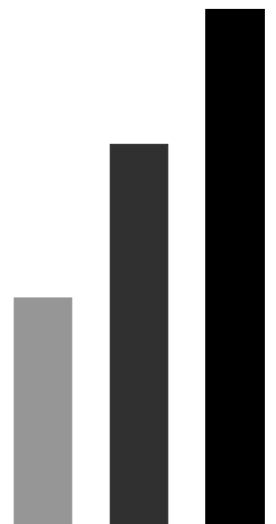


# Agenda 2018

# Inverclyde Integration Joint Board

For meeting on:

20	March	2018
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**A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 20 March 2018 at 3pm within Board Room 1, Municipal Buildings, Greenock.**

**Gerard Malone**  
**Head of Legal and Property Services**

<b>BUSINESS</b>		
<b>**Copy to follow</b>		
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b><u>Items for Action:</u></b>		
2.	<b>Minute of Meeting of Inverclyde Integration Joint Board of 30 January 2018</b>	<b>p</b>
3.	<b>Rolling Action List</b>	<b>p</b>
4.	<b>Inverclyde HSCP Market Facilitation and Commissioning Plan</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Implementation of Carers (Scotland) Act 2016</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
6.	<b>Indicative Inverclyde IJB Budget 2018/19</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Financial Plan 2018/19 to 2020/21</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
8.	<b>Financial Monitoring Report 2017/18 – Period to 31 December 2017, Period 9</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

9.	<b>Inverclyde HSCP People Plan Action Plan 2017 - 2020</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<b><u>Items for Noting:</u></b>		
10.	<b>Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 30 January 2018</b>	p
11.	<b>Cathcart Centre Proposal</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
12.	<b>Chief Officer's Report</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<b>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</b>		
13.	<b>Governance of HSCP Commissioned External Organisations</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	p

The papers for this meeting are on the Council's website and can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/57>

The papers for meetings of the IJB Audit Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/59>

The papers for meetings of Inverclyde Council's Health & Social Care Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/49>

Enquiries to - **Sharon Lang** - Tel 01475 712112

## INVERCLYDE INTEGRATION JOINT BOARD – 30 JANUARY 2018

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### Inverclyde Integration Joint Board

Tuesday 30 January 2018 at 3pm

**Present:** Councillors J Clocherty, E Robertson (for J MacLeod), L Quinn and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Cowan, Ms D McElean, Ms D McCormick, Ms L Long, Ms A McCrea (for Ms S McAlees), Ms L Aird, Mr D White (for Ms R Garcha), Ms D McCrone, Mr I Bruce, Ms C Boyd and Ms S McLeod.

**Chair:** Mr Carr presided.

**In attendance:** Ms H Watson, Head of Strategy & Support Services, Mr A Stevenson, Head of Community Care & Health, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Mr A Best, Service Manager, Rehabilitation & Enablement, Ms E Cummings, Programme Manager, Innovation/Primary Care Lead, Ms K Phillips, Head of Service, Glasgow City HSCP, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang (Legal & Property Services) and Mr M Bingham (Corporate Communications).

### 1 **Apologies, Substitutions and Declarations of Interest**

1

Apologies for absence were intimated on behalf of Councillor MacLeod, with Councillor Robertson acting as proxy, Ms S McAlees, with Ms A McCrea acting as proxy, Ms M Telfer and Dr H MacDonald.

Declarations of interest were intimated as follows:-

Agenda Item 3 (Joint Children's Services Strategic Inspection Findings) – Councillor Robertson.

Agenda Item 15 (Governance of HSCP Commissioned External Organisations) – Ms McLeod.

### 2 **Adult Mental Health Strategy**

2

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the development of a whole system 5 year strategy for Mental Health Services.

The Board heard a presentation by Katrina Phillips, Glasgow City HSCP, on the strategy, including issues around prevention and recovery and the challenges in relation to implementation.

Ms Phillips and Ms Gillespie answered a number of questions from Members in connection with the presentation.

**Decided:**

- (1) that the Board note the report and the strategic direction;
- (2) that it be agreed that the full strategy and implementation plan be submitted to the next meeting of the Board; and
- (3) that the Chief Officer be authorised to engage with other HSCPs in the preparation of the implementation plan.

