
Report to Audit & Scrutiny Committee

Date of Meeting: 17 April 2025

Subject: HSCP Joint Inspection Improvement Plan

Report by: Joanna MacDonald, Interim Chief Officer

1.0 Purpose

- 1.1. To present to Council the Improvement Plan following the joint inspection examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers, which took place between April 2024 and September 2024. Stirling Council is responsible for the operational management of all social work and social care services and is directed to do so by Clackmannanshire and Stirling Integration Joint Board ("IJB") who approved the Improvement Plan on 29 January 2025.
- 1.2. The Improvement Plan is being presented for noting and assurance.

2.0 Recommendations

- 2.1. Note the content of the Improvement Plan.
- 2.2. Note and be assured that the inspection process has been completed, and an Improvement Plan has been developed and submitted to the Care Inspectorate, at their request.
- 2.3. Note that actions are being progressed as per Improvement Plan through the Inspection Steering Group, which is attended from senior managers within the Health and Social Care Partnership (HSCP) as well as Chief Social Work officers from both Councils.

3.0 Background

- 3.1. The Joint Inspection of Adult Services in the HSCP took place between April 2024 and September 2024. The question was "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"
- 3.2. Elected members across both Councils received a briefing on 29 January 2024 laying out the findings from the Joint Inspection Report, which was published by the Care Inspectorate.

- 3.3. The inspection examined the provision of adult services by seeking the views of people with a lived experience of living with mental illness alongside their unpaid carers. However, the actions laid out in the Improvement Plan relate to all adult health and social care services across the HSCP area.
- 3.4. The inspectors engaged with 35 supported people and 6 carers through conversation and focus groups.
- 3.5. Staff employed from across the services delegated to the Integration Joint Board and delivered by HSCP were asked to complete surveys and be part of local focus groups.
 - 3.5.1. 175 people completed staff surveys
 - 3.5.2. 86 members of staff attended focus groups
 - 3.5.3. 4 professional discussions sessions were held with the leadership team including Chief Executives across NHSFV, Clackmannanshire Council and Stirling Council.
- 3.6. Inspectors reviewed evidence provided by the HSCP to understand their vision, aims, strategic planning and improvement activities.
- 3.7. Inspectors also reviewed individual case records, which were collated from social work records and health records. These cases represented details of people living with mental illness who were receiving social work services at the time, a randomised sample was provided to inspectors.
- 3.8. The final Inspection Report was published on 26 November 2024. The Report acknowledged that the Clackmannanshire and Stirling Health and Social Care Partnership is the only HSCP in Scotland where two local authorities were integrated with an NHS board within the Integration Joint Board. This arrangement presents unique challenges that the inspection team identified as part of their findings, they noted that this can affect the outcomes for people if services are not working together within an integrated arrangement. The local integration of health and social work/social care has not progressed at the same pace as other HSCP's in Scotland and a number of services, as a result, are at the early stages of integration and as such are being delivered on a single agency basis.
- 3.9. Within the Inspection Report, inspectors noted that some of the challenges highlighted for the HSCP are national issues that are being faced by many other partnerships. For example, systems which support staff to work in a more integrated way is a national challenge which is made more complex as a result of two local authorities and one health board within this particular HSCP, which can impact on the sharing of information across and between agencies.
- 3.10. The Report notes that health and social work / social care services are at the start of the integration journey, which can lead to inconsistent practice and missed opportunities for patients and supported people across the HSCP area. Specifically, the report has highlighted the lack of support for carers and delivery of Self-directed Support Act, which has not been fully implemented across the HSCP area.

- 3.11. There are key areas for improvement for the HSCP, and wider constituent organisations, focused on systems and processes which should create consistency across the HSCP area:
- 3.11.1. The HSCP should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.
 - 3.11.2. The HSCP should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff.
 - 3.11.3. The HSCP should develop a more proactive approach to emergency and future care planning.
- 3.12. The report noted the positive impact that staff are making on the lives of people and their families:
- 3.12.1. Staff across the HSCP are working hard to support people living with mental illness in Clackmannanshire and Stirling. Their care and compassion contributed to good outcomes for some people and improved their quality of life.
 - 3.12.2. The introduction of community link workers in some GP practices and primary care mental health nurses has strengthened early intervention and prevention support for people living with a mental illness. People who accessed these services reported positive experiences.
 - 3.12.3. The HSCP is developing an innovative collaborative approach to implementing its commissioning priorities through Commissioning Consortia; these involve supported people, carers and third and independent sector providers in an ethical commissioning, human rights based approach.
- 3.13. There are key areas for improvement, for the HSCP, and wider constituent organisations, linked to ensuring opportunities for staff to be supported in their learning and development linked to ongoing professional practice and legislative requirements:
- 3.13.1. The HSCP should support staff across all services to identify and respond to the needs of unpaid carers of people living with mental illness.
 - 3.13.2. The HSCP should provide service users and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use, particularly people living with mental illness.
 - 3.13.3. The HSCP should progress the implementation of the recently agreed Self-directed Support (SDS) Policy and ensure delivery of outcome focused assessments.

