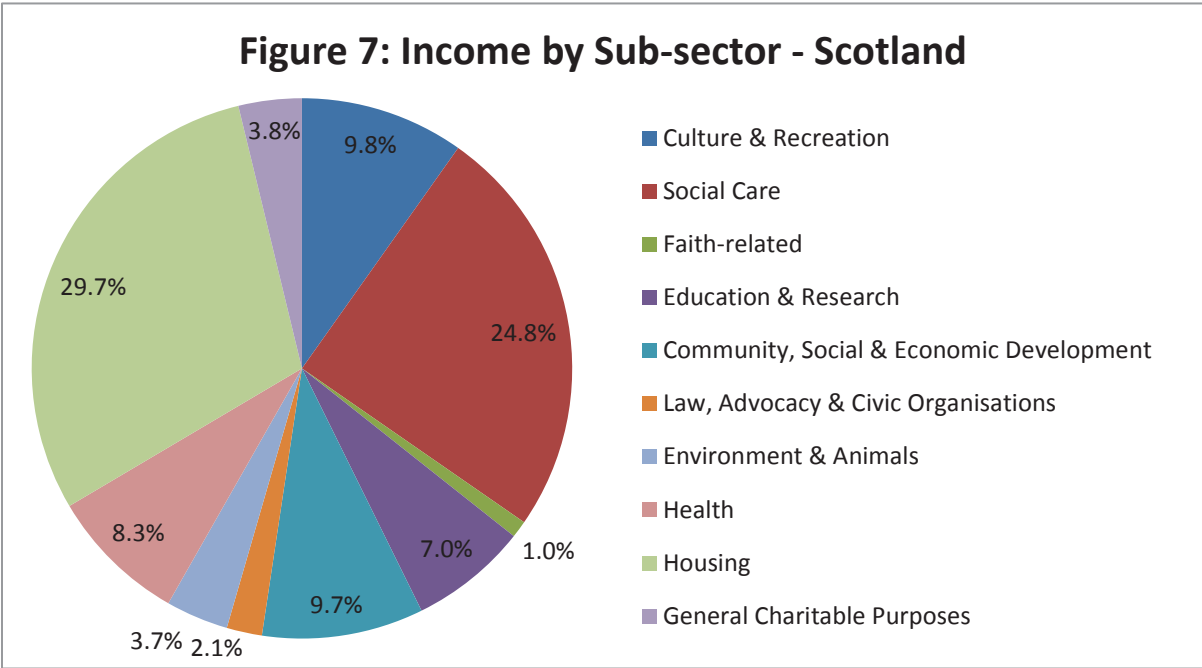


## 4.5 Sub-sector Income Breakdown

We can also analyse sub-sector income. With 42.4% of funding, by far the largest income destination for the Falkirk organisations is the Education & Research sub-sector, which made up a relatively small portion of the sector by number of organisations. This figure is likely skewed by a few very large institutions in the Falkirk area. In contrast, Social Care, with 24.8% of funding, is the largest funding beneficiary Scotland-wide, which is more in line with the proportion of organisations involved. This is detailed in Figures 6 and 7, below.



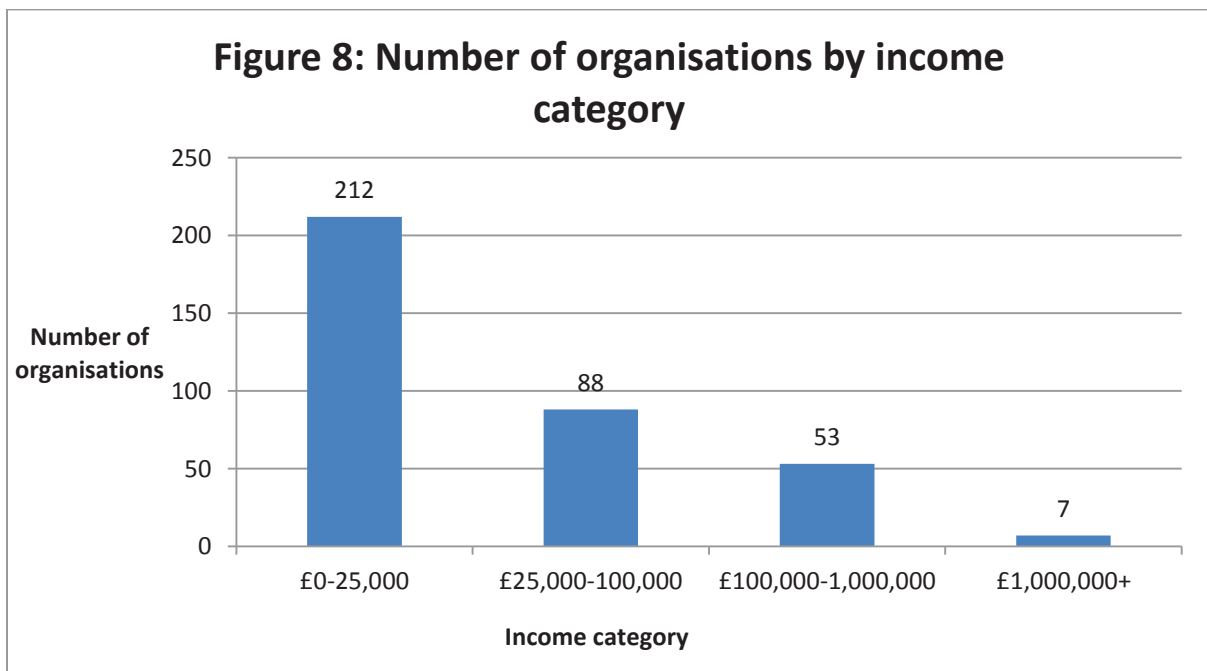
Source: SCVO, 2014



Source: SCVO, 2014

## 4.6 Income Category

212 out of the 360 organisations for which financial data is held have income less than £25,000, as can be seen in Figure 8 below. In contrast, only 7 organisations – 1.9% - have income greater than £1,000,000. Still, these large organisations dominate the income of the Falkirk third sector, accounting for £81,775,695 out of a total of £103,219,195.

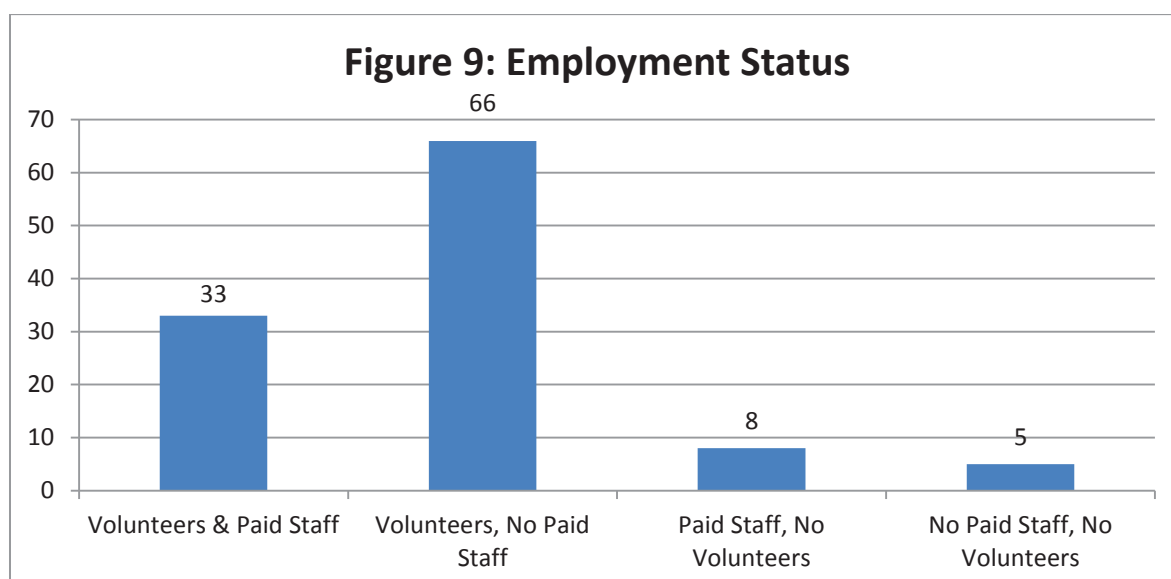


## 4.7 Volunteering and Employment

The Scottish Household Survey 2014 estimated that 17% of people in Falkirk volunteer, as against a Scotland-wide figure of 27%. Volunteering in the survey amounted to **3563** total volunteers, with an average of 30 per organisation.

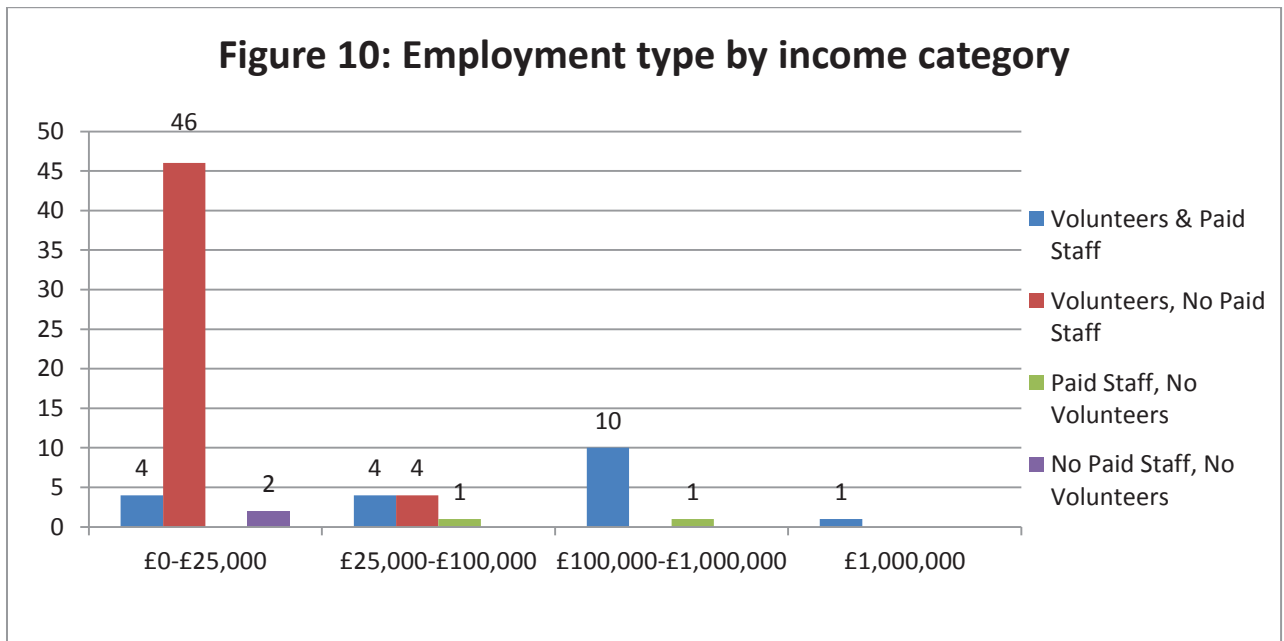
Furthermore, the organisations in the survey employed **415** part time and **350** full time employees.

Figure 9 shows the breakdown of employment and volunteering types: 66 (58.9%) of the organisations that answered this question are volunteer-only, whilst 8 (7.1%) are fully staffed by paid employees, and 33 (29.5%) have both paid staff and volunteers. 5 of the responding organisations (4.5%) said that they had no staff or volunteers: this may in part be down to a lack of recognition, even within organisations, that what they do is volunteering.



The Scottish Household Survey does not record the volunteering activities of young people (those aged 15 years or younger). The Saltire Award Scheme is a nationally recognised volunteering scheme for young people aged 12-25 years which celebrates their contribution to organisations in their community. In the Falkirk Council area there are currently 24 Saltire Ambassadors, aged 16-18 years who have been recognised for their sustained commitment to volunteering; and 253 Saltire Volunteers, aged 12-15 years who are currently volunteering with organisations across the area.

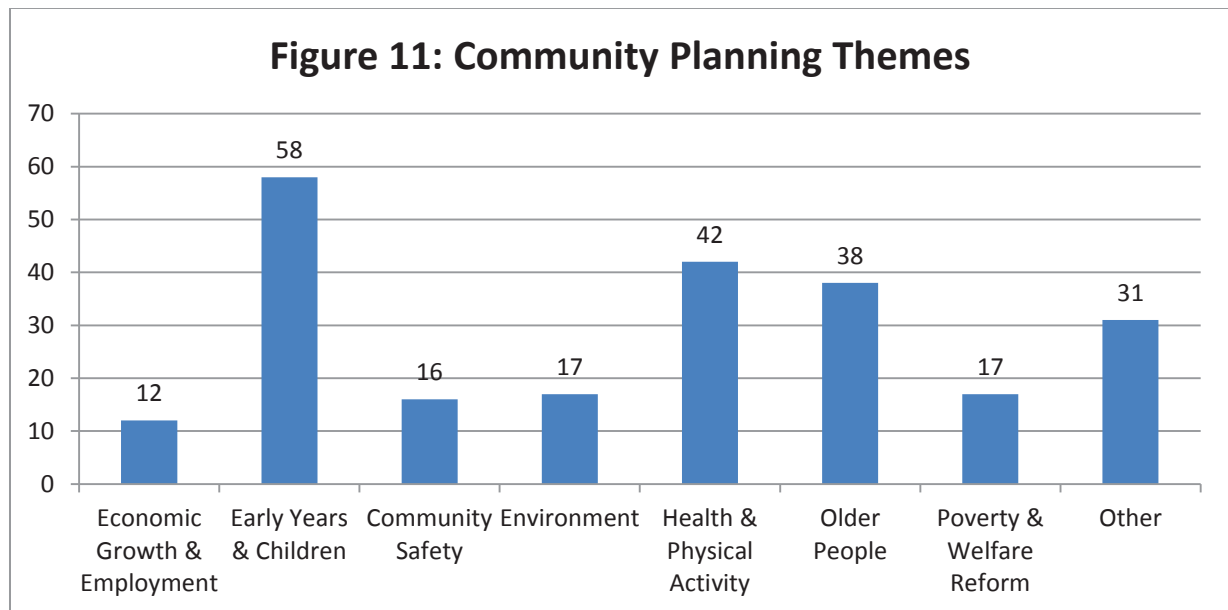
It is interesting to note the breakdown of volunteering and employment against the income of the organisation. There is a clear trend in this data, as can be seen in the below Figure 10, toward smaller organisations relying only on volunteers, whereas larger TSO's seem to have more paid staff. For instance, 71% of organisations in the £0-£25,000 income category that answered both questions had only volunteers, whereas 36.4% of the £100,000-£1,000,000 category were in the same situation.



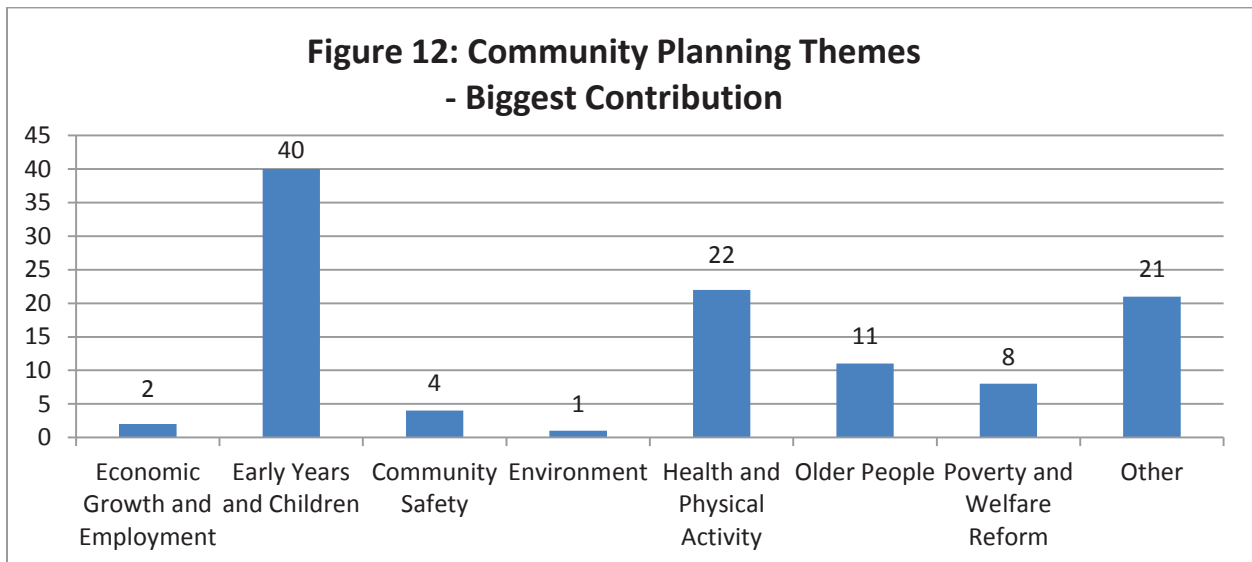
## 4.8 Community Planning themes

### 4.8.1 Overview

Figure 11 shows that the most commonly selected theme, with 58 organisations (49.6%) feeling they contribute, is Early Years & Children. Most important, though, is that third sector organisations contribute to all of the Community Planning themes – this shines a light on the importance and value of the third sector to Falkirk’s future.



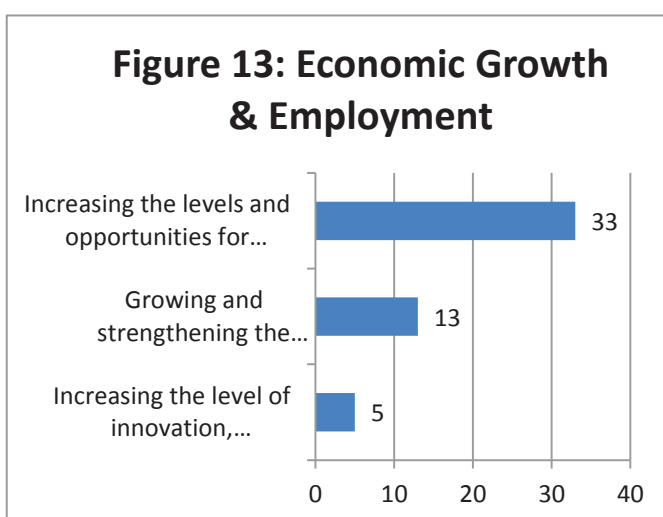
When asked which Community Planning theme they felt they contributed **most** to, organisations responses in Figure 10 were reinforced – 69.0% (n=40) of organisations who felt that they work in Early Years and Children identified this as their primary focus. In comparison, only 5.9% of organisations (n=1) that identified themselves as contributing to the Environment theme saw this as their primary activity. This demonstrates, first, that there is a clear focus on Early Years and Children. But, it also shows that many organisations that are not entirely focused on Environment, nevertheless feel that their activities are beneficial to this theme.



Respondents to the survey were also asked about *how* they felt they contribute to the Community Planning themes; they were asked about which aspects of each theme they contribute to. Often, organisations initially said that they didn't contribute to a theme, yet when asked about specific aspects of that theme later in the survey, realised that they in fact did. For instance, only 17 organisations said that they contributed to the Environment theme. But, 51 organisations said that they helped to protect and enhance the environment, when asked later in the survey.

There follows an analysis of organisations' selections within each theme.

#### 4.8.2 Economic Growth & Employment

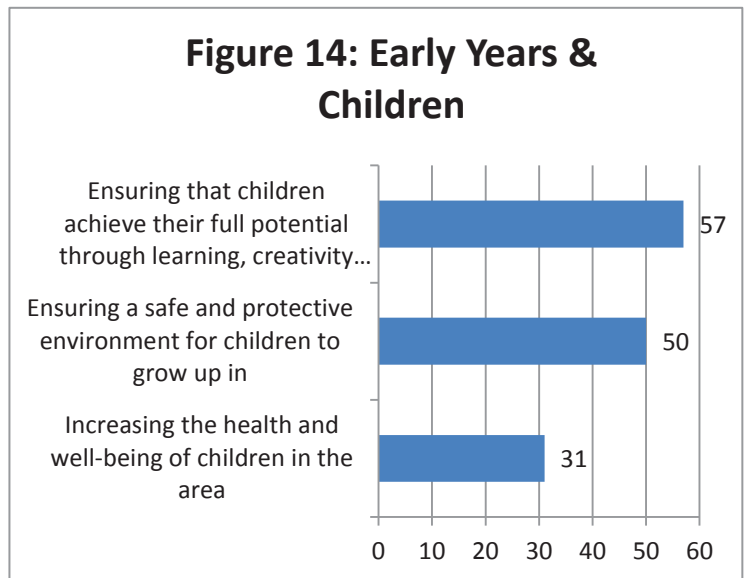


Looking specifically at the Economic Growth & Employment theme, 33 organisations out of 117 (28.2%) contributed to increasing the levels and opportunities for training/ obtaining skills in the area, while 13 (11.1%) grow and strengthen the economy of Falkirk. Third sector organisations provide people with skills, confidence and

opportunities to succeed, driving economic growth and employment, such as the organisation that provides an employability and training course to help people look for work and to provide basic training needs.

#### 4.8.3 Early Years & Children

57 of the 117 responding organisations (48.7%) help to ensure that children achieve their full potential through learning, creativity and skills development. This likely reflects the high number of organisations operating in social care, as detailed previously. Numerous Falkirk TSOs provide care and support to families and



young people, such as the organisation that has ‘an ethos of developing youngsters to achieve important life skills and values like respect and integrity’.