## INVERCLYDE INTEGRATION JOINT BOARD – 30 JANUARY 2018

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### 3 Joint Children’s Services Strategic Inspection Findings

3

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) on the findings of the Joint Strategic Inspection of Services to Children, Young People and Families in the Inverclyde Community Planning Partnership (CPP) area and (2) providing Members with the improvement actions arising from the findings which required to be submitted to the Care Inspectorate.

Councillor Robertson declared a non-financial interest in this item as a contributor to the process in her previous employment. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence in the Chamber or her participation in the decision-making process.

**Decided:**

- (1) that the Board note the findings of the report of the Joint Strategic Inspection of Services to Children, Young People and Families in the Inverclyde CPP;
- (2) that the Committee note the contents of the Improvement Plan to address the inspection findings;
- (3) that regular updates on progress against the actions contained in the plan be submitted to the Board; and
- (4) that the Board’s appreciation be extended to all staff involved for the positive findings of the report which identified a number of areas of strength, including sector leading practice and examples of good practice which are considered to be of national significance.

### 4 Mainstreaming “New Ways Inverclyde” - Towards the New GMS Contract

4

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising the Board on the position in respect of the proposed new General Medical Services (GMS) Contract and (2) asking the Board to consider each aspect of this alongside work in relation to “New Ways Inverclyde” undertaken over the last two years.

The Board heard a presentation on the implementation of the 2018-21 GMS Contract including the local clinical view and the financial implications in 2018/19, 2019/20 and ongoing. Thereafter, Ms Cummings answered a number of questions from Members in connection with the presentation.

**Decided:**

- (1) that the Board note the progress made in advance of the new GMS Contract and agree to fund all current workstreams;
- (2) that the Board approve the funding of the pharmacy posts set out in the report on a permanent basis;
- (3) that the Board note that HSCP Officers will continue to work with local GPs to implement and deliver the recommendations of the new GMS Contract; and
- (4) that the Board note the implementation of associated workstreams linked to “New Ways”, such as Community Link Workers.

### 5 Minute of Meeting of Inverclyde Integration Joint Board of 7 November 2017

5

There was submitted minute of the Inverclyde Integration Joint Board of 7 November 2017.

**Decided:** that the minute be agreed.

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**INVERCLYDE INTEGRATION JOINT BOARD – 30 JANUARY 2018**


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**6 Rolling Action List**

6

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.

**Decided:** that the rolling action list be noted.

**7 Financial Monitoring Report 2017/18 – Period to 31 October 2017, Period 7**

7

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 7 to 31 October 2017.

**Decided:**

(1) that the Period 7 position for 2017/18 as set out in appendices 1-3 of the report be noted;

(2) that the proposed budget realignments and virement set out in appendix 4 be approved and that Officers be authorised to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures set out in appendix 5;

(3) that the previously agreed use of the Social Care Fund in 2017/18 as set out in appendix 6 be noted;

(4) that the current position of the Integrated Care Fund and Delayed Discharge monies set out in appendix 7 be noted;

(5) that the current Capital position as set out in appendix 8 be noted;

(6) that the current Earmarked Reserves position as set out in appendix 9 be noted; and

(7) that the report to the next meeting of the Board include information on the factors which have resulted in increased administration costs.

**8 Redesign of Services for Adults with a Learning Disability (The LD Redesign) – Update January 2018**

8

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the progress to date in implementing the redesign of services for adults with learning disabilities in Inverclyde (the LD Redesign) and intended actions to continue to move this forward.

**Decided:**

(1) that the Board note the progress to date in respect of the LD Redesign;

(2) that the Board endorse the intended actions to fully implement the LD Redesign, most notably the closure of the McPherson Centre in summer 2018, subject to the Council's budget decision making progress; and

(3) that the Board approve the allocation of a budget to the LD Redesign to take forward short term implementation actions, as detailed in the report.

Ms McLeod left the meeting at this juncture.