- 3.13.4. The HSCP should review the assessment templates in use across NHS Forth Valley services for people living with mental illness to support a greater focus on outcomes.
- 3.13.5. The HSCP should strengthen its professional governance of social work functions across adult services.
- 3.13.6. Senior leaders should continue to develop their approach to managing change across the HSCP. Frontline staff should be involved in designing and implementing improvements identified from self-evaluation activities.
- 3.13.7. Developing new care pathways and guidelines away from current disease specific models towards a greater focus on the holistic needs of people will be needed.

3.14. The following scores were then published as below.

What key outcomes have integrated services achieved for people who use our services and carers?	What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?	How far is our delivery of key processes integrated and effective?	How good is our integrated management?	How good is our integrated leadership?
1. Key performance outcomes	2. Experience of people	5. Delivery of key processes	6. Strategic planning, policy, quality and improvement	9. Leadership and direction
Adequate	Adequate	Weak	Adequate	Weak

4.0 Considerations

- 4.1 The Improvement Plan was developed in partnership with a wide range of stakeholders from across the health and social care system at a facilitated workshop held on 17 December 2024. The output from the workshop is reflected in the Plan presented to the Care Inspectorate and to Committee in appendix 1.
- 4.2 Clackmannanshire and Stirling Integration Joint Board noted and approved the Improvement Plan on 29 January 2025.
- 4.3 The Improvement Plan was presented at NHS Forth Valley Board on 28 January 2025.
- 4.5 Clackmannanshire Council will present the Improvement Plan for noting at a future meeting of the Council.

5.0 Sustainability Implications

5.1 None to note

6.0 Resource Implications

6.1 The Improvement Plan will be required to be implemented by the HSCP across all staff groups and professions in line with the requirements of the scrutiny role of Healthcare Improvement Scotland. The monitoring will be undertaken as part of the role of the IJB.

7.0 Exempt Reports

7.1 Is this report exempt? No ✓

8.0 Declarations

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

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

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

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

Complies with relevant Council Policies

9.0 Equalities Impact

9.1 The Improvement Plan was developed in partnership with all people participated in the inspection process.

9.2 The Care Inspection / HIS Team engaged with supported people, services users and carers as part of the inspection process.

External Consultations

9.3 The Improvement Plan was developed in partnership with a wide range of stakeholders from across the health and social care system, including those with lived experience and their care representatives, at a facilitated workshop held on 17 December 2024. The output from the workshop is reflected in the Plan presented to the Care Inspectorate and to Committee in appendix 1.

10.0 Legal & Risk Implications

- 10.1 Although this is a report for noting, and the power to approve the Improvement Plan sits with the IJB, the development and implementation of the Improvement Plan at the request of the Care Inspectorate is a matter of sufficient importance that it be brought before Council for discussion. In exceptional circumstances, the Clerk to Council may, in consultation with the Lord Provost, agree that a report, which does not fall within the categories of report reserved to Council, be submitted to Council. (Scheme of Delegation (SOD), Page 5, 3 Paragraph, last sentence).
- 10.2 The Public Bodies (Joint Working) (Scotland) Act 2014 (the "2014 Act") Council.
- 10.3 The 2014 Act places a duty on the IJB to provide integrated delivery of health and social care services. The 2014 Act also places a duty on the IJB to have regard to the national health and wellbeing outcomes.
- 10.4 If the Improvement Plan is not delivered there is a risk that the IJB will not deliver on the effective integration of health and social care services as expected by the 2014 Act. This will impact upon the outcomes for individuals and the fulfilment of the social work functions outlined below, which have been delegated to the IJB. This could lead to Stirling Council being in breach of its statutory duties, which could result in a legal challenge.
- 10.5 There are a number of statutory obligations placed on the Council in the area of adult social care. These include identifying carers' needs; the provision of self-directed support; provision of care for those with mental health conditions; provision of advocacy services; and a requirement to assess eligible needs for those who require assistance.
- 10.6 Additionally there are overarching obligations under the Human Rights Act 1998 that the Council, as a public body, must comply with. If the Council fails to meet any of its statutory obligations or fails to take into consideration its overarching statutory obligations when making decisions on care or assistance, there is an increased risk of legal challenge, reputational damage, and consequential financial impact through legal costs.
- 10.7 The Care Inspectorate and Healthcare Improvement Scotland have indicated that there will be a follow up review to examine progress in 2025/26. It is imperative that the Improvement Plan has addressed, or is in the progress of addressing, the issues identified following the inspection. Failure to do so risks reputational damage to the Councils, the HSCP and IJB, and NHS Forth Valley