#### 4.8.4 Community Safety

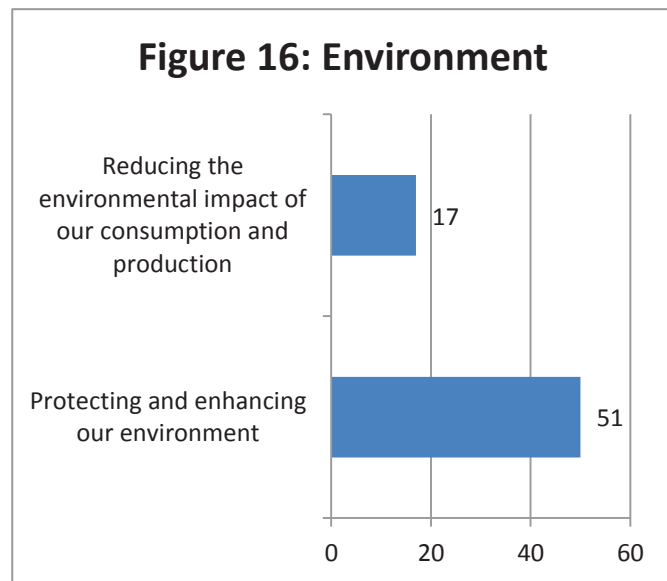


Third Sector organisations contribute to community safety in various ways, often without this being their central aim. This is reflected in the most commonly selected aspect of the theme being organisations encouraging taking responsibility for health and wellbeing – a third of responding organisations

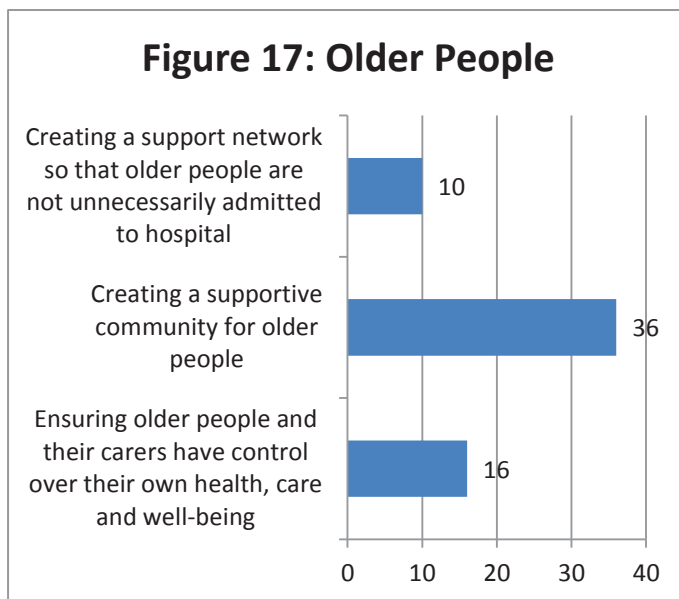
selected this aspect of Community Safety. One organisation aimed to educate communities towards greater understanding and respect for others, leading to a stronger and safer society.

#### 4.8.5 Environment

51 of the responding organisations (43.6%) felt that they protect and enhance our environment, with one organisation engaging in, 'tree planting, creating wildflower meadows, community growing area, adopting and maintaining orphan land within our community'. Other TSOs affect the environment indirectly, for instance, encouraging 'children and families to connect with nature and learn about environmental sustainability'.



#### 4.8.6 Older People



With an ageing population, both in Falkirk and nationwide, older people will require increasing help going forward. The third sector in Falkirk does much to create a supportive community for older people, with 30.8% of organisations (n=36) saying they help create a supportive community for older people. One organisation said, 'The activities

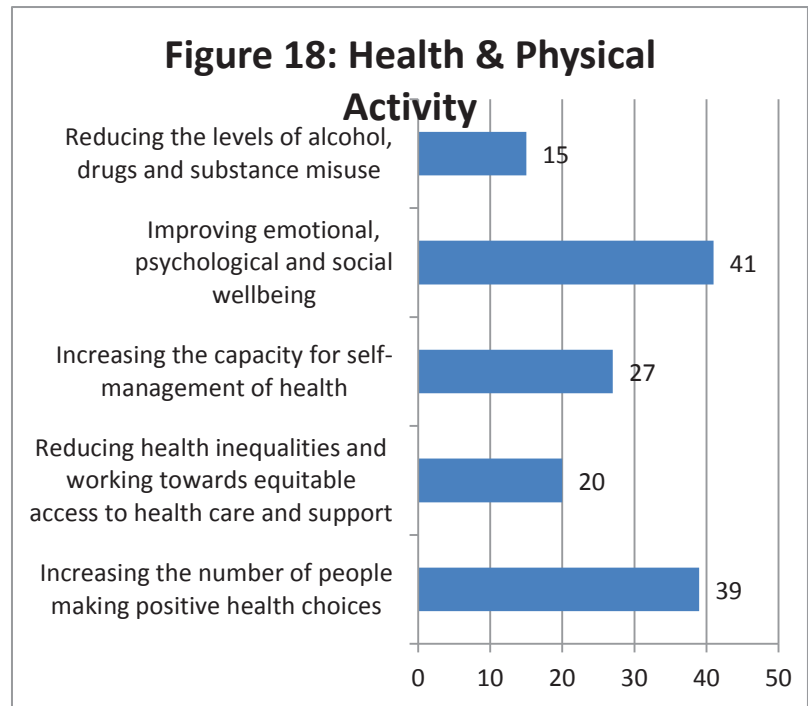
we offer allow older folk to develop their self-awareness, their social involvement, their health [and] their social cooperation to minimise loneliness and to stay as, or to re-enter society as, active citizens contributing to an active society.'

#### 4.8.7 Health & Physical Activity

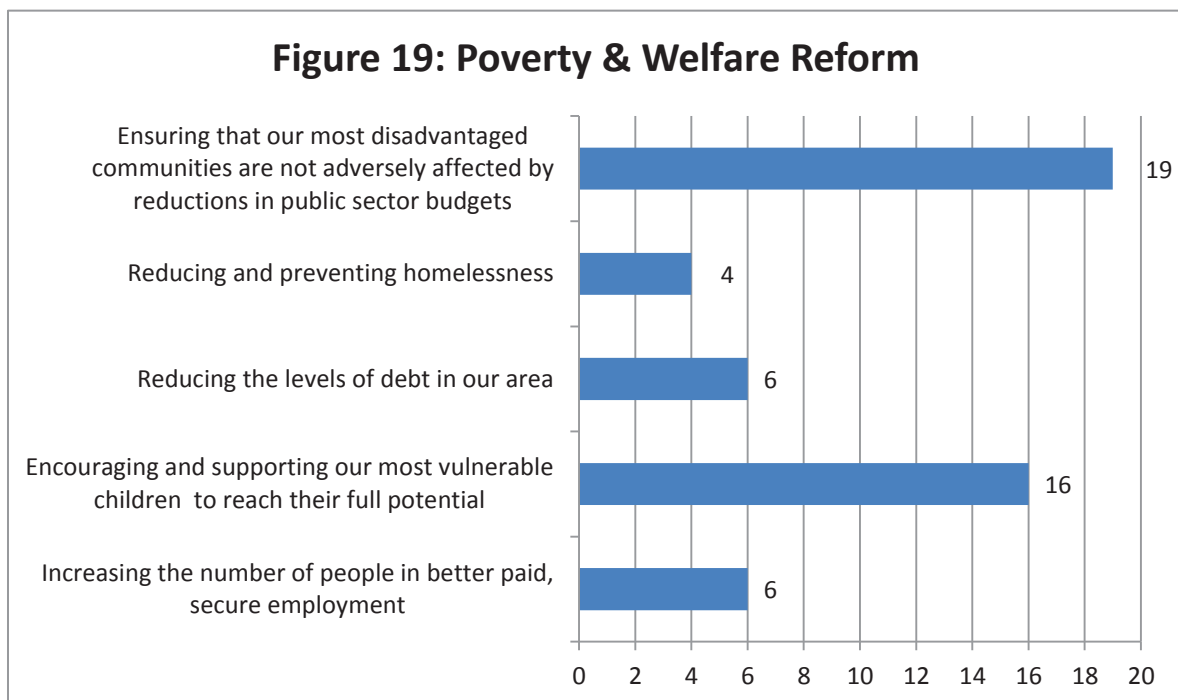
The Falkirk TSOs surveyed contribute a lot to Health & Physical Activity, as reflected in the high figures across the board in this theme.

Responses were hugely varied in this area, with organisations' contributions ranging from specific help for those leaving hospital, to improving outdoor access; from getting young people exercising, to promoting a

healthy lifestyle; from funding drug and alcohol workers, to re-energising older people.



#### 4.8.8 Poverty & Welfare Reform



The most commonly selected aspect of the Poverty & Welfare Reform theme related to avoiding adverse effects on disadvantaged communities due to shrinking budgets

19 of the 117 (16.2%) responding organisations contribute to this aspect. This emphasises the valuable work the third sector does in stepping in to the gap left by a retreating state apparatus, with one organisation providing emergency food to families in need.

## 5. Concluding Remarks

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This report has aimed to measure the economic impact of the third sector in Falkirk. Some limitations to the research have been acknowledged – it relies on self-reporting of impact by organisations; it does not capture the entire Falkirk third sector; and it is not a representative sample of Falkirk third sector organisations. The research is part of a yearly effort to measure the third sector’s impact – future iterations will continue to increase the coverage, and learn and improve on the work done so far.

That said, the research has highlighted the huge contribution of third sector organisations to the Falkirk economy and community. The third sector organisations analysed bring income of **£103,217,291** to the area, and **131,136** people use its services. This is facilitated by **3,563** volunteers, **415** part-time staff and **350** full-time staff. Organisations felt that they contributed to all of the Community Planning themes surveyed – the most contributed to being Early Years and Children.

Organisations also contributed to every aspect of the individual Community Planning themes surveyed – the most selected was ‘ensuring that children reach their full potential through learning, creativity and skills development’. 48.7% of organisations said they contribute to this aspect of the Early Years & Children theme.

The survey has highlighted the third sector’s value: to strategic partners in local government and elsewhere; to service users; and, in some cases, to third sector organisations themselves. In completing the survey, especially the Community Planning themes section, it is clear that organisations that had initially not thought of themselves as contributing to certain areas later realised the benefits they bring to that area.

It is clear that our community benefits from the third sector’s work. In many ways, our lives would be less full, safe, healthy, and hopeful without all that the third sector does. We rely on the third sector in order to conduct daily life – it is vital that we recognise the extraordinary contributions made by ordinary people to our common good.

## 6. References

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## 7. Appendices

### 7.1 Appendix A – Participating organisations

Many thanks to the following, who participated in the Third Sector Impact Survey:

1st & 2nd Carron Brownies	Forth Valley Community Focus CIC
1st Bantaskin Brownie Pack	Forth Valley Group Of Advanced Motorists
1st Bantaskin Guide Company	Friends of Forth Valley First Responders
1st Bantaskin Rainbow Unit	Friends of the Charlotte Dundas
1st Bo'ness Brownie Unit	Girlguiding Forth Valley
1st Braes Senior Section Unit	Grangemouth & Bo'ness CAB
1st Brightons Brownie Unit	Grangemouth Community Care
1st Falkirk Brownies	Grangemouth Guide Hut
1st Logie Guide Unit	Greenhill & Dist S.W.I.
1st Maddiston Brownie Unit	International Rescue Corps
1st Polmont Brownies	Keep Ticking Falkirk
1st Polmont Guides	Kersiebank Community Project
1st Shieldhill Brownie Unit	Key Community Supports
11th Falkirk Brownie Unit	Larbert East Church of Scotland
2nd Dennyloanhead Brownie Pack	Larbert, Stenhousemuir and Torwood Community Council
2nd Polmont Brownies	Later Life Information Centre
2nd Polmont Guide Unit	Laurieston Old Folks Welfare Association
2nd Polmont Rainbow Guides	Lodge Dolphin No. 911
3rd Bo'ness Scout Group	Maddiston Community Council
3rd Falkirk Brownie Unit	NHS Retirement Fellowship
3rd Falkirk Guides	PLUS (Forth Valley) Ltd
3rd Stenhouse Brownie Unit	Polmont Community Council
6th Denny Brownies	Project Theatre
62nd Larbert Scout Group	Quiet Waters
Aberlour - Early Years Outreach & Aberlour Perinatal Befriending Support	Rainbow House Spiritual & Holistic Centre
Addictions Support & Counselling (ASC) - Forth Valley	Rainbow Muslim Women's Group
Age Concern Falkirk	Reunion Canal Boats
Age Concern Polmont	RNIB Scotland
Alzheimer Scotland	Rock-A-Bye Creche Services Limited
Army Cadet Force	Salvation Army Furniture Project
Bainsford Parish Church	Samaritans of Falkirk and Central Scotland
Barnardo's Education and Family Resources Service	Scottish Association for Mental Health
Bo'ness Amateur Swimming Club	Scottish Railway Preservation Society
Bo'ness Tenants and Residents Association	Scottish Seniors Computer Clubs, Falkirk
Bonnybridge Gala Day	Self-Directed Support Forth Valley
Boys Brigade	Stenhouse and Carron
Brightons Parish Church of Scotland	Stenhouse Senior Section Unit
Café Connect - Kincardine Community Association	Step Forth
Camelon Parish Church	Stoneywood Community Projects
Carron & Carronshore Hall Management Committee	Syngenta Juveniles Football Club
Carron Connect Partnership (SOFIA PROJECT)	Tamfourhill Community hall

Castings House
Central Advocacy Partners
Central Carers Association
Committed to Ending Abuse Ltd
CVS Falkirk
Denny Community Support Group
Dennyloanhead Community Hall Ltd
Dobbie Hall Trust
Edinburgh & South East of Scotland Tinnitus Group
EquipMen
Falkirk and District Spiritualist Church
Falkirk CAB
Falkirk Children and Young People's Rights Service
Falkirk Community Trust
Falkirk Company of Archers
Falkirk Festival Chorus
Falkirk Foodbank
Falkirk MESH

Tangled Boots
The Action Group
The Barony Players
The Barrwood Trust
The Friends of Kinneil
The Hepatitis C Trust
The Polar Academy
The Powerstation
The Richmond Fellowship Scotland
The Royal Scottish Country Dance Society, Falkirk Branch
The Salvation Army Falkirk
U3A Falkirk
Wallacestone and District Pipe Band
White Lady Mountain Biking CIC
Who Cares? Scotland
Woodcraft Folk Falkirk
Workers' Education Association Scotland

Data was also collected from OSCR on the following:

1st Falkirk (14th Forth Valley) Scout Group
1st Hags Boys Brigade Company
2nd Torwood Scout Group
9th Forth Region (Dunipace) Scout Group
15th Forth Valley Scout Group
16th Forth Valley (Laurieston) Scout Group
27th Bonnybridge Scout Group
40th Falkirk Scout Group
51st Dennyloanhead Scout Group
89th Stenhousemuir Scouts
93rd Braes Scout Group
Abercorn Parish Church Of Scotland
Adopt a Boxer Scotland SCIO
Adult ICT forum
Air Training Corps No 0470 Falkirk Squadron Non-Public Sports & Welfare Funds
Air Training Corps No 0867 Denny Squadron Non-Public Sports & Welfare Funds
Air Training Corps No 1333 (Grangemouth Spitfire) Squadron
Airth Community Hall
Airth Parish Church of Scotland
Airth Parish Community Centre
Alopecia Help and Advice (Scotland) Limited
Architects Professional Examinations Authority In Scotland Limited (Apeas)
Avonbridge Congregational Church

Grahamston Evangelical Church
Grahamston Senior Citizens' Treat Committee
Grahamston United Church
Grahamston Youth Trust
Grange Centre Playgroup
Grange Community Education Association
Grange Kidz
Grange Youth Club
Grangemouth Abbotsgrange Church Of Scotland
Grangemouth Choral Society
Grangemouth Congregation Of Jehovahs Witnesses
Grangemouth Council Of Churches
Grangemouth Evangelical Church
Grangemouth Gospel Trust
Grangemouth Heritage Trust
Grangemouth Old Peoples Welfare
Grangemouth Sea Cadets
Grangemouth Spitfire Memorial Trust (GSMT)
Grangemouth Zetland Parish Church of Scotland
Grangemouth, Kirk Of The Holy Rood, Church of Scotland
Greenpark Community Education Association
Hags Longcroft & Banknock Community Assoc
Hags Parish Church Of Scotland

Avonbridge Parish Church of Scotland	Heraldry Society Of Scotland
Barony Film Society	Home-Start Falkirk West
Bethany Hall Camelon Christian Brethren	Hunter Archaeological Trust
Blackbraes & Shieldhill Parish Church Of Scotland	Inland Revenue (Cumbernauld) Charities Fund
Blind Care	J T Borland Charitable Trust
Board Of Management Of The Anderson Bequest	John A Dewey Charitable Trust
Bo'ness Amateur Operatic Society	John Dunsmuir Trust
Boness And Carriden Band	Kidney Kids
Bo'ness Baptist Church	Kinneil Miners Charitable Society
Bo'ness Children's Fair Festival Executive	Larbert & Stenhousemuir Age Concern
Bo'ness Community Safety Group	Larbert Amateur Operatic Society
Bo'ness Motor Museum	Larbert Baptist Church
Bo'ness Old Kirk (Church of Scotland)	Larbert Churches Youth Trust
Bo'ness Playaway Playgroup	Larbert Old Church of Scotland
Bonnybridge Community Education Association	Larbert Pentecostal Church
Bonnybridge St Helen's Parish Church of Scotland	Larbert West Parish Church of Scotland
Bothkennar & Carronshore Parish Church (Church of Scotland)	Larbert West Parish Church of Scotland
Bowhouse Community Association	Larbert West Toddlers & Twos Group
Boys Brigade (Church of Scotland) World Mission Fund	Laurieston Hall Management Committee
Braveheart Association	Laurieston Parish Church of Scotland
Bridgeness & Carriden Miners Charitable Society	Linlithgow Film Society
Brightons Hall Management Committee	Living Word United Pentecostal Church
British Geriatrics Society Scottish Branch	Lochgreen Playgroup
Building Bridges	Lodge Callendar No 588 Benevolent Fund
Business Mens Fellowship	Lodge Camelon No.1456 Benevolent Fund
Camelon & District Pipe Band	Lodge Carron No 139 Benevolent Fund
Camelon Community Centre	Lodge Griffin Gartcosh No 1254 Benevolent Fund
Camelon Thistle Football Club	Lodge Polmont No 793 Benevolent Fund
Carriden Parish Church of Scotland	Lodge St Andrew No 176 Denny & Loanhead Benevolent Fund
Carronshore Hall Trust Fund	Lodge St John Falkirk No 16 Benevolent Fund
Cat Register & Rescue	Lodge Zetland No 391 Benevolent Fund
Central Scotland Fuchsia Society	MacTaggart Scott (Loanhead) Band
Central Scotland Interfaith	Maddiston Community Cafe
Central Scotland Regional Equality Council	Maddiston Evangelical Church
Childrens Theatre Bo'ness	Mettech Uk
Christ Church, Falkirk	Miss A M Urquhart Charitable Trust
Citizens Advice Bureau (Grangemouth & Bo'ness) Limited	Moray Busy Bees Playgroup
Community Interfaith Society	Mrs H E Mitchell Trust
Community Schools 2008 Charity	Muiravonside Parish Church of Scotland
Creche Matters!	Newlands Community Association
Cumbernauld North Congregation Of Jehovahs Witnesses	Newtown Park Association
DASH Falkirk	Olivet Evangelical Church
Dawson Mission	Open Secret - Falkirk
Dean Cemetery Trust Ltd	Order Of The Temple Great Priory Of Scotland Grand Almoners Fund
Denny & Dunipace Heritage Society	Peace by Piece
Denny & Dunipace Pipe Band Association	Peoples Church

Denny & Dunipace YMCA	Polmont Old Parish Church Of Scotland
Denny and Dunipace Citizen's Advice Bureau	Polmont Playgroup
Denny Baptist Church	Positive Possibilities
Denny Old Parish Church of Scotland	Presbytery Of Falkirk
Denny Westpark Church of Scotland	Redding & Westquarter Church of Scotland
Destiny Church Falkirk	Reddingmuirhead Community Hall
Dolphin Club	Reddingmuirhead Playgroup
Dr Aitken's Trust For The Poor Of The Parish Of Falkirk	Regener8 Central SCIO
Driving Force	Relationships Scotland - Couple Counselling Central
Drumbowie Environment Action Group	Rotary Club Of Falkirk Trust Fund
Duncan M Weston's Trust For The Benefit Of The Poor Or Indigent People Residing In The Village Of Glencoe	Rotary Club Of Grangemouth Benevolent Fund
Dundas Gospel Trust	Rotary Club of Polmont Benevolent Fund
Dunipace Parish Church Of Scotland	Royal British Legion Scotland Grangemouth Branch
Dunipace Primary School Parents Association	Royal Scottish Country Dance Society Clackmannanshire Branch
Enable Falkirk & District Branch	S Kids Pre School Centre
Environmental Arts Theatre Company	Sandcastles Toddler Group
Essentia Foundation	Scottish Association For The Teaching Of English As A Foreign Language
Ettrick Dochart Community Hall Management Committee	Scottish Christian Alliance Ltd
Falkirk & District Boys Brigade Battalion	Scottish Community Drama Association Falkirk District
Falkirk & District Recreation Club	Scottish Pottery Society
Falkirk and District Art and Civic Council	Scottish Railway Museum Collections Trust
Falkirk and District Association for Mental Health	Scottish Railway Museum Trust
Falkirk and District Community Safety Panel	Scottish Waterways Trust - Falkirk
Falkirk Autistic Bairns	Shieldhill Community Education Association
Falkirk Baptist Church	Shieldhill Youth/Community Hall Project
Falkirk Bohemian Amateur Operatic & Dramatic Society	Slamannan Community Education Association
Falkirk Caledonia Choir	Slamannan Parish Church of Scotland
Falkirk Christian Centre	Spirit of Life Sanctuary Christian Centre
Falkirk District Scout Council	St Andrews West Church Of Scotland: Falkirk
Falkirk Environment Trust	St Catharines Episcopal Church: Bo'ness
Falkirk Free Church of Scotland	St James Church Of Scotland: Falkirk
Falkirk Full Gospel Church Or Assembly	St Mary's Episcopal Church: Grangemouth
Falkirk Larbert Congregation of Jehovah's Witnesses	Steins Thistle
Falkirk Local History Society	Strathcarron Hospice - Falkirk
Falkirk Rugby Football and Sports Club	The Agnes Watt Trust Fund
Falkirk Temperance Café Trust	The Big Bad Wolf Children's Theatre Company
Falkirk Town Mission Charitable Trust	The Falkirk Muslim Educational and Cultural Community Centre
Falkirk Trinity Church	The Julia Taylor Staffie Trust
Falkirk Vineyard Church	The Margo Young Foundation
Focus Centre Trust	The McCheyne Fund
Forth Regional Scout Council	The Scottish Council on Visual Impairment
Forth Valley Advocacy - Falkirk	The Throat Cancer Foundation
Forth Valley Broadcasting - Falkirk	Thomas & Margaret Roddan Trust
Forth Valley College - Falkirk Campus	Torwood Community Woodlands
Forth Valley Community Cricket Trust	Tryst Theatre

Forth Valley Countryside Initiative	Tulliallan Pipes and Drums
Forth Valley Medical Benevolent Trust	Wallacestone Methodist Church
Forth Valley Sensory Centre	West Lothian County Cricket Association
Forth Valley Sports Association For People With A Disability	Westfield Park Community Centre - Falkirk
Forth Valley Talking Newspaper Association - Falkirk	Westquarter & Redding Community School Project
Forth Valley Visually Impaired Bowlers	Wholeness Through Christ Trust
Friends of Dunipace	Wider Access to School Project - Falkirk
Friends of Forth Valley Royal Hospital	Windmill Playgroup - Falkirk
Friends of Place of Restoration (Scotland)	Word Of Life Ministries UK Ltd
G.O Kids	Young Explorers Scotland SCIO
Gill Park Residents & Tenants Association	Youth Under Focus First
Go! Youth Trust	

Data was used from the 2014 Mapping Analysis on:

Falkirk Football Community Foundation	Grangemouth Carers
Falkirk Homeless Project Ltd	Grangemouth Credit Union
First 4 Kids	Link Housing Association
Forth Valley Enterprises	Paragon Housing Association
Forth Valley Language Support	Stenhousemuir FC

## 7.2 Appendix B – Impact Measurement Survey



### Impact Assessment of the Third Sector in Falkirk

If you would like to fill this in online, please go to:

<https://www.surveymonkey.co.uk/r/FC6DRYS>

In an increasingly competitive environment with pressures on funding, it is important that we, in the third sector, are able to clearly indicate the positive social impact and the financial contribution that organisations make in our communities. While we understand that surveys are time consuming and can seem like a thankless task at times, the information provided in this survey will greatly help towards **building evidence of the positive impact of the third sector** for communities and people in the Falkirk area.