**INVERCLYDE INTEGRATION JOINT BOARD – 30 JANUARY 2018**

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- 9 Performance Exceptions Report 9**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership presenting a sample of key Performance Exceptions data which reflects a balanced view of performance across the four Heads of Service areas of the HSCP and which also provides an overview of how people in Inverclyde experience Health & Social Care Services.
- Decided:**
- (1) that the Board note the performance within the report along with the remedial actions suggested where performance is below the expected standard; and
- (2) that a report be submitted to the Board defining the criteria used for selecting performance exceptions data.
- 10 Ministerial Strategic Group Return 10**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval from the Board to submit the Ministerial Strategic Group (MSG) return developed by Officers in collaboration with other HSCPs within the NHS Greater Glasgow & Clyde catchment area.
- Decided:** that approval be given to the submission of the completed template set out in the appendix to the report for submission to the Scottish Government by 31 January 2018, with the caveat that objectives may change depending on further data yet to be received.
- 11 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 12 September 2017 11**
- There was submitted minute of the Inverclyde Integration Joint Board Audit Committee of 12 September 2017.
- Decided:** that the minute be noted.
- 12 Staff Governance Plan 12**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of the Staff Governance Plan developed by Officers and staff side representatives through the Staff Partnership Forum (SPF).
- Decided:** that the Board note the Staff Governance Plan appended to the report.
- 13 Update on Augmentative and Alternative Communication (AAC) 13**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board (1) of the position relative to the provision of Augmentative and Alternative Communication aids (AAC), (2) the Scottish Government's recommendations in "A Right to Speak" 2012 in relation to AAC and (3) the potential cost pressure on the future supply, provision and support of AAC equipment.
- Decided:**
- (1) that the Board note the position relative to the provision of AAC equipment and the potential for a budget pressure as demand increases;

## INVERCLYDE INTEGRATION JOINT BOARD – 30 JANUARY 2018

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(2) that the Board note that arrangements for the procurement, provision, tracking, maintenance and recycling of AAC equipment require to be improved and to be in a format that can be shared across partners, with detailed information available to inform future planning;

(3) that the Board note that existing costs are masked within local service arrangements and require to become regularised, reportable, equitable, consistent and Health and Safety compliant; and

(4) that the Board note that there is a limited budget for AAC equipment, which is supplied on a first come first serve basis, and that the £7,000 funding allocated from NHS Greater Glasgow & Clyde Central Funding for Inverclyde is not sufficient, requiring £4,000 additional funding to meet demand.

### 14 Chief Officer's Report

14

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of workstreams which are currently underway.

**Decided:**

(1) that the Chief Officer's report be noted; and

(2) that the future use of the report format be continued to the March meeting for consideration along with the other items arising from the IJB development session on 20 September 2017.

**It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item of business on the grounds that the business involved the likely disclosure of exempt information as defined in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.**

### 15 Governance of HSCP Commissioned External Organisations

15

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.

**Decided:**

(1) that the Board note the governance report for the period 15 September to 24 November 2017; and

(2) that Members acknowledge that Officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.



## INVERCLYDE INTEGRATION JOINT BOARD

## ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 March 2016 (Para 24(3))	Report to be submitted on the proposed Named Pilot Project and the proposals for implementation	Sharon McAlees	March 2018	Report on update for GIRGEC	Complete
12 June 2017 (Para 39(3))	Action plan arising from the recommendations of the People Plan to be submitted within 6 months	Helen Watson	August 2018	SPG have established Sub Group to progress the People Plan would be to take to August IJB which will focus on "Employability and Meaningful activity" and report back to SPG then to IJB.	Complete
12 September 2017 (Para 60(2))	Report to be submitted on readiness of HSCP for implementation of Carers (Scotland) Act 2016 in April 2018	Allen Stevenson	March 2018	Strategic Planning consider tools, to measure readiness, update report to next IJB.	Complete
7 November 2017 (Para 76(3))	Explanatory note on budget movements to be submitted to next meeting	Lesley Aird	January 2018	Now contained within finance report.	Complete
7 November 2017 (Para 81(2))	Report to be submitted to January 2018 meeting on interim option to support prescribing/pharmacy pilot projects in 2018/19	Allen Stevenson	January 2018	Include in new Ways and GP contract report to IJB	Complete
7 November 2017 (Para 87(2))	Report to be submitted to March 2018 meeting on matters arising from development session	Louise Long	March 2018	Report to IJB	Complete

<b>Meeting Date and Minute Reference</b>	<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/Outcome</b>	<b>Status</b>
30 January 2018 (Para 2(2))	Full Adult Mental Health Strategy & Implementation Plan to be submitted to March 2018 meeting	Deborah Gillespie	March 2018	Plan currently being developed, to be taken in summer	In Progress
30 January 2018 (Para 7(7))	Information on factors which have resulted in increased administration costs to be included in Financial Monitoring report to March 2018 meeting	Lesley Aird	March 2018	In report	Complete
30 January 2018 (Para 9(2))	Report to be submitted defining criteria used for selecting performance exceptions data as part of the Annual Performance review.	Helen Watson	July 2018	Report to be amended for next performance report	In Progress

**Report To:** Inverclyde Integration Joint Board    **Date:** 20 March 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:**  
IJB/19/2018/HW

**Contact Officer:** Helen Watson  
Head of Strategy and  
Support Services  
Inverclyde Health and Social Care  
Partnership    **Contact No:**  
01475 715285

**Subject:** INVERCLYDE HSCP MARKET FACILITATION AND  
COMMISSIONING PLAN

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the draft Market Facilitation and Commissioning Plan and start the implementation process for the plan.