11.0 Appendices

- 11.1 Appendix 1 – Improvement Plan

12.0 Background Papers

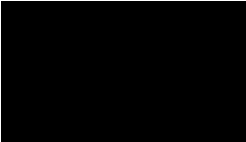
- 12.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Joanna Macdonald	Interim Chief Officer	

Joint Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership

Improvement Plan

January 2025

Version	Draft Improvement Plan	
Date	23 January 2025	
Responsible Owner	Joanna Macdonald, Interim Chief Officer	
Author	Wendy Forrest, Head of Strategic Planning and Lesley Fulford, Senior Planning Manager and Inspection Coordinator	
Approved by (Date)	Clackmannanshire Council	TBC
	Stirling Council	TBC
	NHS Forth Valley	28 January 2025
	Clackmannanshire and Stirling IJB	29 January 2025

Inspection Question:

How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and well-being outcomes for adults?

Second theme:

People living with mental illness

On 8 April 2024, Clackmannanshire and Stirling IJB received notification from the Care Inspectorate and Health Improvement Scotland that they would be undertaking a joint inspection of Adult Services in the HSCP. There was a focus of the joint inspection on adults living with mental illness (under the age of 65) and their unpaid carers.

The focus of this plan relates to the key findings and areas for improvement identified by the inspection team.

It should be noted the Inspection team noted specific issues for the partnership:

- Unique challenges due to partnership make-up - only partnership in Scotland where there are two local authorities
- Delay in delegating specialist mental health services had an impact on the functioning of the partnership.
- Important weaknesses were identified as part of the inspection process; therefore, inspectors will arrange a follow up review at some point in the next 12 months.

The inspection team utilised their [Quality Indicators Framework](#), see appendix 1.

The reporting arrangements for this process for partnership are laid out in appendix 2.

This plan was developed in partnership with services in mental health across the spectrum, however, applies to all integrated services in the HSCP as principles are the same regardless of condition. An event was held in early December to go through the draft and discuss what needed to change and what could be built upon. This will continue as we progress towards improved integration.

For ease reporting arrangements are detailed below.

GREEN (G)	AMBER (A)	BLUE (B)	RED (R)	WHITE (W)
Successfully achieved	On Target <i>There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i>	On hold or awaiting update <i>There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i>	Not Met/Outstanding <i>There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i>	Task not yet started

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
Q1 1 Key performance outcomes					
What key outcomes have integrated services achieved for people who use our services and carers?					
Area for Improvement 1.1 The partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.	Implement HSCP Integrated Performance Framework to routinely monitor performance and outcomes of services for mental health services. Taking account of existing performance measures linked to NHS FV escalation and new national policy drivers e.g. Mental Health Standards.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement	March 2025	Improved performance across services

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Identify key performance measures for mental health for measurement of outcomes for individuals and their carers.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	Work is underway
	Implement Self Directed Support outcomes focused assessment across integrated mental health teams.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	Work is underway
	Develop Short Breaks / Respite Policy for partnership.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	March 2025	Work is underway
	Deliver learning and development on Carers Act requirements across mental health services including identification of carers, signposting for carers, assessment of carer needs and adult carers support planning.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	May 2025	Work is underway through carers planning group improvement plan.
	Deliver refreshed contract arrangements with Carers Centres focused on once for C&S, focused on carer support as well as increased community awareness of community supports available and carers support linked to Self Directed Support.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	August 2025	TBC