This information will be used in a report by CVS Falkirk which aims to **highlight the valuable work of the third sector and recognise its impact in the Falkirk area**, so that the difference that the third sector makes is understood and reported clearly. For reference, a copy of last year's report is available at <http://www.cvsfalkirk.org.uk/wp-content/uploads/2015/08/Third-Sector-Impact-Report-2015.pdf>, and an infographic of headline statistics is at <http://www.cvsfalkirk.org.uk/wp-content/uploads/2015/08/Impact-of-Third-Sector-Infographic-September-2015.png>.

By filling out this survey, your organisation will be helping CVS Falkirk to be in a stronger position to showcase and provide evidence of the difference that the third sector makes locally.

The information given in this survey will be kept confidential. The report aims to form an overall picture of the contribution of the third sector as a whole in Falkirk district and therefore the information provided will be aggregated with other organisations. Your organisation's name will be published as having participated in the survey, but will in no way be connected to individual responses.

If there are any queries regarding this research or if you would like any assistance with this survey, please contact James Gigg at [James.Gigg@cvsfalkirk.org.uk](mailto:James.Gigg@cvsfalkirk.org.uk) or on 01324 692013.

## Section 1: Information about your Organisation

### 1.1. Contact Details

<b>Name of Organisation</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>E-mail</b>	

<p><b>Please state the Falkirk area(s) you operate in</b></p> <p>_____</p>	<p><b>Which of the following community planning themes does your organisation contribute to? (tick as many as appropriate)</b></p> <p><input type="checkbox"/> Economic Growth and Employment</p> <p><input type="checkbox"/> Early years and Children</p> <p><input type="checkbox"/> Community Safety</p> <p><input type="checkbox"/> Environment</p> <p><input type="checkbox"/> Health and Physical Activity</p> <p><input type="checkbox"/> Older People</p> <p><input type="checkbox"/> Poverty and Welfare Reform</p> <p><input type="checkbox"/> Other Please State: _____</p>
<p><b>My organisation is a... (tick as many as appropriate)</b></p> <p><input type="checkbox"/> Registered Charity</p> <p><input type="checkbox"/> Constituted Community Group</p> <p><input type="checkbox"/> Social Enterprise</p> <p><input type="checkbox"/> Company Limited by Guarantee</p> <p><input type="checkbox"/> Other Please state: _____</p>	<p>Of the above themes, my organisation contributes MOST to... _____</p>

## 1.2. Further Information about your Organisation

<p>Please provide details of your organisation's primary purpose</p>
<p>How many people currently volunteer with your organisation in the Falkirk area?</p>
<p>How many paid <b>full time</b> staff are employed by your organisation in the Falkirk area?</p>
<p>How many paid <b>part time</b> staff are employed by your organisation in the Falkirk area?</p>
<p>Please provide from your records your organisation's most recent <b>annual turnover</b> and if possible show separately the <b>total of any grant funding</b> you received that year (Please provide figures for the Falkirk area only if this is possible).</p> <p>Annual turnover: £ <span style="margin-left: 200px;">Total Grant funding: £</span></p>
<p>Please provide a breakdown of funding sources (Funding organisation and amount from each organisation if possible). eg. <i>Council - £2000, xy trust - £1500.</i></p>
<p>How many people used your organisation's services over the last year?</p>

## Section 2: Your Organisation's Objectives

This section allows you to provide more specific information regarding the objectives of your organisation in relation to the community planning themes stated in Section 1.2. Please tick whichever box(es) are relevant to the work and aim of your organisation.

Space is available beneath each theme for any additional or supporting comments/statistics you may have pertaining to that theme.

There is also space for additional information at the end of this section if you feel that your organisation's work doesn't fit into any of these outcomes.

### Economic Growth and Employment

Increasing the level of innovation, entrepreneurship and ambition in the area	
Growing and strengthening the economy of Falkirk	
Increasing the levels and opportunities for training/ obtaining skills in the area	

### Early Years and Children

Increasing the health and well-being of children in the area	
Ensuring a safe and protective environment for children to grow up in	
Ensuring that children achieve their full potential through learning, creativity and skills development	

## Community Safety

Ensuring the protection of our citizens, including vulnerable children and adults	
Encouraging our citizens to take responsibility for their own health and wellbeing	
Ensuring that our communities will be safer	
Reducing the level of crime, the fear of crime and re-offending in the area	

## Environment

Protecting and enhancing our environment	
Reducing the environmental impact of our consumption and production	

## Health and Physical Activity

Increasing the number of people making positive health choices	
Reducing health inequalities and working towards equitable access to health care and support	
Increasing the capacity for self-management of health	
Improving emotional, psychological and social wellbeing	
Reducing the levels of alcohol and drug related issues	

## Elderly Population

Ensuring older people and their carers have control over their own health, care and well-being	
Creating a supportive community for older people	
Creating a support network so that older people are not unnecessarily admitted to hospital	

## Poverty and Welfare Reform

Increasing the number of people in better paid, secure employment	
Reducing unemployment in the area	
Encouraging and supporting our most vulnerable children to reach their full potential	
Reducing the levels of debt in our area	
Reducing and preventing homelessness	
Ensuring that our most disadvantaged communities are not adversely effected by reductions in public sector budgets	

**Please state any other objectives of your organisation that are not mentioned above.**

### Section 3: Further Information

This section allows you to provide supporting information and evidence in relation to the services and projects provided by your organisation.

**Please provide information regarding the activities/services you provide to show your organisation's work in the local community** (Continue onto a separate sheet if required)  
(Please provide as much information as possible such as statistics about the use of your services).

**Please provide further details of any reports, case studies or news articles which provide further evidence of your work in local communities** (Continue onto a separate sheet if required) (This can be in the form of website links to particular stories for example).

**Please provide details of any other relevant information that you think would help evidence the impact of your organisation in the local community** (Continue onto a separate sheet if required).

Thank you for taking the time to fill out this survey. Please submit finished surveys to CVS Falkirk and District at **Unit 6, The Courtyard, Callendar Business Park, Callendar Road, FK1 1XR.**

Please contact James Gigg at CVS Falkirk on 01324 692013 or on [James.Gigg@cvsfalkirk.org.uk](mailto:James.Gigg@cvsfalkirk.org.uk) if you have any further queries.

## 7.3 Appendix C – Data sources by sub-section

The table below details the data sources for each sub-section of the Results section:

	Survey data	OSCR data	Social Enterprise Mapping Analysis	Council funding data
4.1 Financial Data	✓	✓	✓	✓
4.2 Service Users	✓			
4.3 Legal Status	✓			
4.4 Sub-sector Breakdown	✓	✓	✓	
4.5 Sub-sector Income Breakdown	✓	✓	✓	
4.6 Income Category	✓	✓	✓	
4.7 Volunteering and Employment	✓			
4.8 Community Planning themes	✓			

## 7.4 Appendix D – Council funded organisations

The following table provides details of organisations that received funding from Falkirk Council during the 2015/16 financial year. Those highlighted in green are third sector organisations.

<b>Services for Children</b>	
Cluaran - (Barnardos - Teachers)	200,439
Cluaran (Barnardos)	448,450
New Beginnings (Barnardo's)	182,724
Aberlour Trust - CLASP(Camelon & Larbert)	276,385
Bo'ness Family Centre (Barnardos)	279,208
Aberlour Trust - Langlees Family Centre	199,695
One Parent Families Scotland - Braes Family Centre	120,755
Home Start Denny	29,488
Speech and Language Therapy (NHS)	465,040
Denny Community Support Group	29,250
Kersiebank Community Project	9,600
Dennyloanhead Community Hall Ltd	11,933
The Powerstation	10,302
Westquarter & Redding Community Project	9,150
Dobbie Hall Trust	14,356
Worker Education Association	46,326
Children's Rights: Who Cares Scotland	27,970
Children's Rights: Quarriers	86,200
Signpost Time 4 Us Project	30,000
Axis (Barnardos)	105,405
SACRO	77,232
<b>Total Funding - Services for Children</b>	<b>£2,659,908</b>
<b>Third Sector Funding - Services for Children</b>	<b>£2,194,868</b>

<b>Services for Adults</b>	
Independent Living Association	29,604
Princess Royal Trust for Carers	141,898
Falkirk & District Assoc for Mental Health*	177,777
Forth Valley Sensory Centre	56,470
Alzheimer Scotland	63,219
CVS Falkirk & District - Health project	18,430
Services for Survivors of Trauma	102,783
Denny & Dunipace CAB	9,624
G'mouth & Bo'ness CAB	9,624
Falkirk CAB	9,624
<b>Total Funding - Services for Adults</b>	<b>£619,053</b>
<b>Third Sector Funding - Services for Adults</b>	<b>£619,053</b>

<b>Corporate &amp; Housing</b>	
Signpost Time 4 Us Project	15,000
AXIS (Barnardos)	33,724
SACRO	46,104
Central Scotland Regional Equality Council	10,200
Action Group	100,621
Forth Valley Family Support	20,000
Linkliving	14,114
Salvation Army	10,745
Central Scotland Fire and Rescue	4,798
Falkirk Bid District - Taxi marshalling	20,000
Falkirk & District Women's Aid	244,170
G'mouth & Bo'ness CAB	103,538
Denny & Dunipace CAB	97,696
Armed Forces Project - Denny CAB	18,000
Falkirk CAB	177,360
Credit Union	9,794
MacMillam Money Matters	40,000
Community Grants Programme (Small grants)	109,753
CVS Falkirk & District (Core) - See Adult services	102,372
Community Councils	6,380
Gala Days	12,000
Denny Community Support Group	-
Bo'ness Fair	27,929
<b>Total Funding - Corporate &amp; Housing</b>	<b>£1,224,298</b>
<b>Third Sector Funding - Corporate &amp; Housing</b>	<b>£1,219,500</b>

<b>Development</b>	
Falkirk Town Centre Management - included in service savings	178,309
Visit Scotland - included in Service Savings	38,503
Scottish Railway Preservation Society	48,451
Falkirk Environment Trust	27,750
<b>Total Funding - Development</b>	<b>£293,013</b>
<b>Third Sector Funding - Development</b>	<b>£254,510</b>

<b>TOTAL - EXTERNAL FUNDING</b>	<b>£4,796,272</b>
<b>TOTAL - THIRD SECTOR FUNDING</b>	<b>£4,287,931</b>

## 7.5 Appendix E – Survey Results

Legal Status	n	% of total respondents
Constituted Community Group	12	10.3%
Registered Charity	97	82.9%
Social Enterprise	5	4.3%
Company Limited by Guarantee	8	7.7%
Other	8	6.8%

Sub-sector (Primary Purpose)	n	%	Income Share	%
Culture & Recreation	71	18.6%	£3,678,398	3.6%
Social Care	103	27.0%	£12,031,949	11.7%
Faith-related	81	21.3%	£5,265,504	5.1%
Education & Research	12	3.1%	£43,722,378	42.4%
Community, Social & Economic Development	38	10.0%	£996,924	1.0%
Law, Advocacy & Civic Organisations	18	4.7%	£2,786,064	2.7%
Environment & Animals	12	3.1%	£1,647,268	1.6%
Health	11	2.9%	£20,473,668	19.8%
Housing	8	2.1%	£10,154,651	9.8%
General Charitable Purposes	22	5.8%	£254,005	0.2%
Other	5	1.3%	£2,208,386	2.1%

Community Planning Theme	n	% of total respondents
Economic Growth & Employment	12	10.3%
Early Years & Children	58	49.6%
Community Safety	16	13.7%
Environment	17	14.5%
Health & Physical Activity	42	35.9%
Older People	38	32.5%
Poverty & Welfare Reform	17	14.5%
Other	31	26.5%

<b>Community Planning Theme - MOST contributes to</b>	<b>n</b>	<b>% of total respondents</b>
Community Safety	4	3.4%
Early Years and Children	40	34.2%
Economic Growth and Employment	2	1.7%
Environment	1	0.9%
Health and Physical Activity	22	18.8%
Older People	11	9.4%
Poverty and Welfare Reform	8	6.8%
Other	21	17.9%
(blank)	8	6.8%

<b>Employment</b>	<b>Total</b>
Volunteers	3563
Full-time	350
Part-time	415

<b>Income Category</b>	<b>£0-25,000</b>	<b>£25,000-100,000</b>	<b>£100,000-1,000,000</b>	<b>£1,000,000+</b>	<b>Total</b>
<b>Total</b>	£1,588,526	£4,422,204	£15,430,866	£81,775,695	£103,217,291
<b>n</b>	212	88	53	7	360

<b>Economic Growth &amp; Employment</b>	<b>n</b>
Increasing the level of innovation, entrepreneurship and ambition in the area	5
Growing and strengthening the economy of Falkirk	13
Increasing the levels and opportunities for training/ obtaining skills in the area	33

<b>Early Years &amp; Children</b>	<b>n</b>
Increasing the health and well-being of children in the area	31
Ensuring a safe and protective environment for children to grow up in	50
Ensuring that children achieve their full potential through learning, creativity and skills development	57

<b>Community Safety</b>	<b>n</b>
Ensuring the protection of our citizens, including vulnerable children and adults	21
Encouraging our citizens to take responsibility for their own health and wellbeing	39
Ensuring that our communities will be safer	21
Reducing the level of crime, the fear of crime and re-offending in the area	12







<b>Environment</b>	<b>n</b>
Protecting and enhancing our environment	51
Reducing the environmental impact of our consumption and production	17





<b>Health &amp; Physical Activity</b>	<b>n</b>
Increasing the number of people making positive health choices	39
Reducing health inequalities and working towards equitable access to health care and support	20
Increasing the capacity for self-management of health	27
Improving emotional, psychological and social wellbeing	41
Reducing the levels of alcohol, drugs and substance misuse	15













<b>Older People</b>	<b>n</b>
Ensuring older people and their carers have control over their own health, care and well-being	16
Creating a supportive community for older people	36
Creating a support network so that older people are not unnecessarily admitted to hospital	10






<b>Poverty &amp; Welfare Reform</b>	<b>n</b>
Increasing the number of people in better paid, secure employment	6
Encouraging and supporting our most vulnerable children to reach their full potential	16
Reducing the levels of debt in our area	6
Reducing and preventing homelessness	4
Ensuring that our most disadvantaged communities are not adversely affected by reductions in public sector budgets	19




Funding to External Organisations

Organisation/Service Funded	Annual Budget (based on 16/17)	Term	Agreement Type	Source	Alignment with HSCP Strategic Plan	Lead Officer	Comment
<b>Alzheimer Scotland</b>							
Day Care Service	£60,058	Annual	JWA	ASW Falkirk Council		Service Manager	Service for 8 people, 5 days per week.
Post Diagnostic Support	£116,000	to 31 Oct 17	Grant	ICF		ICF Coordinator	PDS initially SG initiative and linked to HEAT target - 1 yr support after diagnosis
Advanced Post Diagnostic Support	£35,096	to 31 Oct 17	Grant	ICF		ICF Coordinator	Development of 8 pillar model: for those with advanced stage diagnosis
Community Connections	£12,289	to 31 Oct 17	Grant	ICF		ICF Coordinator	Small activity groups for people with dementia
<b>Total Annual Funding</b>	<b>£223,443</b>						
<b>Committed to Ending Abuse (Women's Aid)</b>							
Core Service Delivery - Adults	£219,753	Annual	JWA	C&H Falkirk Council		Access to Housing Manager	Service potentially in scope. Funding due to reduce to £175,802 in 17/18. Housing Support, Safety and Stabilisation, Counselling, Recovery, Practical & Emotional Support
<b>Total Annual Funding</b>	<b>£219,753</b>						
<b>CVS Falkirk</b>							
Core Service Delivery	£102,372	Annual	JWA	C&H Falkirk Council	N/A	Head of Policy, Technology and Improvement	Service not in scope. Funding to reduce to £97,253 in 17/18. Third sector Capacity & Support, Volunteering, Social Enterprise. Partnership Manager & CCHF management.
TSI Support	£75,000	to 31 Oct 17	Grant	ICF		ICF Coordinator	Partnership Management and additional capacity
<b>Total Annual Funding</b>	<b>£177,372</b>						
<b>Denny &amp; Dunipace CAB</b>							

Core - Advice Service	£92,811	Annual	JWA	C&H Falkirk Council	N/A	Welfare Reform Project Manager	Not in scope
Armed Forces Project	£18,000	Annual	JWA	C&H Falkirk Council	N/A	Welfare Reform Project Manager	Not in scope
Income Maximisation	£9,624	Annual	JWA	ASW Falkirk Council		TBC	Award previously monitored as with core funding by C&H Services. Additional Income Max provision.
<b>Total Annual Funding</b>	<b>£120,435</b>						
<b>Falkirk &amp; District Assoc for Mental Health</b>							
Core Service Delivery	£177,777	Annual	JWA	ASW Falkirk Council		Development Worker	Management, Admin, Carers Support, Befriending
Counselling Service	£35,875	Annual		Health		General Manager CSD	
Carers Strategy	£10,866	Annual		Health		Senior Planning Manager	Carers Support
Social Prescribing	£100,000	to 31 March 18	Grant	ICF		ICF Coordinator	GP surgery based social prescribing service
Immediate Help Service	£32,400	to 31 Oct 17	Grant	ICF		General Manager CSD / ICF Coordinator	Short term allocation allowing for FPP/Commissioning process development
<b>Total Annual Funding</b>	<b>£356,918</b>						
<b>Falkirk CAB</b>							
Core - Advice Service	£168,492	Annual	JWA	C&H Falkirk Council	N/A	Welfare Reform Project Manager	Not in scope
Income Maximisation	£9,624	Annual	JWA	ASW Falkirk Council		TBC	Award previously monitored as with core funding by C&H Services. Additional Income Max provision.

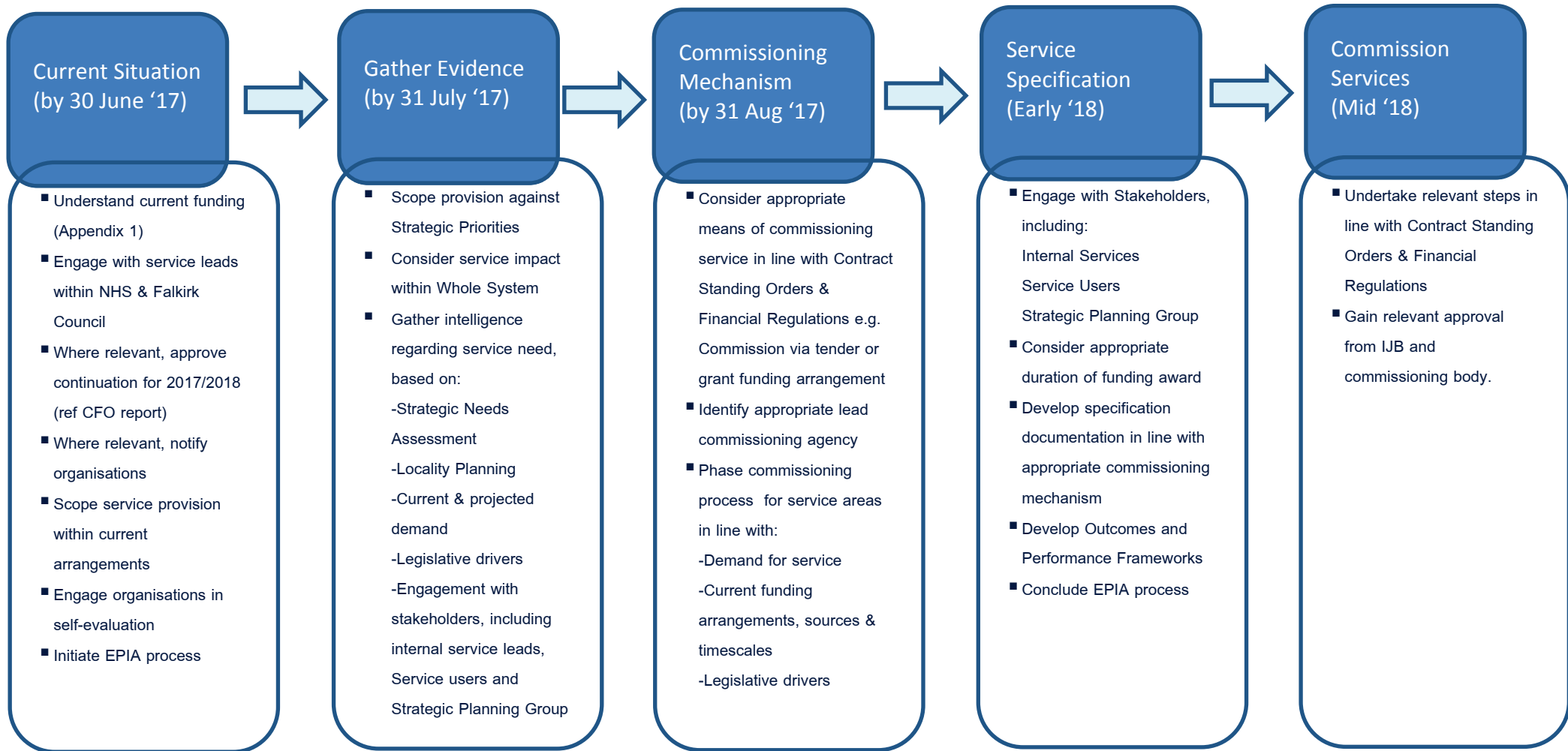
<b>Total Annual Funding</b>	<b>£178,116</b>						
<b>Falkirk Carers Centre</b>							
Core Service Delivery	£141,898	Annual	JWA	ASW Falkirk Council		Service Manager	Management, support, advice adults & young carers and 2 years after caring responsibility. Raise awareness re carers needs. 1400 new carers per year.
Core Service Delivery	£52,301	Annual	SLA	Health	   		
Befriending	£17,002	Annual	SLA	Health			
Carers Strategy	£175,012	Annual	Grant	Health - Carers Strategy		Senior Planning Manager	Allocation for Falkirk and Clackmannanshire. No split available.
Carers Support Planning		to 31 Mar 18	Grant	ICF		ICF Coordinator	
Enhanced Support for Carers at Point of Hospital Discharge		to 31 Mar 18	Grant	ICF	   	ICF Coordinator	
Training in Carers own Community		to 31 Mar 18	Grant	ICF		ICF Coordinator	
Carers Engagement		to 31 Mar 18	Grant	ICF		ICF Coordinator	
Health & Wellbeing Activities		to 31 Mar 18	Grant	ICF		ICF Coordinator	
Short Breaks for Carers	£195,608	to 31 Mar 18	Grant	ICF	 	ICF Coordinator	Individual Projects monitored as one.
<b>Total Annual Funding</b>	<b>£581,821</b>						
<b>Scottish Families Against Substance Misuse</b>							
Family Support Service	£14,450	Annual	Contract	C&H Falkirk Council		Head of Policy, Technology and Improvement	Service supported via ADP and potentially in scope. Funding to reduce to £11,560 in 17/18.
<b>Total Annual Funding</b>	<b>£14,450</b>						
<b>Forth Valley Sensory Centre</b>							

Contribution Centre Delivery Costs	£63,840	Rolling	Partnership Agreement	ASW Falkirk Council		Service Manager	This is contribution towards the overall running of FVSC. FC and NHS are Board Members.
Contribution Centre Delivery Costs	£82,716	Rolling	Partnership Agreement	Health CSD Central			This is contribution towards the overall running of FVSC. FC and NHS are Board Members.
<b>Total Annual Funding</b>	<b>£146,556</b>						
<b>G'mouth &amp; Bo'ness CAB</b>							
Core - Advice Service	£98,361	Annual	JWA	C&H Falkirk Council	N/A	Welfare Reform Project Manager	Not in scope
Income Maximisation	£9,624	Annual	JWA	ASW Falkirk Council		TBC	Award previously monitored as with core funding by C&H Services. Additional Income Max provision.
<b>Total Annual Funding</b>	<b>£107,985</b>						
<b>Independent Living Association</b>							
Core Service Delivery	£28,124	Annual	JWA	ASW Falkirk Council		Project Development Manager	Support for 90+ individuals to access SDS.
<b>Total Annual Funding</b>	<b>£28,124</b>						
<b>MacMillan Money Matters</b>							
Core Advice Service	£38,000	Annual	JWA	C&H Falkirk Council	N/A	Welfare Reform Project Manager	Service potentially in-scope. Provision of Income Max/Debt Advice to people with LTC.
<b>Total Annual Funding</b>	<b>£38,000</b>						
<b>Marie Curie</b>							
FV wide - Planned Visits	£84,000	Annual		Health - Complex Care			Projected spend for 16/17 - £105,000
<b>Total Annual Funding</b>	<b>£84,000</b>						
<b>Services for Survivors of Trauma</b>							

Delivery of Support Service	£97,644	Annual	Tendered	ASW Falkirk Council		ICF Coordinator	Service to be tendered for 17/18.
<b>Total Annual Funding</b>	<b>£97,644</b>						
<b>RVS Meals-on-Wheels</b>							
Core Service Delivery	£10,400	Annual	JWA	ASW Falkirk Council		Service Manager	This service is not being continued during 17/18.
<b>Total Annual Funding</b>	<b>£10,400</b>						
<b>Strathcarron Hospice</b>							
Core Service Delivery (Falkirk proportion 54.45%)	£581,617	Annual	SLA	Health		TBC	Total annual FV contribution towards service £1,068,168
<b>Total Annual Funding</b>	<b>£581,617</b>						

<b>Total Funding</b>	<b>£2,966,634</b>
<b>In scope services - total current funding</b>	<b>£2,116,220</b>
Services potentially in scope	£301,075
Services not in-scope	£480,036

<b>Key: Strategic Plan Outcomes</b>	Self Management	1
	Safe	2
	Autonomy & Decision Making	3
	Patient Experience	4
	Community Based Supports	5



# **AGENDA ITEM**

**8**

**Title/Subject:** Scheme of Delegation  
**Meeting:** Integration Joint Board  
**Date:** 30 March 2017  
**Submitted By:** Chief Officer  
**Action:** For Decision

## 1. INTRODUCTION

- 1.1 The Integration Joint Board approved a paper on Delegation of Authority at its meeting of 24 March 2016. At this time the requirement for a formal Scheme of Delegation was acknowledged as part of developing governance arrangements.

## 2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1 Approve the Scheme of Delegation attached as Appendix 1;
- 2.2 Note the Scheme of Delegation will require early review as partnership arrangements develop. It is proposed such a review is undertaken by 31 March 2018.

## 3. SCHEME OF DELEGATION

- 3.1 In preparing the Scheme of Delegation the existing schemes from other partnerships and extant national guidance were reviewed to establish the various approaches in place, best practice and application to Falkirk IJBs arrangements. The draft Scheme is attached for consideration at Appendix 1.
- 3.2 The HSCP Leadership Management Group will review the Scheme as the partnership arrangements develop and will complete this by 31 March 2018, or at an earlier date if necessary. Any proposed revision to the scheme of delegation will be presented to the IJB for approval.
- 3.3 In tandem with the IJB Scheme of Delegation both Falkirk Council and NHS Forth Valley are reviewing their Schemes of Delegation to incorporate any changes required to reflect the IJB Scheme of Delegation.
- 3.4 The development and approval of a scheme of delegation is an element of the IJBs Governance Workplan for 2016/17.

## 4. CONCLUSIONS

- 4.1 The development and approval of a formal Scheme of Delegation is an integral element of developing effective governance arrangements for the Integration Joint Board.

### **Resource Implications**

None directly arising.

### **Impact on IJB Outcomes and Priorities**

No direct impact.

### **Legal & Risk Implications**

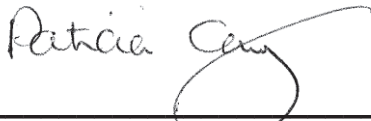
A formal Scheme of Delegation forms part of effective governance arrangements for the partnership.

### **Consultation**

The Governance and Finance Workstreams were consulted as part of the process of developing the Scheme of Delegation.

### **Equalities Assessment**

No issues directly arising.



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Approved for submission by: Patricia Cassidy, Chief Officer

**Author – Ewan Murray, Chief Finance Officer**

**Date: 15 March 2017**

### **List of Background Papers:**

Appendix 1: Scheme of Delegation

## **APPENDIX 1**

### **FALKIRK INTEGRATION JOINT BOARD**

#### **SCHEME OF DELEGATION**

#### **1. COMMENCEMENT, INTERPRETATION, DEFINITIONS AND ALTERATION OF THE SCHEME OF ADMINISTRATION**

##### **1.1 Commencement**

The Scheme shall apply with effect from 1 April 2017.

##### **1.2 Interpretation and Definitions**

The Interpretation Act 1978 shall apply to the interpretation of the Scheme as it would apply to the interpretation of an Act of Parliament.

In this Scheme the following words shall have the meanings assigned to them, that is to say:

“2014 Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Board” means Falkirk Integration Joint Board;

“Chief Finance Officer” means the Chief Finance Officer of the Board appointed by the Board;

“Chief Officer” means the Chief Officer of the Integration Joint Board;

“Constituent Authorities” means Falkirk Council and NHS Forth Valley;

“Employer” means whichever of the Council or NHS shall employ a particular member of staff;

“Integration Scheme” means the Falkirk Integration Scheme made between the Partners under the 2014 Act and approved by Scottish Ministers;

“Members” means Members of the Board;

“Integrated Budget” means the Integrated Budget of the Board set in accordance with the provisions of the Integration Scheme

“Integration Joint Board Budget or IJB Budget” means the Integrated Budget as defined above plus the ‘Set-Aside’ budget per the provisions of the

Integration Scheme. This includes Partnership Funding including the Integrated Care Fund, Delayed Discharge Fund, Integration Fund and any other external funding for Health and Social Care.

### **1.3 Alteration of Scheme**

1.3.1 The Board shall be entitled to amend, vary or revoke the Scheme from time to time.

1.3.2 The Chief Officer shall have the power to alter the Scheme to correct any textual or minor errors, or to make any consequential amendments required as a result of a decision of the Board. Any such alteration shall be notified to the Clerk to the Board and made to the version of the Scheme retained by the Clerk.

## **2. DELEGATION OF OFFICERS**

2.1 All powers which are not specifically reserved to the Board are delegated to the Chief Officer or, as the case may be, the Chief Finance Officer.

The Chief Officer will have delegated responsibility for all matters in respect of the oversight, operational management and delivery of integrated functions of the Board, as set out in the Integration Scheme, with the following provisos:

(i) only to the extent that this scheme and the equivalent schemes of the constituent schemes of authorities give the Chief Officer responsibility to take decisions and act.

(ii) where matters are specifically reserved to the Board; or

(iii) where the Board determines that a particular power should be exercised by the Board, notwithstanding the delegation permitted by this clause.

2.2 The Chief Officer or Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the Board or any decision taken in the exercise of delegated powers.

2.3 The Chief Officer or Chief Finance Officer are authorised to take such measures as may be required in emergency situations, subject to reporting to the Board as soon as possible on any items for which approval would normally be necessary.

- 2.4 In exercising the authority hereby delegated to them, officers must act in accordance with any policies and procedures of the Board.
- 2.5 If any decision proposed under delegated powers might lead to a budget being exceeded, the Chief Officer or Chief Finance Officer must consult with the Chair and Vice Chair of the Board before exercising the delegated power.

### **3. GENERAL POWERS RESERVED TO THE BOARD**

- 3.1 Notwithstanding clause 2.1 above, delegated powers should not be exercised by officers where any decision would represent:
- (i) a departure from Board policy or procedure;
  - (ii) a departure from the Strategic Plan or would be contrary to a standing instruction of the Board;
  - (iii) a significant development of policy or procedure.

The only exception to this is in the case of emergency as set out in clause 2.3 above.

### **4. SPECIFIC POWERS RESERVED FOR THE BOARD**

- 4.1 The following specific powers are reserved for the Board:
- (i) To approve or amend the Strategic Plan including the Financial Plan;
  - (ii) To issue Directions to the Constituent Authorities under sections 26 and 27 of the 2014 Act;
  - (iii) To approve the annual budget;
  - (iv) To receive any certified abstract of the Board's annual accounts and annual financial statement;
  - (v) To appoint (but not dismiss) the Chief Officer and the Chief Finance Officer subject always to the relevant policies and procedures of the Employer;
  - (vi) To deal with matters reserved to the Board by Standing Orders, Financial Regulations and other schemes approved by the Board;

- (vii) To establish such committees and sub-committees as may be considered appropriate to conduct business and to appoint and remove Chairs, Vice Chairs and members of such committees and sub-committees;
- (viii) To approve or amend the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;
- (ix) To approve any Expenses Policy and the entitlement of Members and other to such expenses;
- (x) To change the name of the Board;
- (xi) To fix and amend a programme of Board and committee meetings; Any other functions or remit which is, in terms of statute or other legal requirement, bound to be undertaken by the Board itself;

## **5. SUB-DELEGATION AND DEPUTIES**

- 5.1 The Chief Officer and the Chief Finance Officer may sub-delegate powers to officers of Constituent Authorities, as appropriate. In doing so, the Chief Officer or the Chief Finance Officer shall retain responsibility for carrying out the delegated power.

# **AGENDA ITEM**

**9**

**Title/Subject:** Annual Risk Management Report  
**Meeting:** Integration Joint Board  
**Date:** 30 March 2017  
**Submitted By:** Chief Officer  
**Action:** For Decision

## 1. INTRODUCTION

- 1.1 The purpose of this report is to provide members of the Integration Joint Board (IJB) with an Annual Risk Management Report, for approval.

## 2. RECOMMENDATIONS

The members of the IJB are asked to:

- 2.1 note the Leadership Group (LG)'s risk priorities for 2017/18:
- 2.2 agree the revised Strategic Risk Register at Appendix 1
- 2.3 agree the Falkirk IJB Risk Management Strategy at Appendix 2
- 2.4 agree that a Risk Management Improvement Plan is developed by October 2017
- 2.5 note that NHS Forth Valley's Internal Audit Team (the IJB's auditors) will undertake an audit of the effectiveness of the IJB's risk management arrangements in late 2017/18 (as part of a broader audit programme and quality assurance framework)
- 2.6 note that NHS Forth Valley's Clinical Governance and Risk Management Strategy and risk management responsibilities have been updated, as outlined at section 8.

## 3. BACKGROUND

- 3.1 The members of the IJB approved the Forth Valley IJBs' Risk Management Strategy in March 2016 and agreed to implement a Risk Improvement Plan, in March 2016, to embed the Risk Management Strategy in the medium to long-term.
- 3.2 The Strategic Risk Register was approved by the Board in October 2016.
- 3.3 A Board Development session on Risk Awareness Training was held in November 2016, facilitated by Malcolm Patterson, Gallagher Bassett.

#### **4. RISK MANAGEMENT PRIORITIES**

- 4.1 The HSCP Leadership Group (LG) risk priorities in 2017/18 are to:
- identify / implement measurable controls and mitigating actions for each risk
  - integrate risk with budgeting, performance, and clinical and care governance.
- 4.2 These risk priorities will be progressed by the LG and the Finance, Performance, and Care and Clinical Governance Work Streams, supported by the Council and NHS Forth Valley's Risk Advisors. In addition good risk and governance practices within other IJBs will be reviewed.
- 4.3 These activities will help the IJB to:
- take a more integrated approach to managing risk
  - better understand risks to achieving the Strategic and Local Delivery Plans
  - provide better assurance that risks are being managed effectively.

#### **5. STRATEGIC RISK REGISTER**

- 5.1 The Lead Officers for each risk have provided an update on their risks, and will undertake further work to assess their risks, and expand upon specific (measurable) mitigating actions and performance indicators. The revised Strategic Risk Register is provided at Appendix 1, for approval
- 5.2 As part of the IJB's governance and performance arrangements Lead Officers will provide quarterly Strategic Risk Register updates to the:
- LG for monitoring of the risks and controls / mitigation
  - IJB Audit Committee for scrutiny and assurance on the risk framework
  - IJB Board for approval of the Strategic Risk Register

#### **6. RISK MANAGEMENT STRATEGY**

- 6.1 A revised Falkirk IJB Risk Management Strategy is provided at Appendix 2, for approval. This replaces the Forth Valley IJBs' Risk Management Strategy (agreed by the IJBs in March 2016). However, some risk management arrangements continue to be developed on a Forth-Valley wide basis (e.g. information management).
- 6.2 The Risk Management Strategy includes a revised:
- IJB Audit Committee Terms of Reference (agreed by the IJB in June 2016)
  - Falkirk IJB Reporting Structure (agreed by the IJB in October 2016)
  - NHS Forth Valley Assurance, Accountability and Reporting Structure
  - Risk Register Template, Risk Scoring Guidance, and Risk Matrix.
- 6.3 The Risk Management Strategy will be:
- integrated with performance and clinical and care governance arrangements
  - monitored via the Risk Management Improvement Plan (outlined below)
  - reviewed 2-yearly by the LG, IJB Audit Committee and IJB.

## **7. RISK MANAGEMENT IMPROVEMENT PLAN**

- 7.1 The members of the IJB agreed in March 2016 that a Risk Management Improvement Plan would be developed, to embed the Risk Management Strategy in the medium to long-term.
- 7.2 The IJB are asked to agreed that a Risk Management Improvement Plan will be developed by October 2017, and will include an update on the following (as a minimum):
- proposals to better integrate risk, budgeting, performance, and care and clinical governance arrangements
  - a review of the Strategic Risk Management Policy and Risk Register
  - Risk Training (to build upon the IJB's Risk Training in November 2016)
  - Covalent implementation (for recording and monitoring of risks)
  - Working Groups' key arrangements in relation to risks
  - Adverse Event Reviews (including lessons learnt)
  - a Risk Maturity Self-Assessment - against the ALARM (Association of Local Authority Risk Managers) Benchmarking Model (used by Falkirk Council) or similar risk management self-assessment methodology.
- 7.3 The Risk Management Improvement Plan will be reviewed 6-monthly by the LG, and updates will be provided to the IJB Audit Committee and the IJB (in addition to quarterly Strategic Risk Register reviews).
- 7.4 The Risk Management Improvement Plan will build upon NHS Forth Valley and Falkirk Council's annual risk management reports and Corporate Risk Management audit arrangements, and will be improved over time.

## **8. NHS FORTH VALLEY RISK MANAGEMENT ARRANGEMENTS**

- 8.1 NHS Forth Valley's Clinical Governance and Risk Management Strategy has been updated, and includes additional references to the IJB.
- 8.2 NHS Forth Valley's Head of Performance & Governance now leads on risk management within NHS Forth Valley and will support the Falkirk IJB.

## **9. CONCLUSIONS**

- 9.1 The Strategic Risk Management Policy has been refreshed to reflect the Falkirk Integration Joint Board's revised governance structure. It needs to be embedded and monitored through quarterly reviews of the Strategic Risk Register, 6-monthly reviews of the Risk Management Improvement Plan, and an Annual Risk Report.
- 9.2 The risk landscape and governance structures will continuously evolve.

### **Resource Implications**

The embedding of risk management arrangements will be dependant on the continued resource commitment of partner organisations.

### **Impact on Integration Joint Board Outcomes and Priorities**

The key risks are failure to effectively identify and manage the risks to achieving the outcomes and priorities detailed within the Integration Joint Board's Strategic Plan, Local Delivery Plan, and other plan(s).

### **Legal & Risk Implications**

The key risks are failure to effectively:

- implement the Risk Management Strategy effectively
- identify and assess risks to delivering the Integration Joint Board's Strategic Plan, Local Delivery Plan, and other plan(s)
- meet the commitments made within the Integration Scheme
- potential impact on Falkirk Council and / or NHS reputational risks.

### **Consultation**

The Falkirk Integration Joint Board's Strategic Risk Register was developed by Lead Officers, in consultation with working groups (where relevant).

This paper has been agreed by the authors (who are the risk management leads for NHS Forth Valley and Falkirk Council), and the Programme Manager.

The LG reviewed risk management arrangements in March 2017.

### **Equality and Human Rights Impact Assessment**

None.

### **Exempt reports**

None.