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Deliver robust contract monitoring of carers services across third sector partners including promoting equality of access - geographically and focused on specific areas including mental health.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	TBC
Q1 2 Experience of people and their carers					
What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?					
2.1 The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use.	Develop Lived Experience Panel for mental health including support for individuals through Resilience Learning Partnership.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	September 2025	
	Deliver new contract for advocacy services to address issue of independent advocacy service were not widely used to provide the appropriate support for some people and their carers.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	March 2026	Improved experience of appropriate support for some people and their carers
	Explore and assess learning needs within the workforce regarding the duty to offer advocacy	Interim Chief Officer	Head of Mental Health and Learning Disabilities	August 2025	Improved awareness of training needs

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Further develop Lived Experience Panel for Self-Directed Support, ensuring that issues of carers of people with mental health issues are included.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	October 2025	Increased participation in SDS group.
	Support participation in partnership's Carers' Planning Group from mental health services. The group consists of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	June 2025	Increased participation in the planning group.
Q1 5 Delivery of Key processes					
How far is our delivery of key processes integrated and effective?					
5.1 The partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff	Processes to be developed to support integrated working across mental health NHS and social work teams. For example, roll out of Self Directed Support outcomes focused assessment across mental health services in line with partnership's SDS Policy.	Interim Chief Officer	Director of Psychological Services Mental Health & Learning Disability / Head of Mental Health and Learning Disabilities / Head of Strategic Planning and	December 2025	Increase in personalised outcomes for people.

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
			Health Improvement, / Head of Health and Community Care		
5.2 The partnership should develop a more proactive approach to emergency and future care planning	Processes to be developed to support integrated working across mental health NHS and social work teams. For example, integrated risk assessments, Advanced Statements/Future Care Planning and connecting these aims for individuals to wider emergency and future planning of services. Improve business continuity planning for all services.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability	October 2025	Increase in the number of documents shared appropriately. Reduction in data breaches reported. Improved safety for our supported people.
5.3 The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use.	Roll out Community Conversations in 2024 - 2025 focused on available community support focused on SDS, home first and right care, right time.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	September 2025	
5.4 The partnership should progress plans to implement its Self Directed Support (SDS)	Roll out across all services the Assessment/Support Plan re-design based on Self Directed Support in line with SDS Policy.	Interim Chief Officer	Head of Strategic Planning and	September 2025	

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
Policy and improve outcome focused assessments. All options should be offered to people, with the necessary support systems in place, to allow them to exercise their rights.			Health Improvement		
	Continue to progress modernisation of both SW Recording systems within each local authority area.	Interim Chief Officer	Partner Bodies, Head of Strategic Planning and Health Improvement	February 2026	
	Continue to deliver partnership with SDS Forth Valley on well worthwhile waiting project and right care, right time. Focused on early access for individuals and their carers to information, advice and support on Self Directed Support.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement	Review April 2025	Increased input by advocacy service. Increased referrals from the workforce to advocacy

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
	Continue to deliver training, learning and development in partnership with SDSFV, including gap analysis linked to training and development requirements across the HSCP.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	Review April 2025	Increased confidence in SDS and how to deliver it in practice.
	Support participation in partnership's SDS steering group from integrated mental health services. The group consists of supported people, carers, partners, HSCP staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	June 2025	Increased input of supported people in the SDS steering group.
5.5 The partnership should review the assessment templates in use across services for people living with mental illness to support a greater focus on outcomes.	Undertake and implement recommended changes of assessment templates for sharing across organisational boundaries.	Interim Chief Officer	Head of Mental Health and Learning Disabilities	August 2025	Implementation of recommended changes and increased sharing across organisational boundaries.
	Improve service effectiveness and efficiency by mapping the range of services available in the community (statutory or third sector) to support people with lived experience and their carers through prevention activity.	Interim Chief Officer	Head of Mental Health and Learning Disabilities	August 2025	Increase in positive experience for people with lived experience. Reduction in staff levels of frustration. Reduction in waiting times.
QI 6 Strategic planning, policy, quality and improvement.					


Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
How good are commissioning arrangements in the partnership?					
The partnership should review the existing evidence and its wider approach to strategic planning at the earliest opportunity. Leaders should ensure that any initiatives that could rapidly improve outcomes for people living with mental illness and their carers.	<p>Develop Mental Health and Wellbeing Strategic Commissioning Plan (Forth Valley wide) and align to Strategic Commissioning Plans for both IJBs as well as the developing NHSFV Healthcare Strategy.</p> <p>Vision: To promote positive mental health & wellbeing for everyone and to improve outcomes for people with long term mental health conditions enabling every person to live well in Forth Valley.</p>	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability	June 2025	Approval of Mental Health and Wellbeing Strategic Commissioning Plan
	Establish Commissioning Consortium for Mental Health and Wellbeing with clinicians, mental health teams, social care, social work, providers, those with lived experience and their carers	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Strategic Planning and Health Improvement	March 2026	Implementation of Mental Health and Wellbeing Strategic Commissioning Plan
	Employ Housing, Health and Social Work Research and Policy Officer	Interim Chief Officer	Head of Strategic Planning and	Complete	

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
			Health Improvement		
	Undertake best value review of housing in the C&S area.	Interim Chief Officer	Head of Strategic Planning and Health Improvement	August 2025	
Q1 9 Leadership and direction					
How has integrated leadership in the partnership contributed to good outcomes for people and their unpaid carers?					
The partnership should strengthen its professional governance of social work functions.	Implement refreshed Clinical and Professional Governance across the partnership ensuring alignment with governance across NHSFV and both Council areas.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Community Health and Care	December 2025	Work is underway and meetings are in the calendar for all relevant invitees.
Senior leaders should continue to develop their approach to managing change across the partnership. Frontline staff should be involved in designing and implementing	Delivery of consistent and integrated support services across each constituent organisation to ensure effective systems and processes for staff.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability,	December 2025	Increased consistent support for staff.

Areas for improvement	Actions	Executive Lead	Delivery Lead	Completion Date	Measurement of impact & improved outcomes
improvements identified from self-evaluation activities.			Head of Community Health and Care, Head of Strategic Planning and Health Improvement		
	Continue delivery of Transformation programme through appointment of Head of Mental Health and Learning Disabilities post including continued progress to support integrated working across CMHTs, MHOs, social care, social work, day services and perinatal mental health.	Interim Chief Officer	Director of Psychological Services, Mental Health & Learning Disability, Head of Mental Health and Learning Disabilities.	October 2025	Post recruited to. Implement transformation activity.

Appendix 1 – QI Framework

Quality Improvement Framework

Key Areas	What key outcomes have integrated services achieved for people who use our services and carers?	What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?	How far is our delivery of key processes integrated and effective?	How good is our integrated management?	How good is our integrated leadership?	
	1. Key performance outcomes	2. Experience of people who use our services	5. Delivery of key processes	6. Strategic planning, policy, quality and improvement	9. Leadership and direction	
Quality Indicators	1.2 People and carers have good health and wellbeing outcomes.	2.1 People and carers have good experiences of integrated and person-centred health and social care. 2.2 People's and carers' experience of prevention and early intervention. 2.3 People's and carers' experience of information and decision-making in health and social care services.	5.1 Processes are in place to support early intervention and prevention. 5.2 Processes are in place for integrated assessment, planning and delivering health and care. 5.4 Involvement of people and carers in making decisions about their health and social care support.	6.5 Commissioning arrangements.	9.3 Leadership of people across the partnership. 9.4 Leadership of change and improvement.	
		3. Impact on staff		7. Management and support to staff		
		Not included		Not included		
		4. Impact on the community		8. Resources and capacity building		
		Not included		Not included		
	 <p data-bbox="981 1289 1480 1310">10. What is our capacity for improvement?</p> <p data-bbox="792 1310 1673 1334">Global judgement based on an evaluation of the framework of quality indicators.</p>					

Appendix 2 - Reporting Arrangements

The Clackmannanshire and Stirling Mental Health Inspection Steering Group was established to support the inspection. The Steering Group will retain oversight of this Improvement Plan as part of their function through receiving quarterly reports from action leads.

GREEN (G)	AMBER (A)	BLUE (B)	RED (R)	WHITE (W)
Successfully achieved	<p>On Target</p> <p><i>There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i></p>	<p>On hold or awaiting update</p> <p><i>There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i></p>	<p>Not Met/Outstanding</p> <p><i>There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i></p>	Task not yet started

Improvement Plan

The overarching priorities of this plan will evidence highly effective outcomes for adults with a mental illness and their unpaid carers by ensuring:

- The Partnership will evidence highly effective key processes to keep adults safe, protected and supported
- The Partnership will evidence highly effective support to carers
- The Partnership will evidence highly effective strategic leadership
- The Partnership will evidence highly effective approaches to integrated care and performance reporting.