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Approved for Submission by: Patricia Cassidy, Chief Officer

**Authors** - Hugh Coyle, Corporate Risk Co-Ordinator, Falkirk Council, and  
Elaine Vanhagen, Head of Performance & Governance, NHS Forth Valley

**Date:** 14 March 2017

### **List of Background Papers:**

1. Forth Valley IJBs' Risk Management Strategy, March 2016
2. Falkirk IJB's Strategic Risk Register, October 2016

**APPENDIX 1: FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER**

Risk Title / Description	Inherent (Current) Risk (after current mitigation / controls)	Net (Target) Risk (after additional mitigation /actions)	Lead – Lead Officer and Working Group
<b>SHORT-TERM PRIORITIES: SIGNIFICANT INTEGRATION UNCERTAINTIES / CHALLENGES</b>			
<b>1. Financial Stability and Commissioning</b> (including sustainable capacity across all sectors, and co-location / sharing of teams and assets)	<b>High</b>	<b>High</b>	<b>Chief Finance Officer</b>
<b>Risks</b>	<b>Worst Case Consequences</b>		
a) Current projected overspend within in-scope social care services b) Delivery of 16/17 saving programmes c) Full year effect of implementing Living Wage d) Delivery of the relevant elements of NHS Scotland Outcomes Framework within reduced resources e) Continued uncertainty relating to some Scottish Government allocation where the delivery of outcomes will lie within functions delegated to the IJB f) Delivery of Alcohol and Drug services within reduced financial envelope g) Potential recurrent shortfall relating to investment of Partnership Funding Streams h) Implementation of major service redesign and significant service change	The partnership cannot delivery in scope functions and strategic plan priorities within resources available. Reputation risk and failure to deliver sustainable services.		
<b>Current Controls and Additional Actions (including mitigation and response)</b>	<b>Target Date</b>	<b>Progress</b>	
a) Establish leadership group and agree membership and terms of reference	30 April 2016	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Remit evolving and subject to further review</li> </ul>	
b) Draft Financial Recovery Plan for IJB for approval on 3 June 2016	03-Jun-2016	<ul style="list-style-type: none"> <li>• Complete</li> </ul>	
c) Establish financial reporting arrangements including operational reporting to Chief Officer and quarterly reporting to IJB based per terms of Integration Scheme	30 June 2016	<ul style="list-style-type: none"> <li>• Complete</li> <li>• First report to 5 Aug IJB</li> </ul>	
d) Establish savings monitoring arrangements	30 Sept 2016	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> Stage Complete</li> <li>• Further development required</li> </ul>	
e) Establish protocols for variations of budgets and directions	31 Oct 2016	<ul style="list-style-type: none"> <li>• In progress</li> <li>• Linked to financial reporting</li> </ul>	
f) Monitor Scottish Government and COSLA approach / policy on Living Wage and relationship to IJB	Ongoing	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	
g) Review and assess deliverability of savings and efficiency programmes	Ongoing	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	
h) Facilitate an IJB development session on financial issues by 3 June 2016	03-Jun-2016	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Further sessions to be considered</li> </ul>	

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i) Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes.	Ongoing	<ul style="list-style-type: none"> <li>Financial Update incorporated with 5 Aug IJB finance report.</li> <li>Chief Officers invited to ADP</li> </ul>
j) Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams and agree investment plan for 2016/17 & 2017/18	Ongoing	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Linked to IJB Updates on 5 Aug 2016</li> </ul>
k) Develop financial strategy to compliment and support delivery planning, and to implement Strategic Plan	30 Nov 2016	<ul style="list-style-type: none"> <li>Ongoing</li> <li>To be incorporated into IJB Business Plan</li> </ul>
l) Examine options and appraisal and prioritisation approaches such as PBMA (Programme Budgeting and Marginal Analysis - a prioritisation tool to aid decision making) and their relevance and applicability to the challenges faced by the partnership	Ongoing	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Linked to Strategic Plan delivery, logic modelling / whole system approach and IJB Business Plan. Possible support via iHub</li> </ul>
<b>Latest Notes</b>	<b>Review Date</b>	<b>Reviewer(s)</b>
Reviewed and updated risks and controls / actions.	23 Feb 2017	Chief Finance Officer
<b>2. Leadership, Decision Making and Scrutiny</b> (including effectiveness of governance arrangements and potential for adverse audits and inspections)	<b>High</b>	<b>High</b> <b>Chief Officer</b>
<b>Risks</b>	<b>Worst Case Consequences</b>	
Failure to establish effective governance structures and to implement them effectively. This could result in failing to comply with legislation and inability to deliver Strategic Plan outcomes, and criticism by audit and inspection bodies	The partnership is ineffective and cannot deliver it's strategic plan, which could result in harm, legal action, and audit / inspection criticism.	
<b>Current Controls and Additional Actions (including mitigation and response)</b>	<b>Target Date</b>	<b>Progress</b>
a) Governance Framework has been established – currently in implementation phase	Ongoing Implementation	<ul style="list-style-type: none"> <li>Governance work stream completed key actions on work plan on schedule</li> <li>Outstanding action re scheme of delegation proposal included in October IJB papers</li> </ul>
b) Establish clear joint management structure arrangements	Ongoing Implementation	<ul style="list-style-type: none"> <li>Leadership Group established and has been meeting since April 2016</li> <li>Extended arrangements outlined in paper to October 2016 IJB meeting</li> </ul>
c) The Leadership Group to continuously review the respective partner organisations risk management strategies to ensure they are aligned to HSCP risk management strategy.	Ongoing Implementation	<ul style="list-style-type: none"> <li></li> </ul>
d) Ensure alignment between the Leadership Group and the current arrangements for Clinical and Professional support with NHS Forth Valley.	Ongoing Implementation	<ul style="list-style-type: none"> <li></li> </ul>
Reviewed and updated risks and controls / actions.	March 2017	Chief Officer

3. Performance of the IJB	High	Low	Performance Work Stream Lead
<b>Risks</b>	<b>Worst Case Consequences</b>		
Failure to implement the Performance Management Framework and thus: a) assure the IJB of progress with the delivery of the Strategic Plan b) achieve the legislative requirements in terms of monitoring against the National Outcomes and Core Indicator set	The Board is unable to evidence progress or challenge in delivery of the Strategic Plan or National outcomes.		
<b>Current Controls and Additional Actions (including mitigation and response)</b>	<b>Target Date</b>	<b>Progress</b>	
a) Maintain Performance Management Work Stream to drive forward Framework implementation	June 2017	Strategy map developed linking key outcomes in strategic Plan to measures. Performance Report to IJB presents performance by local outcomes from Strategic Plan.	
b) Ensure clarity of key priorities within Strategic Plans to ensure focus for the IJB in performance assessment		Clinical and Care Governance Oversight Group established and developing.	
c) Ensure proportionality & use of data wisely		Performance work stream in place. Covalent Portal in place. Performance reporting to IJB in place and developing exception reporting.	
d) Work closely with Strategic Planning Group and influence development of realistic measurement		The first annual report will be based on national indicators. The data for these indicators is provided centrally by ISD and concerns have been raised by the partnership about the timescales for receiving 16/17 year end (March) data to enable the production, formal approval by IJB and publication of a report by July. Timescale risks have been highlighted to IJB.	
e) Minimise duplication and bureaucracy to make performance management and reporting meaningful and realistic			
f) Further develop Covalent and use of shared portal to ensure a consistent approach and minimise multiple entry and manual data capture			
g) Develop local priorities and targets for submission and quarterly reporting to the Ministerial Strategic Group (MSG)			
<b>Latest Notes</b>	<b>Review Date</b>	<b>Reviewer(s)</b>	
Reviewed and updated risks and controls / actions.	24 Feb 2017	Performance Work Stream Lead	

**MEDIUM-TERM PRIORITIES: HIGH RISKS, BUT ARE CURRENTLY WELL MANAGED BY PARTNERS**

<p><b>4. Culture / HR Management / Workforce Planning</b> (including developing culture, behaviours, and values; sustainable change skills / capabilities, and absence)</p>	<p><b>High</b></p>	<p><b>Low</b></p>	<p><b>HR Work Stream Lead</b></p>
<p><b>Risks</b></p>	<p><b>Worst Case Consequences</b></p>		
<p>a) The lack of a consistent approach across all partners to workforce planning for the in scope workforce is a potential risk b) Change can unsettle staff and impact on levels of performance: potential that performance reduces, mistakes are made, and absence rates increase c) Negative impact on industrial relations as a result of inadequate communication/consultation d) Recruitment, retention, and the need to build multi-disciplinary teams</p>	<p>HR issues have impact on Service User and Patient safety / experience – including death / injury</p>		
<p><b>Current Controls and Additional Actions (including mitigation and response)</b></p>	<p><b>Target Date</b></p>	<p><b>Progress</b></p>	
<p>a) Workforce Group in place to monitor all workforce and ensure implementation of workforce activity</p>	<p>Review Monthly</p>	<ul style="list-style-type: none"> <li>• Workforce Strategy and Organisational Development Plan are in place.</li> <li>• The Workforce Group meets monthly, and their agendas' include a review of progress with the Organisational Development Strategy and Plan, and risks.</li> </ul>	
<p>b) Workforce Group reports to the Leadership Group (for Falkirk)</p>			
<p>c) Workforce Strategy in place</p>			
<p>d) Organisational Development Plan in place</p>			
<p>e) Chief Officers attend workforce meetings</p>			
<p><b>Latest Notes</b></p>	<p><b>Review Date</b></p>	<p><b>Reviewer(s)</b></p>	
<p>Reviewed and updated risks and controls / actions.</p>	<p>24 Feb 2017</p>	<p>Workforce Development Work Stream Lead</p>	

5. Experience of a) Service User and b) Unpaid Carers (including engagement, feedback, and complaints. Key challenges: measuring and evidencing change)	High	High	Participation and Engagement Work Stream Lead
Risks	Worst Case Consequences		
a) Fail to engage adequately and fully with stakeholders, in particular those harder to reach groups b) Fail to adequately plan and delivery services as a result of limited communication, engagement and participation with stakeholders c) Fail to take into account the needs of stakeholders d) Fail to have identified lead who can develop and follow through Participation and Engagement Strategy	The IJB fails to identify or meet the needs of Services Users, Patients, and other stakeholders and an inability to strategically commission services. This could lead to harm to vulnerable people, a breach of equalities duties, and litigation, reputational damage, and criticism.		
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
a) Service users, carers, staff and the Third sector are members of the Integration Joint Board and the Strategic Planning Group	Complete	<ul style="list-style-type: none"> <li>Participation and Engagement Group in place, with representative from across Partnership including CVS, Third Sector and Housing.</li> <li>Working structure developed to ensure that participation and engagement activity is compliant with local strategy and national standards.</li> <li>Development of action plan ongoing and aligned to Change Programme Board.</li> </ul>	
b) Participation and Engagement Strategy in place – and an Action Plan is being developed	Ongoing	<ul style="list-style-type: none"> <li>A programme of staff engaged is drafted for implementation in spring / summer 2012</li> </ul>	
c) A range of communication arrangements are in place including staff newsletters, articles in the Falkirk News, local newspapers, Health and Social Care web-pages		<ul style="list-style-type: none"> <li>Articles have been published in local newspapers</li> </ul>	
d) IJB report template includes sections on Consultation and Equalities Assessment, which ensures that the Board are aware of the extent of this is any reports where decisions are being taken	Ongoing	<ul style="list-style-type: none"> <li>Standard participation and engagement initiation document developed, which ensures that leads consider inclusion/impact re equality and seldom heard groups.</li> </ul>	
e) Equality and Poverty Impact Assessment will be completed where required	Ongoing	<ul style="list-style-type: none"> <li>Report completed and will be reviewed and refreshed in April 2017.</li> <li>Report reviewed and will be submitted to IJB 20 March 2017.</li> </ul>	
f) Equality Outcomes and Mainstreaming Report produced	April 2017	<ul style="list-style-type: none"> <li>Existing stakeholder groups mapped and calendar of engagement opportunities and mediums in place, in line with purpose of specific participation and engagement request.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Participation and Engagement Group linked with Organisation Development Group</li> </ul>
g) A range of mechanisms and groups are in place to enable participation and engagement including staff engagement sessions, Joint Staff Forum, the Older People's Forum, Carers Forum, Community Care Health Forum (CCHF)	Ongoing	<ul style="list-style-type: none"> <li>• Participation and Engagement Group in place, with representative from across Partnership including CVS, Third Sector and Housing.</li> <li>• Working structure developed to ensure that participation and engagement activity is compliant with local strategy and national standards.</li> <li>• Development of action plan ongoing and aligned to Change Programme Board.</li> </ul>
h) Complaints and monitoring reports are produced	Ongoing	
i) Identify Lead Officer for Falkirk Participation and Engagement group	Complete	
<b>Latest Notes</b>	<b>Review Date</b>	<b>Reviewer(s)</b>
Reviewed and updated risks and controls / actions.	20 Feb 17	Service Manager

Risk	Current Risk	Target Risk	Lead Officer / Managed By
<b>6. Information Management and Governance</b>	<b>High</b>	<b>High</b>	Information Work-stream Lead - Jonathan Procter
<b>Description</b>	<b>Worst Case Consequences</b>		
<p>There is a risk that the Forth Valley IJBs have insufficient information assets and governance arrangements to provide the right people, with the right information, when they need it.</p> <p>This includes potential weaknesses in:</p> <p><b>a) Information and Communications Technology (ICT)</b> – such as systems / infrastructure:</p> <p>There is a risk that the IJBs lack the technical ability to share information effectively across the IJBs. This could be because e.g. ICT assets are not sufficient, sustainable, secure, or fit for purpose. This includes potential weaknesses in asset and resource planning, business continuity, or security.</p>	<ul style="list-style-type: none"> <li>• A person dies because staff / partners do not have access to timely information</li> <li>• Loss of personal data compromises a person's safety or privacy</li> <li>• Serious data breach, leading to personal harm and / or ICO investigation, legal action, and fines</li> <li>• Injury, illness, and distress to service users, leading to civil claims</li> <li>• Ineffective / inefficient service delivery through failure to join up relevant data</li> <li>• Service delays or interruption, resulting in inefficiency and a lack of best value</li> <li>• Reputational damage, loss of confidence, and intervention by auditors / regulators</li> <li>• Changes are not delivered on time or budget, or do not meet strategic objectives</li> <li>• A lack of expertise / reliance on external expertise, leading to a lack of best value and continuity</li> </ul>		
	<b>Current Controls</b>		
<p><b>b) Information Governance</b></p> <p>There is a risk that the IJBs' Information Governance arrangements (i.e. how we share information) are unclear or poorly embedded. This could result in the IJB failing to meet it's legal duties, or not preparing sufficiently for changing regulations, e.g. data protection and records management.</p> <p><b>c) Information Management Strategy and Demand Planning (ICT and IG risks)</b></p> <p>There is a risk that information specialists are not clear what the IJBs priorities are, which may mean that they are unable to effectively plan for and meet these needs. Also, FV partners' information strategies and plans may not be clear, embedded, or effectively aligned with the IJBs' priorities.</p> <p>There is also a risk that partners have insufficient resources, capacity, and expertise to deliver the services delivered by the IJB. This includes uncertainties relating to the funding, support, and resources to develop a Clinical Portal, and delays in implementing Support Services' Agreements.</p>	<p><b>Information and Communications Technology (ICT)</b></p> <ul style="list-style-type: none"> <li>• FV Partners have individual IM Strategies, Plans, and Policies in place. This is supported by IM assurance and governance arrangements – including ICT security, audit, self-assessment, and business continuity arrangements</li> <li>• The Data Sharing Partnership (DSP) is well established and members include ICT Managers, the Information Governance Lead, Chief Officers, and Programme Managers</li> </ul> <p><b>Information Governance (IG)</b></p> <ul style="list-style-type: none"> <li>• The Information Governance (IG) Group is well established and members include IG Managers across the Forth Valley. The Chair also attends the DSP</li> <li>• Information Sharing Assessment is in place and reviewed by DSP annually</li> <li>• Information Sharing Agreements are in place between partners – and further work is planned to improve service user consent and staff guidance / procedures.</li> </ul> <p><b>Information Management Strategy and Demand Planning</b></p> <ul style="list-style-type: none"> <li>• Refer to Additional Actions</li> </ul>		

Additional Actions	Responsible	Due Date	Progress
<ul style="list-style-type: none"> <li>• ICT specialists will undertake further work with the FV IJBs' Programme Managers to identify and better understand the IJBs information priorities, and then develop shared ICT Plans to meet these.</li> <li>• Improve demand planning, to ensure that there is adequate skills, resources, and capacity to meet the IJBs' information needs (including assets, budgets, and staff).</li> <li>• Ensure that partners' Business Continuity arrangements reflect IJB's needs</li> <li>• Establish an ICT (Infrastructure) Sub Group (consisting of technical leads from the partners) to develop and take forward the initial ICT priorities.</li> <li>• Ensure access to integration systems are available across the partnership</li> <li>• Develop information sharing portal, and ensure it's adequately funded, prioritised, and resourced by partners.</li> <li>• Review opportunities for convergence of social care systems</li> </ul>	<p>DSP and IJB Programme Managers</p> <p>IJB Data Analysts</p> <p>TBA</p> <p>ICT Sub Group</p> <p>DSP</p> <p>DSP</p> <p>Local Authorities</p>	<p>To be confirmed</p> <p>In Progress / Ongoing</p> <p>TBA</p> <p>Completed</p> <p>2017/18</p> <p>2017/18</p> <p>To be confirmed</p>	<ul style="list-style-type: none"> <li>• Review strategic / other plan(s), to identify information requirements, and develop DSP Work Plan / Risk Register.</li> <li>• Progress key projects, e.g. funding and resource yet to be scoped for Portal. This is part of the 2017/18 DSP Work-Plan.</li> <li>• No work requirement at this stage.</li> <li>• ICT Sub Group established, and to develop technical requirements.</li> <li>• Initial ICT issues are on track to be delivered, including a network testing and authentication system (Cisco ICE).</li> <li>• FV Partners agreed (in December 2016) that a single FV wide information portal is desirable.</li> <li>• Further work is required to develop appropriate solutions and project work will require be resourced in 2017/18. The detailed scoping and requirements requires to be service lead.</li> <li>• Key Single Shared Assessment (SSA) data needs to be collected and recorded in IT systems in FV, and the technical options need to be agreed.</li> <li>• Sustainability issues flagged</li> <li>• This needs to happen alongside single portal plans</li> <li>• Note that Council core social care systems are at different stages of procurement and replacement planning, however this presents an opportunity for system alignment across the county recognising the different there will be different timescales and other pressures that need to be addressed.</li> </ul>
<b>Latest Notes</b>	<b>Review Date</b>		<b>Reviewer(s)</b>
Reviewed and updated risks and controls / actions.	20 Feb 17		Information Work-stream Lead

LONG-TERM PRIORITIES				
<b>7. Effective Links with Other Partnerships</b> (e.g. Community Planning, Third and Voluntary sectors, Criminal Justice, and Housing)		<b>High</b>	<b>Low</b>	<b>Chief Officer</b>
<b>Risks</b>		<b>Worst Case Consequences</b>		
There is a risk of lack of cohesive planning between partners. This could lead to ineffective use of staff resources, and potential failure to meet Strategic outcomes.		The partnership is ineffective and cannot deliver it's strategic plan, which could result in harm, legal action, and audit / inspection criticism.		
<b>Current Controls and Additional Actions (including mitigation and response)</b>		<b>Target Date</b>	<b>Progress</b>	
Links are currently established with partners, including: a) Criminal Justice Authority (CJA) and Community Planning Partnership (CPP) (note: these are Statutory links) b) Alcohol and Drugs Partnership (ADP) and Public Protection fora c) Third and Independent Sectors – representation as appropriate at IJB, Strategic Planning Group, Partnership Funding Group and thematic groups such as Participation and Engagement Group. d) Other Integration Authorities – via the Chief Officer and Chief Finance Officer Networks e) Council services and links to Children's Services and Housing services f) Transitions Group established - to progress strategic and operational arrangements between Social Work and to support young people transitioning between services.		Ongoing Review	<ul style="list-style-type: none"> <li>• Chief Officer; member of Leadership board of CPP</li> <li>• Chief Officer; member of Community Justice Partnership</li> <li>• IJB Strategic Plan is embedded in SOLD plan and joint planning mechanisms are in place</li> <li>• Third and Independent Sector representatives actively participate in Partnership Funding Group (sub-group of Strategic Planning Group) and thematic groups.</li> <li>• Housing Contribution Group established and action plan agreed. Group chaired by Housing Services and has representation from housing, social work, health and RSL's (Registered Social Landlords).</li> <li>• Chief Officer or other relevant representative are members of Forth Valley wide thematic group e.g. Performance, Information Governance, Clinical &amp; Care Governance.</li> </ul>	
<b>Latest Notes</b>		<b>Review Date</b>	<b>Reviewer(s)</b>	
Service Manager reviewed and updated risks and controls / actions.		20 Feb 17	Service Manager and Chief Officer	

8. Harm to Vulnerable People / Public Protection / Clinical Care (including patients and Service users, staff and Volunteers, and c) Unpaid Carers)	High	High	Chief Social Work Officer and Medical Director
Risks	Latest Notes		
<p>There is a risk of harm to people, due to the IJB failing to meet its' statutory clinical care, Adult Support and Protection, and public protection duties, which could lead to:</p> <ol style="list-style-type: none"> <li>Death or serious harm to a vulnerable person</li> <li>Significant case reviews, prosecution or other legal interventions</li> <li>Potential compensation claims external criticism / intervention (e.g. Care Inspectorate or Criminal Justice Authority)</li> <li>Reputational damage to the IJB (and individual partners)</li> </ol> <p>In the NHS, there are a large number of clinical incidents which have a significant impact on individual's, but good controls are place to mitigate the impact on the NHS.</p> <p>In the Council, there is the potential for harm to vulnerable people, despite effective public protection arrangements being in place. This could have a significant impact on the IJB and Council's reputation (even if the likelihood is low and subsequent enquiries establish that the Council were unable to prevent the incident).</p> <p>In the Council, there is the same risk of potential harm to vulnerable young people and adults which would have the same risks as outlined above for the IJB (even if the likelihood is low and subsequent enquiries establish that the Council were unable to prevent the incident).</p> <p><b>Note - October 2016</b> The risks were agreed by the Lead Officers before the Oct 2016 IJB Risk Update, and Lead Officers agreed to provide the IJB with more information as soon as possible – including measureable actions.</p>	<ol style="list-style-type: none"> <li>A new Medical Director was appointed in February 2017.</li> <li>The Clinical &amp; Care Governance Framework Group has met on 3 occasions. They plan to develop a Risk Register – this is on the agenda for their next meeting on 5 April 2017.</li> <li>The Group have agreed 4 priorities: <ul style="list-style-type: none"> <li>Alcohol &amp; Drug Deaths</li> <li>Suicides</li> <li>Complaints</li> <li>Care of Older People</li> </ul> They have further agreed that one of each of these 4 themes will be reported to the quarterly meeting of the Group. </li> </ol> <p>The additional risks below have been added, and will be assessed further:</p> <ul style="list-style-type: none"> <li>Standards issued by SSSC now include a new “fitness to practice” which not only covers disciplinary and grievance procedures but now also includes employee health issues</li> <li>“Duty of Candour” which imposes duties on employees to tell us about any “fitness to practice” issues. The above issues are not specific to the IJB, apply to all Social Work Services.</li> </ul> <p>The Group have also identified the following risks in March 2017:</p> <ul style="list-style-type: none"> <li>Succession Planning – in particular, Mental Health Officers</li> <li>Compromised security or inefficient use of the IJB's data.</li> </ul>		
Worst Case Consequences			
Death or Serious Injury			
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
<ol style="list-style-type: none"> <li>NHS Forth Valley Clinical Care Risk and Governance Framework</li> <li>Falkirk Council – Social Work Adult Services risk and governance framework</li> <li>Public Protection Chief Officers' Strategy Group (PPCOSG)</li> <li>Clinical &amp; Care Governance Work Stream Action Plan to be developed</li> </ol>	<p>Ongoing Review</p> <p>2017</p>	<ul style="list-style-type: none"> <li>In place and monitored by NHS FV</li> <li>In place and monitored by Falkirk Council</li> <li>In place and monitored by PPCOSG</li> <li>See Latest Notes Below.</li> </ul>	
	Review Date	Reviewer(s)	
	01 Mar 2017	Chief Social Work Officer	

<b>9. Self-Management / Independent Living</b> (including the effectiveness of prevention activities and support for unpaid carers)	High	Medium	<b>Community Services Directorate, General Manager and Head of Social Work Adult Services</b>
Risks	Worst Case Consequences		
a) Reablement ethos is not effectively defined, developed or communicated to all stakeholder, including service users, their carers and families and communities and therefore is not embedded within practice. b) Reablement services are developed in isolation of one another and out-with a whole systems approach. c) Investment in reablement services does not support the implementation of agreed model/approach and promotes siloed service delivery.	The consequence of not taking a Partnership approach to the development and implementation of a reablement ethos and reablement services may be fragmented service provision, poor outcomes for people, inefficient use of resource and service which is not embedded and unlikely to be sustainable beyond the term of Partnership Funding investment.  Not effectively communicating a reablement ethos to stakeholders, could result in public expectation regarding services not aligning with provision.		
Current Controls and Additional Actions (including mitigation and response)	Target Date	Progress	
a) A consistent, evidence based approach is developed for the implementation of a Reablement Ethos and Reablement Services, by Health, Social Work, Third and Independent sector leads. b) A strategy setting out a phased approach to the adoption and implementation of a reablement ethos and integrated service provision will be developed. This will include short, medium and long-term actions and outcomes. c) Small scale reablement approaches, funded via Partnership Funds will be evaluated and investment will be aligned to agreed reablement model and to help facilitate wholesale adoption of the approach.	Ongoing – 2017/18   Ongoing – 2017/18   Ongoing – 2017/18	<ul style="list-style-type: none"> <li>• Reablement Workshops, including representatives from Health, Social Work, Third and Independent Sectors, including Carers Centre, held to define reablement as an approach and establish actions for implementation.</li> <li>• Reablement Lead group established. Development sessions scheduled to prioritise and progress actions agreed during initial workshops.</li> <li>• Further work will be undertaken to assess the risk and develop effective mitigating actions</li> </ul>	
To improve outcomes focussed approach, the Council: a) is providing 'Good Conversations' Training and improving guidance; and b) has established a small short term working group (reporting to the Self Directed Support Program Board) to improve the Single Shared Assessment recording process and develop associated guidance.	March 2017	<ul style="list-style-type: none"> <li>• 'Good Conversations' training being rolled out</li> <li>• IT – SWIS improvements being implemented</li> <li>• Guidance is being developed</li> <li>• Working Group reports to SDS Programme Board</li> </ul>	
Latest Notes	Review Date	Reviewer(s)	
Head of Social Work Adult Services reviewed and updated risks and controls / actions.	28 Feb 17	Community Services Directorate, General Manager and Head of Social Work Adult Services	

10. Service Demand		High	Low	Chief Finance Officer
<b>Risks</b>		<b>Worst Case Consequences</b>		
There is a risk of a lack of effective demand planning, monitoring, and co-ordination amongst partners. This could result in gaps in resources (including financial, workforce, asset, and information resources) to meet the needs of Service Users.		The consequences could include over / under capacity, poor outcomes, harm, financial costs, inefficiency, reputational damage, and criticism by audit and inspection bodies.		
<b>Current Controls and Additional Actions (including mitigation and response)</b>		<b>Target Date</b>	<b>Progress</b>	
a) Demand planning will need to be embedded within various strategies and work plans - including financial, workforce, asset, information resources, and service planning. b) Budget savings workshops held and LIST analyst work c) SDS and Eligibility criteria under review d) HSCP is working with i-Hub and TRIST to take forward work on whole systems mapping to better understand the integrated system across health, social care, Third and Independent sectors.		30 September 2017	<ul style="list-style-type: none"> <li>Financial Planning for 2017/18 within the IJB business case considered demand and cost pressure related issues across the in-scope functions of the partnership.</li> <li>This requires to further develop in respect of medium term delivery planning and financial strategy.</li> <li>This work has commenced and it is anticipated will conclude by June 2017</li> </ul>	
<b>Latest Notes</b>		<b>Review Date</b>	<b>Reviewer(s)</b>	
Reviewed and updated risks and controls / actions.		20 Feb 17	Chief Finance Officer	
ADDITIONAL NOTES				
<b>1 Culture, Values, and Behaviours</b>	These permeate throughout all risks above. The risk involves failure to appreciate differences and work towards and enabling a shared culture.			
<b>2 Risk Type and Outcomes</b>	All risks affect multiple National and Local Outcomes. Falkirk Joint Management Group also suggested that Lead Officers may, in future, also want to consider mapping risks to priorities.			
<b>3 Impact / Consequences</b>	The consequences / impacts of each risk can be multiple – including reputation, harm, and financial. The Risk Scoring Guidance (which will be provided to Lead Officers) should assist in assessing impact.			

# Falkirk Health & Social Care Partnership

## Risk Management Strategy

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### DOCUMENT HISTORY

Document Title:	DRAFT Falkirk HSCP Risk Management Strategy	Lead Reviewer:	Hugh Coyle and HSCP Programme Manager
Owner:	Falkirk Council and NHS Forth Valley Risk Management Leads	Superseded Version:	Version 1: Approved March 2016
Version No:	Version 2.3 – 14 arch 2017	Next Review Date:	March 2019

## 1. POLICY – the risk management approach

- 1.1 This Risk Management Strategy (RMS) dove-tails with each partner's existing Corporate Risk Management (CRM) Strategies, which are described at **Appendices 1 – 2**.
- 1.2 The Integration Joint Board (IJB) risk review and reporting arrangements form part of the IJB's broader governance arrangements – including audit, clinical and care governance, and performance management. These are outlined within the IJB Reporting Structure at **Appendix 3**, which was agreed by the IJB in September 2016.

- 1.3 The IJB's Strategic Plan defines their approach to risk as:

*“the partnership is able to identify, manage and tolerate risk, and staff are supported in being able to work in different ways, to support personal outcomes”*

- 1.4 The IJB is committed to embedding a culture whereby risk management is recognised as a continuous process, demanding awareness and action from employees at every level, to reduce the possibility and impact of injury and loss. Risk management should be seen as an enabler to achieving objectives, of both the partnership and individual partners.
- 1.5 The IJB will ensure that a robust and transparent system of clinical governance and risk management is in place to assure the IJB, the public, and other stakeholders. This involves providing safe and effective care and treatment for patients and clients, and a safe environment for employees and others who interact with the services delivered under the direction of the IJB.
- 1.6 The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets, and fewer unexpected problems.
- 1.7 Clinical governance and risk management are inextricably linked.
- 1.8 Risk management is an integral part of good management practice, and learning from adverse events is a major priority for the IJB. As health and social care is becoming increasingly complex it is important that sufficient time and resource is applied to this area. Delivering and managing safe and effective care to the people who use our services whilst ensuring the health, safety, and welfare of our staff, patients, (their) carers, and visitors is a top priority for the organisation.
- 1.9 This strategy encourages decision makers to be 'risk aware' rather than 'risk averse'. This includes encouraging innovation and recognising 'opportunity related risk', provided that the risks are assessed and justified in the context of the anticipated benefits for patients, clients, (their) carers, and the IJB.

## 1.10 Key benefits of effective risk management:

- appropriate, defensible, timeous, and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience / satisfaction with a consequent reduction in adverse incidents, claims, and / or litigation; and
- a positive reputation is established for the IJB.

1.11 The IJB will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB.

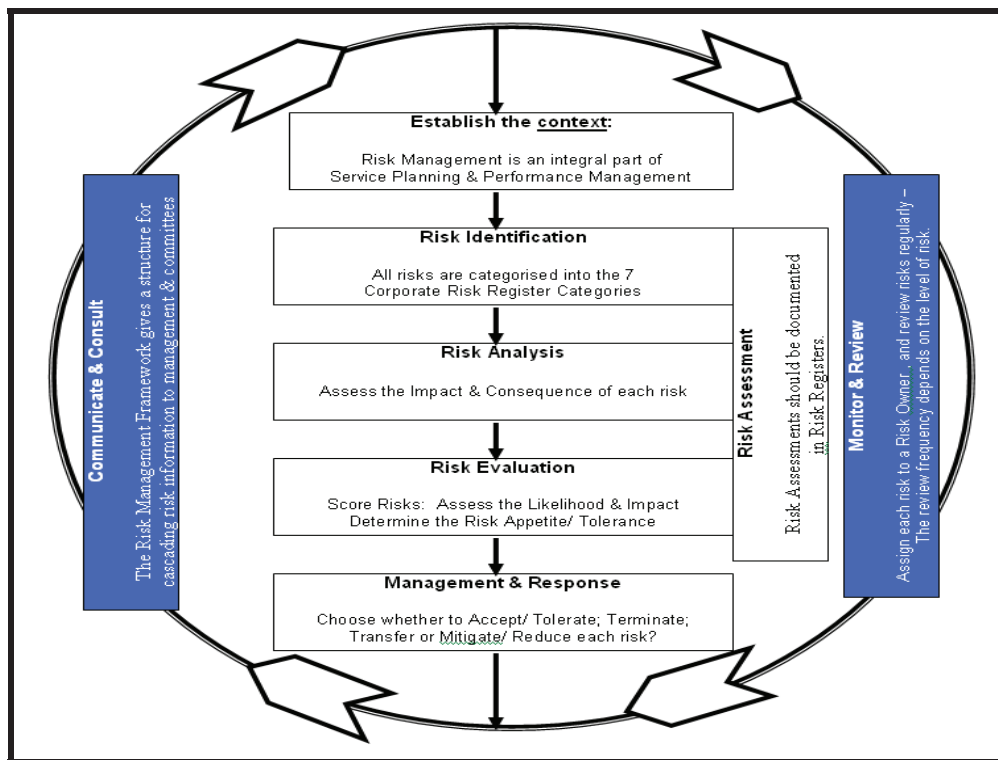
## 2. STRATEGY – Implementing the policy

2.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJB;
- establish communication and sharing of risk information through all areas of the IJB;
- initiate measures to reduce the IJB's exposure to risk and potential loss; and
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting, and review.

2.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, patient, service user, carers and employee safety and wellbeing, business risk, opportunities or threats.

2.3 Risk management requires the consistent identification, assessment, management, monitoring, and reporting of risks to the IJB, as shown overleaf:



2.4 The following templates are provided (and will be continuously improved):

- **Appendix 4:** Risk Register Template
- **Appendix 5:** Risk Scoring Guidance and Matrix

2.5 Risk affects every activity to a greater or lesser degree and failure to acknowledge this can lead to serious consequences – including harm, poor outcomes, financial loss, service interruption, criticism or reputational damage, and legal penalties.

2.6 If the HSCP is to manage risk effectively, they need to demonstrate that risks are managed in a systematic and structured manner and reviewed regularly. This includes:

- **Strategic Risks:** This includes the risks to achieving (opportunity) or failing to achieve (threat) the IJB's desired outcomes and objectives as set out within the Strategic Plan. These are managed by the HSCP Leadership Group.
- **Corporate Risks:** This includes the risks (opportunity or threat) to achieving the goals of individual partners. These are managed by each partners' Corporate Management Team (CMT). Where a risk affects multiple partners and / or requires strategic leadership they should be escalated to the HSCP Leadership Group and IJB and treated as strategic risks.
- **Operational Risks:** This includes the risks to individual service units, and would be managed by operational managers. Where a risk affects multiple units and/or requires

more senior leadership they should be escalated to the senior leadership group and proposed to be treated as corporate risks.

- **Transformation and Project Risks:** This includes the risks (opportunity or threats) to successfully delivering transformation. These should be managed by the Service Transformation Programme Board and Work Streams. Where a risk could impact upon the IJB's Strategic Plan they should be escalated to the HSCP Leadership Group and IJB and treated as strategic risks.

- 2.7 Specific risks will be owned by / assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required. Risk controls should be proportionate and take account of the IJB's tolerance for risk and available options for managing risk.
- 2.8 Risks will be scored consistently using the Risk Scoring Guidance and Matrix (at Appendix 5), and will be analysed in terms of likelihood and potential impact, taking account of controls and actions.
- 2.9 The IJB will demonstrate a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints, accidents / near misses, and claims. The risk advisors for Falkirk Council and NHS Forth Valley will work together to ensure that lessons learnt are identified and shared.

### **3. Governance, Roles and Responsibilities**

#### **3.1 Integration Joint Board**

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention;
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities / policies and the like (e.g. inclusion of a 'risk implications' section on Board papers); and
- ensuring that the Chief Officer implements and monitors mitigating actions and reports progress.

#### **3.2 Chief Officer**

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

### **3.3 Chief Financial Officer**

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key financial and business risks, risk mitigation, and insurance.

### **3.4 HSCP Leadership Group**

Members of the HSCP Leadership Group are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- ensuring that the Lead Officers for each strategic risk (in conjunction with work streams, where appropriate) provide regular updates to the Leadership Group;
- receipt and review of regular risk reports on strategic, shared, and key operational risks and escalating any matters of concern to the IJB; and
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility; and
- reporting back to the IJB on risks.

### **3.5 Audit Committee**

The Audit Committee are responsible for reviewing risk management arrangements and receiving regular risk management updates and reports.

### **3.6 Employees / All persons working under the direction of the IJB**

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or patient's / service user's / carer's / others at risk of harm; to identified hazards and implement safe working practices developed within their service areas; and to report near misses and incidents of harm so that these can be investigated and lessons learnt.

### **3.7 Others / Specialists**

It is the responsibility of relevant specialists from the partner bodies to attend meetings as necessary to consider the implications of risks and provide relevant advice. This includes internal audit, external audit, chief legal / risk officers, Lead Officers for risks, (sub) committees, clinical and non clinical risk managers / advisors (including Lead Officers and work streams for risks), and health and safety advisors.

### **3.8 Corporate Management Teams of Partner Bodies**

Corporate Management teams of partner bodies are responsible for:

- ensuring that they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB; and
- escalating and reporting risks to the HSCP Leadership Group and IJB when they exceed their risk tolerance and / or where they may affect the achievement of the IJB's Strategic Plan.

## **4. Monitoring and measuring the effectiveness of risk management arrangements**

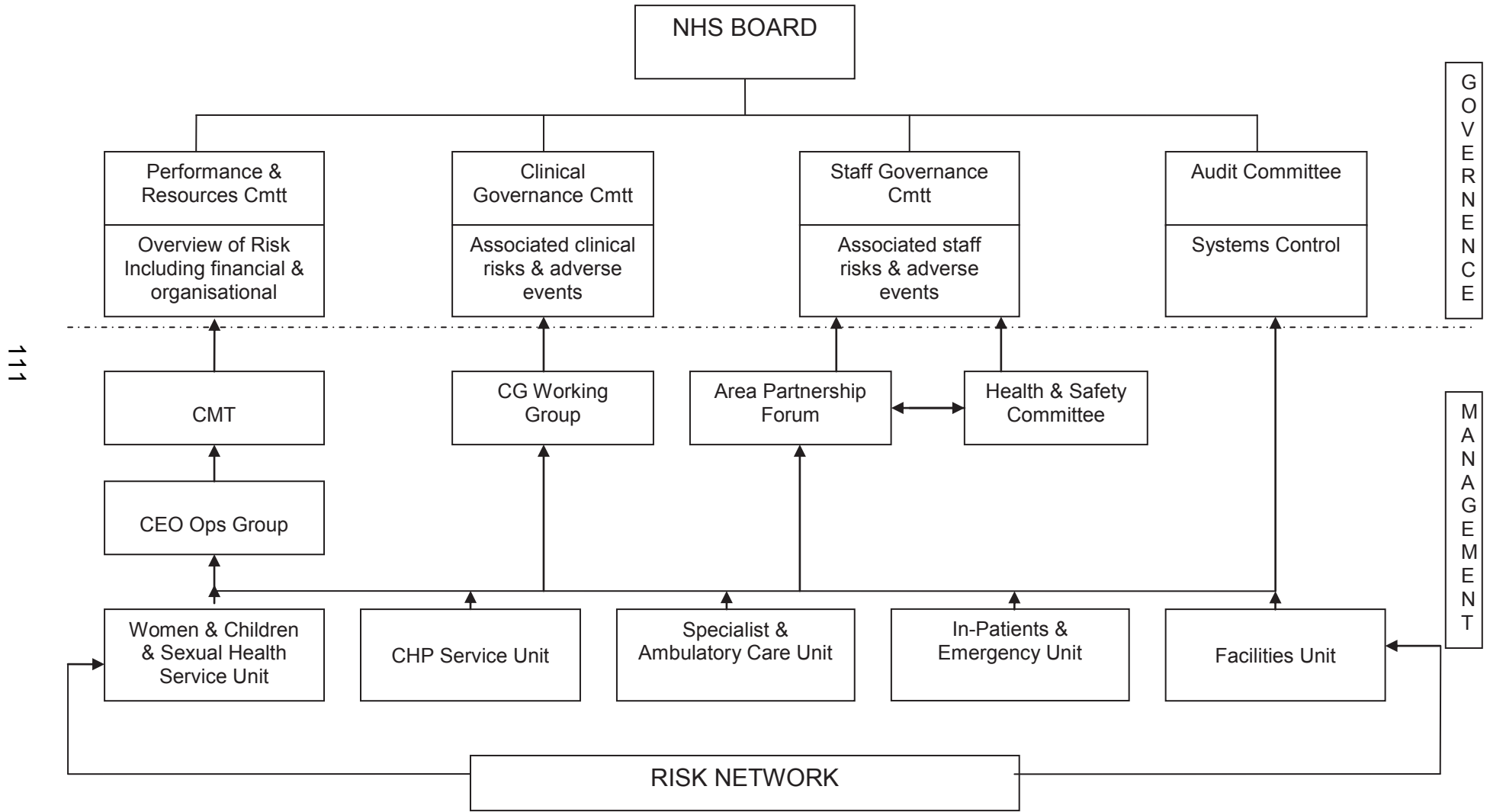
- 4.1 The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context, scoring, and controls.
- 4.2 Risk and performance management is key to the effective delivery of strategic objectives. Monitoring will include review of the IJB's risk profile by the HSCP Leadership Group, Audit Committee, and Lead Officers / Work Streams.
- 4.3 The Strategic Plan, performance reviews, and audits / inspections will also inform the identification of new risks or highlight where existing risks require more attention.
- 4.4 Key risk performance indicators (PIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs can provide assurance that key financial risks are under control.
- 4.5 The IJB will ensure that a Risk Management Improvement Plan that will shape future risk management priorities and inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the HSCP.

## **5. Communication and Training**

- 5.1 This strategy will be communicated cascaded to all employees by the HSCP Leadership Group.
- 5.2 Suitable guidance and training will be developed and agreed with the HSCP Leadership Group, to ensure that this strategy is implemented effectively at strategic, operational, and project levels.

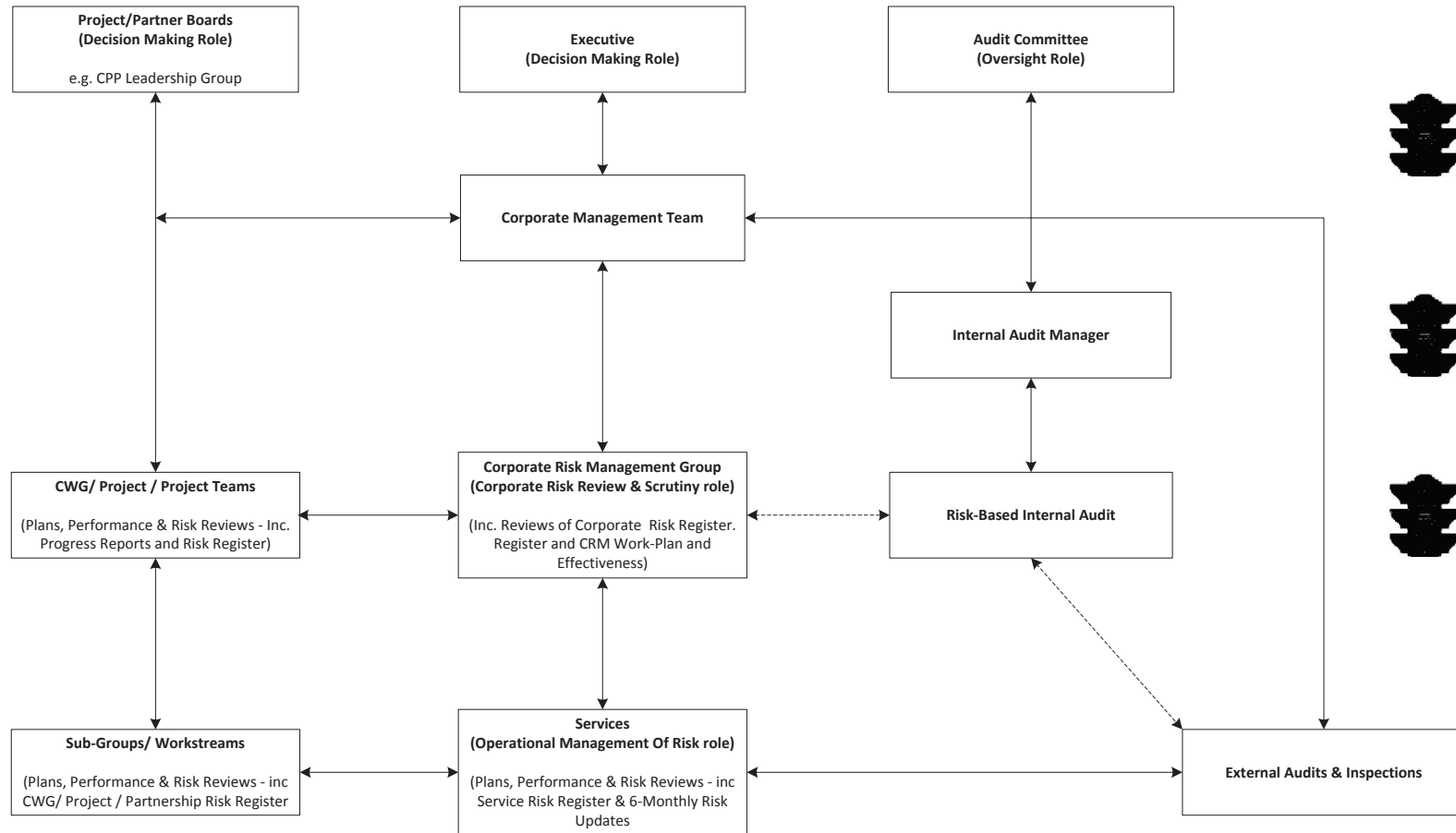
**Appendix 1: Strategic Risk Management Reporting Frameworks - NHS Forth Valley**

QUALITY ASSURANCE IN FORTH VALLEY  
 CLINICAL GOVERNANCE RISK MANAGEMENT  
 ASSURANCE, ACCOUNTABILITY AND REPORTING FRAMEWORK



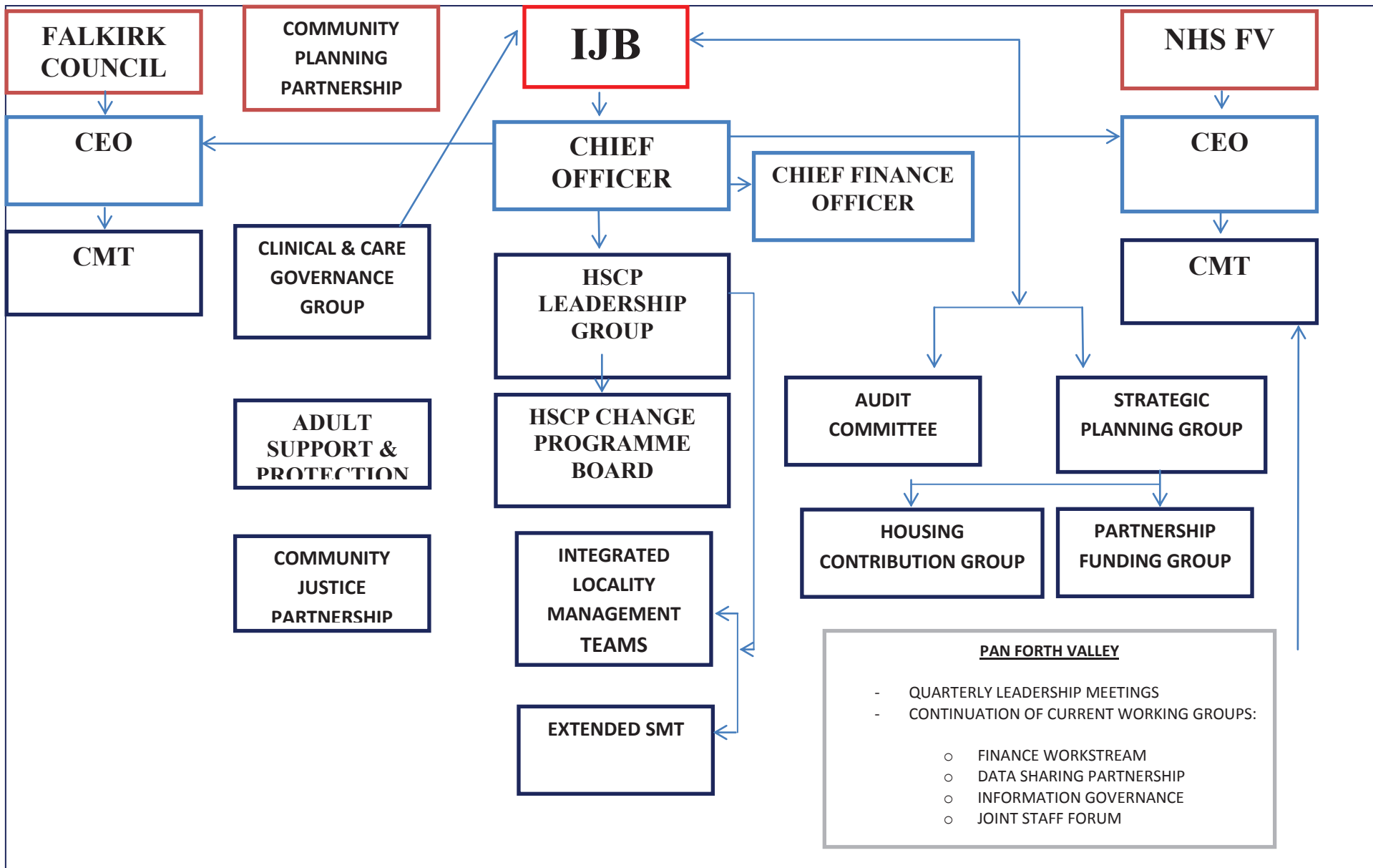
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**Appendix 2: Strategic Risk Management Reporting Frameworks - Falkirk Council**  
**Corporate Risk Management (CRM) Framework**



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Appendix 3: Falkirk IJB Reporting Structure – September 2016



**Appendix 4: Risk Assessment Template**

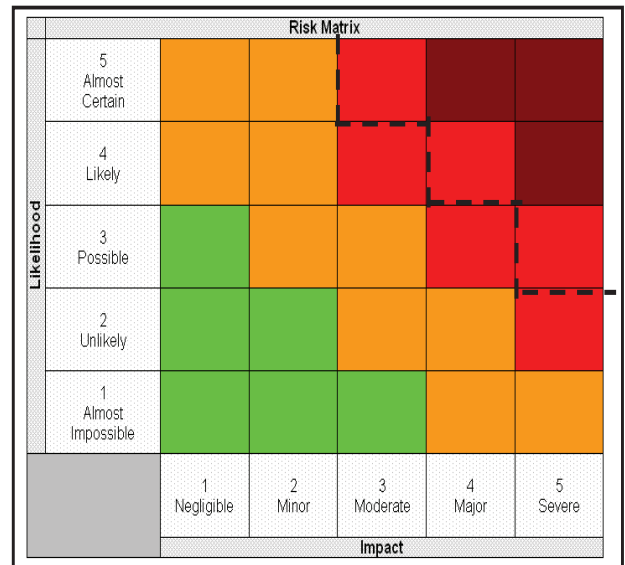
Risk Title / Description	Inherent (Current) Risk (after current mitigation / controls)	Net (Target) Risk (after additional mitigation /actions)	
<b>SHORT-TERM PRIORITIES: SIGNIFICANT INTEGRATION UNCERTAINTIES / CHALLENGES</b>			
<b>1. Financial Stability and Commissioning</b>			
<b>Lead Officer(s)</b>	<b>Lead Group(s)</b>		
<b>Risks</b>	<b>(Worst Case) Consequences</b>		
<b>Current Controls and Additional Actions (including mitigation and response)</b>	<b>Status and Target Date</b>	<b>Progress / Comments</b>	
a)		•	
b)		•	
c)		•	
d)		•	
e)		•	
<b>Performance Indicators / Review Mechanisms</b>	<b>Status and Target Date</b>	<b>Progress / Comments</b>	
a)		•	
b)		•	
c)		•	
d)		•	
e)		•	

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**Appendix 5: Risk Scoring Guidance and Matrix**

Score	<u>Impact / Consequence</u>				
	Financial	Reputational	Harm to People or Assets	Interruption to Services to Projects	Audit/ Legal/ Compliance
<b>5. Severe</b>	Extensive; spend exceeds available budgets	Sustained media interest, complaints, and / or loss of confidence	Multiple deaths and / or assets destroyed	Extended disruption or loss of service, or project delay	Severe penalty, criticism and / or legal action
<b>4. Major</b>	Major impact, but within budgets	National media interest and / or serious loss of confidence	Major injury, death, and / or assets destroyed	Major service disruption, loss of multiple services, or project delay	Major legal action, penalty, and / or criticism
<b>3. Moderate</b>	Manageable budget impact; spend exceeds risk owner's authority	Regional media interest and / or multiple complaints	Moderate injuries and / or damage	Some disruption to service, or project delay	Action required; and may result in criticism and / or penalty
<b>2. Minor</b>	Minimal budget impact; spend is within risk owner's authority	Local media interest and / or customer complaints	Minor injury and / or damage	Minor disruption to multiple services, or project delay	Action required; but unlikely to result in criticism and / or penalty
<b>1. Negligible</b>	None or little budget impact; spend is within risk owner's authority	None, or little, media interest; impact is in public domain, but managed	None or very minor injury and / or damage	None or little disruption to one service, or project delay	No or little query from audit body / regulator; but no criticism or action required

<u>Likelihood</u>	
<b>5. Almost Certain</b>	It is fairly certain that risk will occur, or has already occurred
<b>4. Likely</b>	There is a strong chance of the risk occurring
<b>3. Possible</b>	There is a reasonable chance of the risk occurring
<b>2. Unlikely</b>	There is a fairly low chance of the risk occurring
<b>1. Almost Impossible</b>	There is little evidence that the risk is likely to occur



# **AGENDA ITEM**

**11**

**Title/Subject:** IJB Audit Committee Report  
**Meeting:** Integration Joint Board  
**Date:** 30 March 2017  
**Submitted By:** Chief Finance Officer  
**Action:** For Decision

## 1. INTRODUCTION

- 1.1 The Falkirk IJB Audit Committee met on 27 February 2017. The agenda items considered at the meeting were:
- Update on Annual Accounts Planning and Assurance
  - Review of Financial Regulations and Reserves Strategy and Policy
  - Annual (External) Audit Plan
  - Governance Action Plan
  - Self-Assessment in Relation to National Audit Scotland reports on Health and Social Care Integration
  - Internal Audit Progress Report
- 1.2 The full Audit Committee papers are published on the Falkirk Council website.

## 2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1 note that the Audit Committee met on 27 February 2017 and considered the agenda items detailed in section 1.1
- 2.2 note that the governance action plan, updated where relevant, will be used as the basis for producing the IJB Annual Governance Statement for 2016/17
- 2.3 note the Audit Committee's approval of the Annual Audit Plan for 2016/17
- 2.4 note that the Financial Regulations have been reviewed with no substantive changes and that a further review is required no later than March 2018
- 2.5 approve the revised Reserves Strategy and Policy attached at Appendix I with a further review required no later than March 2018
- 2.6 note the Self Assessments in relation to the National Audit Scotland reports on Health and Social Care Integration attached as Appendix II

- 2.7 consider the membership of the Audit Committee taking account of the retiral of the current chair on 31 March 2017 and the implications of the Local Government elections in May 2017.

### **3. BACKGROUND**

- 3.1 The IJB agreed to establish an Audit Committee at its special meeting on 24 March 2016.
- 3.2 The Audit Committee has 3-4 scheduled meetings per annum to discharge its role per its terms of reference.
- 3.3 The Audit Committee will next meet in June 2017 primarily to consider the unaudited accounts. In advance of this meeting the Committee's membership and chair will require to be considered.

### **4. AUDIT COMMITTEE CONSIDERATIONS**

#### **Audit Committee Chair and Membership**

- 4.1 The Audit Committee Chair retires as a NHS Forth Valley Non-Executive Director on 31 March 2017. There are also likely to be implications for the IJB's membership post the Local Government elections in May 2017 which will impact on the audit committee's membership.
- 4.2 The IJB will require to appoint members to the Audit Committee and nominate a chair in advance of the meeting scheduled for late June 2017.
- 4.3 Should it not be possible to agree an on-going Audit Committee chair in this timescale consideration should be made to appointing an interim chair from the voting membership of the IJB.

#### **Review of Financial Regulations**

- 4.4 The Audit Committee approved a review of the IJBs Financial Regulations and there were no substantive changes. Only minor amendments to wording were made to accurately reflect current arrangements. It was agreed that a further review of the Financial Regulations should take place no later than March 2018.

#### **Reserves Policy and Strategy**

- 4.5 A draft revised reserves strategy and policy was presented to the IJB Audit Committee for consideration and it agreed to refer this to the IJB for approval.
- 4.6 The main revision to the reserves strategy and policy was the proposal for a maximum target limit for general reserves to be set at £1.5m which is around 0.75% of the partnership budget. This level was proposed taking into account approaches across other partnerships and to ensure a sufficient limit to cover potential financial scenarios which may face the partnership as medium to longer term financial strategy is developed.

- 4.7 It is not planned that the IJB will hold significant levels of reserves on an on-going basis. The IJB's reserves are held to provide a level of protection against unforeseen circumstances and manage phasing of expenditure between financial years.
- 4.8 The reserves policy and strategy will require further review as medium to longer term financial strategy develops. It is proposed that a further review should take place no later than March 2018.

#### **Annual Audit Plan**

- 4.9 The Audit Committee received and approved the Annual Audit Plan for 2016/17 presented by the IJB's External Auditors Ernst and Young.

#### **Governance Action Plan**

- 4.10 The Audit Committee were presented with the Governance Action Plan as the management response to the 2015/16 Internal Audit Annual report. This action plan documented progress against planned developments in governance arrangements in 2016/17.
- 4.11 The action plan will be used, updated as required, as a basis for the IJB's Annual Governance Statement within the 2016/17 Financial Statements.

#### **Self-Assessment in Relation to National Audit Scotland Reports on Health and Social Care Integration**

- 4.12 Since December 2015 Audit Scotland has published four key reports which directly relate to Health and Social Care Partnerships in Scotland. These are:
- Health and Social Care Integration (December 2015)
  - Changing Models of Health and Social Care (March 2016)
  - Social Work in Scotland (September 2016)
  - NHS in Scotland (October 2016).
- 4.13 Self-assessments have been prepared in relation to the key recommendations contained within the Audit Scotland reports on Health and Social Care Integration and Changing Models of Health and Social Care. These are attached as Appendix II to this report.
- 4.14 The key recommendations from the reports on Social Work in Scotland and NHS in Scotland as they relate to the Falkirk Health and Social Partnership will be considered in conjunction with delivery planning for the Health and Social Care Partnership. Further updates will be prepared in relation to these reports in due course.

#### **Internal Audit Progress Report**

- 4.15 The Audit Committee received a progress report on the Internal Audit Plan including an update on current internal audit activity.
- 4.16 A further report from Internal Audit and the 2017/18 Internal Audit Plan will be presented to the June 2017 IJB Audit Committee.

## 5. CONCLUSIONS

- 5.1 The content of this report provides the IJB with an update on the work of the Audit Committee and presents the issues which require IJB consideration and approval.

### **Resource Implications**

The annual audit fee for 2016/17 has not yet been estimated and will require to be agreed once External Audit has concluded their planning work.

### **Impact on IJB Outcomes and Priorities**

The IJB Audit Committee forms part of the governance framework for the IJB within which the Strategic Plan priorities are pursued.

### **Legal & Risk Implications**

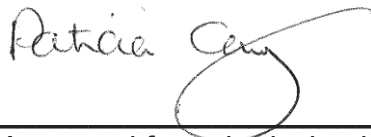
The Audit Committee considered matters which relate to the Annual Report and Financial Statements of the IJB which are statutory requirements.

### **Consultation**

No consultation necessary.

### **Equalities Assessment**

No equalities issues directly arising.



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Approved for submission by: Ewan Murray, Chief Finance Officer

**Author** – Ewan C Murray, Chief Finance Officer

**Date:** 8 March 2017

### **List of Background Papers:**

APPENDIX I – Reserves Strategy and Policy

APPENDIX II – Self Assessments in Relation to National Audit Scotland Reports on Health and Social Care Integration

## **APPENDIX 1**

### **Falkirk Integration Joint Board Reserves Policy and Strategy**

#### **1. Introduction**

- 1.1 This document outlines the Falkirk Integration Joint Board's strategy for developing and holding financial reserves.
- 1.2 The strategy is linked to the Integration Joint Board's Strategic Plan objectives and medium term financial strategy which highlights the financial risks and challenges facing the Integration Joint Board and its constituent partners beyond the current financial year.
- 1.3 The strategy will be reviewed annually to ensure all financial changes and challenges facing the Integration Joint Board and its constituent partners are taken into account in determining the appropriate level of reserves to hold for the future.

#### **2 Legislative/Regulatory Framework**

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the framework for the integration of health and social care in Scotland. The Act empowers an Integration Joint Board to hold reserves subject to an agreed reserves strategy.
- 2.2 As the Integration Joint Board is considered a Local Authority body under section 106 of the Local Government (Scotland) Act 1973, all relevant legislative and regulatory principles as applied to local authorities have been deemed equally applicable to the Integration Joint Board.
- 2.3 In Scotland, explicit statutory powers under Schedule 3 of the Local Government (Scotland) Act 1975 permit local authorities to establish a Capital Fund, alongside a requirement to maintain a General Fund Reserve. Within the General Fund Reserve, local authorities are allowed to earmark elements for specific intended purposes.
- 2.4 Local Authority Accounting Practice Bulletin 99 published in July 2014 provides advice from the Chartered Institute of Public Finance and Accountancy in respect of local authority reserves and balances. The principles and good practice examples contained within the Local Authority Accounting Practice bulletin have been applied in developing the proposed reserves strategy for the Integration Joint Board.
- 2.5 Legislation also places a range of safeguards that help to prevent local authorities over-committing themselves financially as follows:

- The balanced budget requirement, for Scotland this is derived from Section 93 of the Local Government Finance Act 1992;
- The Chief Finance Officer's duty to report on robustness of estimates and adequacy of reserves when considering the annual budget requirement;
- The Chief Finance Officer's duty to make arrangements for, in addition to having responsibility for, the proper administration of the Integration Joint Board's financial affairs; and
- In line with the "Prudential Code" published by the Chartered Institute of Public Finance and Accountancy, the Chief Finance Officer's duty to have full regard to affordability when making recommendations about future capital programs, including giving due consideration to the level of long term revenue commitments.

### Reserve Policies

- 2.6 Pressures on public finances now and over the medium term are intense with the result that the constituent partners do not currently have the capacity to provide extra resources to provide reserves. Therefore, the ability to build up and retain reserves for unforeseen events and circumstances becomes not only difficult, but something that requires careful consideration.
- 2.7 Having the right level of reserves is important. If reserves are very low, there may be little resilience to financial shocks and sustained financial challenges.
- 2.8 Reserves should not be used to fund material levels of ongoing operational costs as they are not a permanent funding solution for this type of expenditure. They may, however, be used for small-scale initiatives which do not impact on the overall reserves strategy.
- 2.9 Reserves should act as a "buffer" to absorb one-off pressures or to enable a short-term bridge to fill a gap until a sustainable funding solution is identified.
- 2.10 Contributions from reserves should only be used to set a balanced budget where reserves have been specifically earmarked for future projects as agreed by the Integration Joint Board.
- 2.11 The level of reserves to be held should be based on an assessment of the likelihood and impact of financial and operational risks.
- 2.12 In addition to maintaining an adequate reserves balance to protect against risks, it may also be necessary to plan for an increase in reserves as a means of meeting Strategic Plan objectives.
- 2.13 Reserves in excess of prudent estimated levels should not be held. This will ensure unnecessary cash balances do not build up which may impact on resources available for operational activities.

### **3 Types of Reserve**

#### Earmarked Reserves

- 3.1 The purpose of an Earmarked Reserve is to set aside amounts for initiatives that extend beyond one year or as a contingency against a specific situation occurring. Earmarked Reserves will increase through decisions of the Integration Joint Board and will decrease as they are spent on their specific intended purposes.
- 3.2 Once an Earmarked Reserve has been established by the Integration Joint Board, it is the responsibility of the Chief Finance Officer of the Integration Joint Board to ensure funds are spent in line with their purpose. The purpose of each Earmarked Reserve should be reviewed annually to ensure that it is still relevant.

#### General Reserves

- 3.3 General Reserves represent non-earmarked elements of Integration Joint Board funds. The main purposes of General Reserves are to operate as a working balance to help manage the impact of uneven cash flows, and to provide a contingency to cushion the impact of emerging or unforeseen events or genuine emergencies.
- 3.4 Given the pressures on public finances now and over the medium term, constituent partners do not currently have the capacity to provide extra resources to provide for General Reserves. As such, the expectation for the foreseeable future is that General Reserves will not be available to the Integration Joint Board. However, ideally, the build-up of a robust level of General Reserves should still be considered as a target within the Integration Joint Board's medium term financial strategy.

#### Capital Reserves

- 3.5 Capital reserves represent monies set aside to meet expenditure of a capital nature, as opposed to day to day expenditure on operational activities.

### **4 Principles of a Risk Based Approach to Reserves**

- 4.1 In order to assess the level of reserves, the Chief Finance Officer of the Integration Joint Board should take account of the financial and operational risks facing the Integration Joint Board over the life of the medium term financial strategy. The estimate of these risks should include (but are not limited to):
  - The reasonableness of underlying budget assumptions.
  - Inflationary pressures.
  - Realisation of income targets.

- Trends and current spending patterns.
  - Known future legislative or other regulatory changes.
  - Ability to achieve Strategic Plan objectives.
  - Estimates of likely demand for demand-led budgets.
  - A review of any major risks associated with future years' budgets.
  - The availability of any revenue contingency budget.
  - Discussions and contributions from constituent partners.
- 4.2 The Chief Finance Officer should develop and implement proper arrangements to manage these risks, including adequate and effective systems of internal control.
- 4.3 The Chief Finance Officer's advice on the level of reserves should be set in the context of the Integration Joint Board's risk register and medium term plans, and should not focus exclusively on short-term considerations. Advice should be given on the level of reserves over the lifetime of the medium term financial plan, and should also take account of the expected need for reserves in the longer term.
- 4.4 Part of the risk management process involves taking appropriate action to mitigate or remove risks where this is possible, which in turn may lead to a lower level of reserves being required. A balance will need to be found between maintaining adequate levels of reserves and investing in risk reduction measures.
- 4.5 Whilst it will primarily be the responsibility of the Integration Joint Board and its Chief Finance Officer to maintain a sound financial position, external auditors will regularly express their views on the adequacy of the reserves of the Integration Joint Board for which they carry out the audit function. However, it will not be the responsibility of external auditors to prescribe the optimum or minimum level of reserves to be held.

## **5 Management of Reserves**

### Overview

- 5.1 The required levels of Earmarked and General Reserves and their purpose will be agreed as part of the annual budget setting process and reflected in the Strategic Plan agreed by the Integration Joint Board. The constituent partners will be able to review the levels of reserves held by the Integration Joint Board as part of this process.
- 5.2 The level of Earmarked and General Reserves to be maintained may change from year to year depending on any changes to the financial risks facing the Integration Joint Board, and/or resources needed for investment to meet Strategic Plan objectives and budgetary control.
- 5.3 Any in-year call on General Reserves will generally only be approved to meet the cost of unexpected and unforeseen expenditure, or where an opportunity

has arisen which is time limited and/or meets an objective within the Strategic Plan.

- 5.4 The Integration Joint Board will allocate resources it receives from the constituent partners in line with the Strategic Plan. In doing this it will be able to use its power to hold Earmarked and General Reserves, so that in some years it may plan for an underspend to build up reserves, and in others to breakeven, or to use a contribution from reserves in line with the Reserve Policy and Strategy.

#### Use of Reserves

- 5.5 Decisions on the use of General Reserves should take account of the financial and operational risks that could impact on the Integration Joint Board's position, and should be made in a coordinated and planned way to ensure that best use is made of these resources.
- 5.6 For this reason it is important that any approval to use General Reserves complies with the Integration Joint Board's Reserves Policy and Strategy and a formal procedure facilitates this process.
- 5.7 The application to use General Reserves should be submitted to the Integration Joint Board for approval and should include as a minimum:
- How the application meets the requirements of the Reserves Policy and Strategy.
  - Why the use of reserves is considered to be the most appropriate form of funding.
  - Whether the use of reserves is required to meet an objective of the Strategic Plan, or is outside of this.
  - Whether the constituent partners been consulted on the proposal to use reserves.
  - A statement from the Integration Joint Board's Chief Finance Officer detailing the current level of reserves and projected year end position.
- 5.8 With reference to section 8 of the Falkirk Integration Scheme, the following in-year scenarios could impact on any General Reserves held by the Integration Joint Board:
- **In-Year Overspend on the Operational Integrated Budget** - Where there is a projected overspend against an element of the operational budget, the Integration Joint Board may decide to increase the payment to the affected body by utilising the balance of the General Reserve of the Integration Joint Board (if available) in line with the Reserves Policy and Strategy.
  - **In-Year Underspend on the Operational Integrated Budget** - Underspends on either arm of the operational integrated budget should be returned from the relevant constituent partner to the Integration Joint Board and carried forward through General Reserves (with the exception

of underspends that arise due to material differences between assumptions used in setting the payments to the Integration Joint Board and actual events).

### Reporting Arrangements for Reserves

- 5.9 In terms of reporting on Earmarked and General Reserves, all budget reports to the Integration Joint Board should include from the Chief Finance Officer of the Integration Joint Board (where applicable):
- A statement reporting on the annual review of Earmarked Reserves. The statement should list the various Earmarked Reserves, the purposes for which they are held and provide advice on the appropriate levels. It should also show the estimated opening balances for the year, planned additions/withdrawals and the estimated closing balances.
  - A statement showing the estimated opening General Reserve balance for the year ahead, the addition to/withdrawal from the reserve, and the estimated end of year balance.
  - A statement on the adequacy of Earmarked and General Reserves in respect of the forthcoming financial year and the Integration Joint Board's medium term financial strategy.

## **6 Level of Reserves**

### Earmarked Reserves

- 6.1 As mentioned previously, Earmarked reserves provide a means of accumulating funds for use in a later financial year to meet known or planned initiatives. As such, the level of any required Earmarked Reserve is likely to be known with reasonable certainty. The purpose of each Earmarked Reserve should be reviewed annually to ensure that it is still relevant.

### General Reserves

- 6.2 There is generally no prescriptive basis for the level of General Reserves that should be held. The level of General Reserves will depend on the financial risks and challenges facing the Integration Joint Board and its constituent partners, but ideally as a minimum, should be capable of covering all estimated financial risks including contingent liabilities.
- 6.3 However, as mentioned previously, the pressures on public finances now and over the medium term are intense with the result that the constituent partners do not currently have the capacity to provide extra resources to provide for General Reserves. Therefore, the ability to build up and retain General Reserves for unforeseen events and circumstances will be continue to be difficult.
- 6.4 Although there is no requirement or expectation placed on the Integration Joint Board to build up General Reserves, it is still appropriate to at least consider a

prudent “target” level of reserves that may be achievable in the future when financial capacity of the constituent partners allows.

- 6.5 Setting a suitable target level of General Reserves provides its own difficulties. Many of the financial risks impacting on the Integration Joint Board will be difficult to estimate, and the ability to benchmark other Integration Joint Board reserve policies and strategies is currently not yet available.

### Capital Reserves

- 6.6 It is currently not anticipated that the Integration Joint Board will require to hold a Capital Reserve.
- 6.7 The Integration Joint Board will identify the specific asset requirements to support the Strategic Plan. Where the Chief Officer of the Integration Joint Board identifies as part of the Strategic Plan new capital investment requirements, a business case should be developed and submitted to all constituent partners to consider.
- 6.8 Options may include one or more of the constituent partners approving the project from its own capital budget or where appropriate, using the hub initiative. The existing procedures in the constituent partners should be used to consider capital bids and business cases.

## **7 Conclusions**

- 7.1 Robust financial management and control requires the Integration Joint Board to give consideration to the holding of General Reserves to provide protection against unforeseen and/or unavoidable costs arising.
- 7.2 Given the pressures however on the finances of the constituent partners currently and over the medium term, the expectation is that General Reserves will not be available to the Integration Joint Board.
- 7.3 Although there is no requirement or expectation placed on the Integration Joint Board to build up General Reserves, it is still appropriate to at least consider a prudent “target” level of reserves that may be achievable in the future when financial capacity of the constituent partners allows.
- 7.4 It is recommended that a maximum target level of General Reserves for the Integration Joint Board be set at a cash value of £1.5 million which is approximately 0.75% of the total partnership budget. This target will be subject to review as part of future annual budget setting processes.
- 7.5 Where appropriate, Earmarked Reserves should also be considered to plan for major expenditure or one-off significant payments.
- 7.6 It is currently not anticipated that the Integration Joint Board will require to hold a Capital Reserve.

Falkirk HSC Partnership Self-Assessment February 2017 Re: Audit Scotland Report: “Changing Models of Health and Social Care Report March 2016”

Ref	Recommendations	Current Position	Improvement Actions	Lead	Timescale
	<p>NHS boards and councils should work with integration authorities during their first year of integration to:</p> <ul style="list-style-type: none"> <li>▪ carry out a shared analysis of local needs, and use this as a basis to inform their plans to redesign local services, drawing on learning from established good practice</li> </ul>	<p>The Falkirk HSCP Strategic Plan was produced taking into account analysis on local needs including the Joint Strategic Needs Assessment (JSNA), NHS Forth Valley Clinical Services Review, Falkirk Council Community Care Housing Needs Analysis.</p> <p>Joint Strategic Needs Assessment published March 2016</p> <p>Locality Profiles published June 2016</p>	<p>Information from Joint Strategic Needs Assessment will continue to inform planning going forward and will be supplemented as further intelligence emerges.</p>	<p>HSCP Senior Management Team</p>	<p>Ongoing</p>
129	<ul style="list-style-type: none"> <li>▪ ensure new ways of working, based on good practice from elsewhere, are implemented in their own areas to overcome some of the barriers to introducing new care models</li> </ul>	<p>Falkirk HSCP are members of the national Health and Social Care Benchmarking Network</p> <p>Terms of Reference to PC as COs looking to do similar</p> <p>The Partnership is actively engaging with HIS, TRIST and NES to secure additional capacity to support a range of work including whole systems mapping, Discharge to Assess, Community Equipment/Adapting for Change and reablement services</p> <p>Working around 24 hours and improvements around out of hours services</p>	<p>Adopting principles around evidence based practice in developing / informing models to underpin all work.</p> <p>Consideration of how are we set up to implement and evaluate new models and how these contribute to sustainable service delivery.</p> <p>Use of available benchmarking data to inform planning and service delivery.</p>	<p>HSCP Senior Management Team</p>	<p>Ongoing</p>

Ref	Recommendations	Current Position	Improvement Actions	Lead	Timescale
130	<ul style="list-style-type: none"> <li>▪ move away from short-term, small-scale approaches towards a longer-term approach to implementing new care models. They should do this by making the necessary changes to funding and the workforce, making best use of local data and intelligence, and ensuring that they properly implement and evaluate the new models</li> </ul>	<p>Work has taken place to ensure that Partnership Funding - Integrated Care Fund and Delayed Discharge - monitoring processes adopt and support a strategic approach to service re-design and future targeting of partnership funding. This will ensure the partnership is able to use the funding available to improve outcomes for service users and their carers, achieve leverage and re-shape current initiatives, where required.</p> <p>Work is ongoing to review Partnership arrangements for commissioning services to Third Sector organisations in line with Audit Scotland and the Accounts Commission, 'Following the Public Pound' guidance.</p> <p>The review has given consideration to the current governance and scrutiny in place for in-scope services commissioned by NHS Forth Valley or Falkirk Council, without a tendering arrangement, therefore falling within the criteria of 'Following the Public Pound' (FPP). The governance framework will allow the IJB to allocate resource to arms-length and external organisations and thereafter scrutinise efficiency and performance in line with the Local Delivery Plan.</p> <p>Work to finalise the framework is on-going and the final framework will be presented to the IJB after consideration by the audit committee in February 2017.</p>	<p>Further consideration needs to be given to how this approach can be applied consistently across the different funding streams made available to partners eg Primary Care Transformation Fund.</p> <p>Alignment of delivery planning, including development of localities, with financial plan.</p> <p>Present commissioning framework to Audit Committee for consideration then IJB for approval.</p>	HSCP Senior Management Team	<p>Ongoing</p> <p>March 2017 (for 2017/18 budget)</p> <p>February 2017 Audit Committee and IJB thereafter.</p>

Ref	Recommendations	Current Position	Improvement Actions	Lead	Timescale
151	<ul style="list-style-type: none"> <li>ensure, when they are implementing new models of care, that they identify appropriate performance measures from the outset and track costs, savings and outcomes</li> </ul>	<p>The IJB approved governance and monitoring arrangements for partnership funds and these have been implemented.</p> <p>A Partnership Funding group has been formed to assess and monitor partnership funding. Recommendations made by the group will be presented to the Strategic Planning Group and then to the IJB. The Strategic Planning Group has an on-going role in monitoring the Partnership's progress towards strategic outcomes and priorities.</p> <p>Partnership Funds are allocated through a single governance process, which is intended to provide transparency of allocation and allow effective performance monitoring.</p> <p>The evaluation framework has been designed in line with the RE-AIM framework, which enables formative assessment, providing feedback on initiatives as they develop and summative assessment, which helps inform funding decisions.</p> <p>Failure to comply with monitoring requirements or to progress initiatives within 3 months of award will result in escalation to Chief Officer. On-going failure to comply with monitoring requirements or failure to progress initiative within 6 months will result in escalation to IJB and possible withdrawal of award</p>	<p>For ongoing consideration as Performance Management and Reporting arrangements continue to evolve.</p>	<p>HCSP Senior Management Team</p>	<p>Ongoing</p>

Ref	Recommendations	Current Position	Improvement Actions	Lead	Timescale
	<ul style="list-style-type: none"> <li>▪ ensure clear principles are followed for implementing new care models</li> </ul>	<p>Partnership Funds are allocated in line with any nationally set principles for investment. In addition funds are allocated taking into account their direct contribution to addressing need identified within the JSNA and in meeting the Strategic Plan outcomes and priorities.</p>	<p>Future consideration as implementation of strategic plan, including development of localities is aligned with use of resources.</p>	<p>HSCP Senior Management Team</p>	<p>Ongoing</p>

Falkirk HSC Partnership Self-Assessment February 2017: Re Health and Social Care Integration Report published December 2015

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
139	<p><b>Integration authorities should:</b> provide clear and strategic leadership to take forward the integration agenda. This includes:</p> <ul style="list-style-type: none"> <li>developing and communicating the purpose and vision of the IJB and its intended impact on local people</li> </ul>	<p>The Integration Joint Board (IJB) has agreed the strategic vision for the HSCP and this is set out in the Strategic Plan 2016-2019.</p> <p>The IJB has developed a visual identity for the partnership which will be used consistently across the organisations to support the vision, values and aspirations of the partnership. This will also sit alongside other communication considerations.</p> <p>The IJB has approved a communications plan.</p>			
	<ul style="list-style-type: none"> <li>having high standards of conduct and effective governance, and establishing a culture of openness, support and respect</li> </ul>	<p>Suite of governance arrangements in place.</p> <p>The IJB Board development session held on December 2015 identified the expected Board values and collaborative behaviours.</p> <p>Review of governance arrangements part of 2016/17 IJB Internal Audit plan.</p>	<p>Scheme of Delegation to be finalised and presented to IJB for approval.</p> <p>Consider recommendations from pending Internal Audit report on governance.</p>	<p>Chief Officer</p> <p>Chief Finance Officer</p>	<p>March 2017</p> <p>March 2017</p>
	<p>Set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes:</p>	<p>The IJB Integration Scheme sets out the arrangements between NHS Forth Valley and Falkirk Council to enable the IJB to meet its responsibilities.</p> <p>The governance arrangements have been agreed by the Board, and there are draft terms of reference developed for the respective groups, including the Strategic Planning Group, Housing</p>			

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
134	<ul style="list-style-type: none"> <li>setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice</li> </ul>	<p>Contribution Group.</p> <p>The Clinical and Care Governance Framework and CCG Group will consider a range of issues including:</p> <ul style="list-style-type: none"> <li>Care Inspectorate Inspections of Care homes and care at home provision</li> <li>Healthcare Environment reviews</li> <li>Significant case reviews</li> </ul> <p>Work is underway to transfer the operational in scope NHS services to the Chief Officer. This will be over a phased basis commencing early 2017. As part of this the lines of accountability for the in-scope functions that remain within NHS will be agreed.</p> <p>The IJB has approved Standing Orders; Register of Interest and Code of Conduct (adopted from the model code issued by the Scottish Government)</p>			
	<ul style="list-style-type: none"> <li>ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB</li> </ul>	<p>The IJB has approved a Board Development Plan in June 2016 which contains a range of development activities including:</p> <ul style="list-style-type: none"> <li>an area wide Masterclass session with national speakers</li> <li>individual personal development</li> <li>series of briefing and discussion session</li> </ul>	<p>Review of development plan and specific development requirements for new voting members post May 2017.</p>	<p>OD Advisor</p>	<p>September 2017</p>
	<p>Ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes:</p>	<p>The Chief Officer and Chief Finance Officer meet regularly with the Chair and Vice Chair of the IJB</p>	<p>Scheme of Delegation being prepared for consideration and approval by the IJB.</p>	<p>Chief Officer</p>	<p>March 2017</p>

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
135	<ul style="list-style-type: none"> <li>setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required.</li> </ul>				
	<ul style="list-style-type: none"> <li>ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other</li> </ul>	<p>The Chief Officer is a member of the Community Planning Partnership Leadership Group and has lead responsibility for specific areas of work contained within the SOLD plan. These are:  <i>Outcome 4: People live full, independent and positive lives within supportive communities</i>  <i>Priority 5: Improving Mental Health and Wellbeing</i></p> <p>In addition the IJB is accountable to the Community Planning Leadership Board for a remit with the:</p> <ul style="list-style-type: none"> <li>health and wellbeing outcome</li> <li>substance misuse priority.</li> </ul>			
	<p>Be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny including:</p> <ul style="list-style-type: none"> <li>developing and maintaining open and effective mechanisms for documenting evidence for decisions</li> </ul>	<p>IJB Board &amp; Audit Committee meetings are open to the public and reports are available on the website.</p> <p>A separate web page for Health and Social Care Partnership is hosted on NHS Forth Valley website and a dedicated email address has been set up for enquiries.</p> <p>Adult Social Care budget proposals linked to Falkirk Council budget consultation arrangements (summary of feedback contained within financial report to February 2017 IJB meeting).</p>	<p>Consider consultation arrangements for future years.</p>	<p>Chief Finance Officer</p>	<p>October 2017</p>

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
136	<ul style="list-style-type: none"> <li>putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice</li> </ul>	<p>Within respective employers organisations there are Code of Conduct's in place</p> <p>As previously noted the IJB has in place a Code of Conduct and Register of Interests for Board members</p>	<p>Subject to periodic review in light of experience, government guidance and any legislative changes.</p>	<p>Standards Officer</p>	<p>Annually</p>
	<ul style="list-style-type: none"> <li>developing and maintaining an effective audit committee</li> </ul>	<p>The IJB Audit Committee has been established and held its first meeting on 22 September 2016.</p> <p>A schedule of meetings for 2017 has been established.</p> <p>Consider future chairing of Audit Committee post March 2017.</p>	<p>Appoint new Audit Committee chair.</p>	<p>IJB</p>	<p>March 2017</p>
	<ul style="list-style-type: none"> <li>ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints</li> </ul>	<p>The IJB has agreed a process to manage and report on complaints.</p>			
	<ul style="list-style-type: none"> <li>ensuring that an effective risk management system is in place</li> </ul>	<p>The IJB has approved a Risk Management Strategy and Strategic Risk Register. This is being reviewed and will report to the Board in March 2017.</p> <p>Risk is a standard item within the IJB Board reporting template.</p>	<p>Consider implications of review.</p>	<p>Chief Officer and Chief Finance Officer</p>	<p>March 2017</p>
	<p>Develop strategic plans that do more than set out the local context for the reforms. This includes:</p>				

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
157	<ul style="list-style-type: none"> <li>how the IJB will contribute to delivering high-quality care in different ways that better meet people’s needs and improves outcomes</li> </ul>	Through the -Strategic Planning Group - CCG Group - Participation & Engagement Group			
	<ul style="list-style-type: none"> <li>setting out clearly what resources are required, what impact the IJB wants to achieve, and how the IA will monitor and publicly report their progress</li> </ul>	2017/18 budget will consider at high level alignment of deployment of resources with Strategic Plan priorities. It is important to consider this in context of ongoing constraints in public expenditure.  Public reporting will be through Annual Performance Report and Financial Statements	Consider data requirements and format of annual reporting.	Chief Officer, Chief Finance Officer and Performance Leads	Per legislative requirements.
	<ul style="list-style-type: none"> <li>developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils</li> </ul>	The following plans are in place: <ul style="list-style-type: none"> <li>Integrated Workforce Plan</li> <li>Risk Management Strategy</li> <li>Participation and Engagement Strategy</li> </ul>	Review consider further development including how these support development of localities.	HSCP Leadership Group	6 monthly
	<ul style="list-style-type: none"> <li>making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act</li> </ul>	The IJB is a member of the Community Planning Partnership (CPP)  The IA is working in partnership to make strong links at locality level with CPP locality planning and community empowerment. The IA locality areas are broadly aligned with CPP	Consider how CSWO annual report can be used to this purpose.	CSWO	ongoing

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
		<p>The Chief Social Work Officer (CSWO) is a member of the IJB and also acts as the link between Children Services as the Head of Social Work – Children Services</p>			
108	<p>Develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes:</p> <ul style="list-style-type: none"> <li>▪ developing financial plans for each locality, showing how resources will be matched to local priorities</li> <li>▪ ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively</li> </ul>	<p>Section 8.3 of the Integration Scheme sets out the arrangements for agreeing the IJB budget or payment for the years subsequent to the initial year. This paper has been written to support this process taking into account, as far as possible, the extant national finance guidance for partnerships from IRAG.</p> <p>As described in the Integration Scheme a degree of flexibility and pragmatism has been applied in interpreting and applying the national guidance specifically in relation to:</p> <ul style="list-style-type: none"> <li>▪ The relatively early stage of the evolution of the partnership</li> <li>▪ The current stage of development of performance management reporting and timing of available data</li> <li>▪ Differences in financial planning and budget setting cycles of Local Authorities and NHS Boards</li> <li>▪ Quality and availability of information in relation to in-scope services</li> <li>▪ Current demand and costs pressures across in-scope services</li> <li>▪ Ongoing work to develop the Delivery Plan and locality planning arrangements to implement the priorities of the strategic plan, including supporting detailed financial plans</li> </ul>	<p>Financial planning for localities and alignment to priorities is a medium term goal.</p> <p>Best Value statement required as part of Financial Statements.</p>	<p>Chief Finance Officer</p> <p>Chief Finance Officer</p>	<p>March 2018</p> <p>Per statutory reporting timescales.</p>

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
139		<ul style="list-style-type: none"> <li>▪ Current levels of economic and financial uncertainty.</li> </ul> <p>The sophistication and therefore robustness of this process will improve in the coming years as the partnership arrangements develop and the co-relation between Strategic Plan delivery (including development of localities), Performance and Finance develops.</p> <p>Work has taken place to ensure that Partnership Funding - Integrated Care Fund and Delayed Discharge - monitoring processes adopt and support a strategic approach to service re-design and future targeting of partnership funding. This will ensure the partnership is able to use the funding available to improve outcomes for service users and their carers, achieve leverage and re-shape current initiatives, where required.</p>			
	Shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.	Consider within delivery planning to underpin Strategic Plan and associated financial plans. 2017/18 budget will be presented for approval by IJB	Development of Medium to Longer Term Financial Planning for IJB	Chief Finance Officer	October 2017
	<b>Integration authorities should work with Councils and NHS boards to:</b> recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS				

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
	board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained				
140	review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils	<p>The IJB has approved a Clinical and Care Governance (CCG) Framework and established a CCG group to oversee the required arrangements.</p> <p>The CSWO has agreed to chair CCG until June 2017</p> <p>The IJB received a report on the work of the CCG group in December 2016</p>	<p>Review CCG Framework within Internal Audit Plan</p> <p>Regular update reports to IA</p>	<p>Chair of CCG</p> <p>Chief Officer</p>	<p>April 2017</p> <p>6 monthly</p>
	urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners	<p>The IJB held a special meeting on 18 November 2016 to consider the IJB budget and Business case for 2017/18 with a further update being presented to February 3<sup>rd</sup> IJB meeting.</p> <p>Budget paper will be presented to IJB for approval at Special meeting on 30 March 2017.</p> <p>Work ongoing nationally to improve future alignment of budget setting between NHS and Local Authorities.</p>	<p>Influence and consider implications of national work on aligning budgets.</p>	<p>Chief Finance Officer</p>	<p>March 2017</p> <p>Ongoing</p>
	establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the	Further consideration required including how constituent authorities consider annual performance report.		Chief Finance Officer	Following publication in June 2017

Ref:	Key Recommendations	Current Position	Improvement Actions	Lead	Timescale
	impact of integration for people who use local health and care services	Report to Falkirk Council External Scrutiny panel Report to NHS FV Board			
	put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.	Data Sharing agreement in place	Periodic Review – Suggest annually unless specific issues arise.	Relevant Leads within Constituent Authorities	Annually