## 2.0 SUMMARY

- 2.1 As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan.
- 2.2 The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the overarching Strategic Plan 2016 - 2019.
- 2.3 As stated in our Strategic Plan, our vision is based on ***“Improving Lives”***.

## 3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to approve the Inverclyde HSCP draft Market Facilitation and Commissioning Plan.

**Louise Long**  
Corporate Director, (Chief Officer)  
Inverclyde HSCP

## 4.0 BACKGROUND

- 4.1 The Inverclyde Health and Social Care Partnership (HSCP) operates in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.2 The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the overarching Strategic Plan 2016 - 2019.
- 4.3 The Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market.
- 4.4 By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.
- 4.5 This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery.
- 4.6 The document is, therefore, aimed at existing and potential providers of Health and Social Care Services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.
- 4.7 The Market Facilitation and Commissioning Plan was collaboratively produced by the Strategic Planning Group.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

There are no financial implication from this report

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

- 5.2 There are no legal issues within this report.

### HUMAN RESOURCES

5.3 There are no human resources issues within this report.

**EQUALITIES**

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES
x	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

- a) People, including individuals from the above protected characteristic groups, can access HSCP services.

The Market Facilitation and Commissioning Plan sets out the current provision of health and social care services across Inverclyde for all service user groups including those with protected characteristics.

- b) Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

The Market Facilitation and Commissioning Plan makes reference to the equalities mainstreaming report and equality outcomes and how services are built around people with protected characteristics through the assessment of need.

- c) People with protected characteristics feel safe within their communities.

The Market Facilitation and Commissioning Plan states that we put people first in the assessment and support process, to find solutions to meet their care needs and deliver improved outcomes.

- d) People with protected characteristics feel included in the planning and developing of services.

This Market Facilitation and Commissioning Plan was shared and consulted on through the SPG with representatives from all partners and stakeholders, including representatives of people with protected characteristics.

- e) HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.

The Market Facilitation and Commissioning Plan is a sub set of the Inverclyde HSCP Strategic Plan. Equality and diversity is part of our core learning and development programme.

- f) Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

This Market Facilitation and Commissioning Plan does not directly relate to this outcome.

- g) Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

This Market Facilitation and Commissioning Plan does not directly relate to this outcome.

## **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no governance issues within this report.

## **5.6 NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

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

The Market Facilitation and Commissioning Plan promotes the right of choice for service users based on their assessed needs, support networks and assets.

- b) People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

The Market Facilitation and Commissioning Plan promotes the national wellbeing outcomes in terms of the HSCP commitment to person-centred assessment, need, privacy, choice and least use of statutory interventions.

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

The Market Facilitation and Commissioning Plan promotes the right of choice to use services that will meet assessed need such as Self-Directed Support.

- d) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

It is the core values of the HSCP that people are at the centre of improving lives. Our strategic commissioning themes have these principles at the forefront of commissioning services regardless of which partners provide the assessed needs of service users.

- e) Health and social care services contribute to reducing health inequalities.

This Market Facilitation and Commissioning Plan will re-enforce to the market our commitment to commissioning services which will contribute to reducing health inequality.

- f) People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The Market Facilitation and Commissioning Plan promotes the use of assessment including carers' needs and the contribution they make to the provision of care and support.

- g) People using health and social care services are safe from harm.

The Market Facilitation and Commissioning Plan includes safety as part of the strategic commissioning theme.

- h) People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

This Market Facilitation and Commissioning Plan will engage with providers and health and social care staff.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Strategic Planning Group.

## **7.0 LIST OF BACKGROUND PAPERS**

7.1 Public Bodies (Joint Working)(Scotland) Act 2014.



# Market Facilitation and Commissioning Plan 2017-2019

**DRAFT V1.1**



**Working  
Better  
Together**



# MARKET FACILITATION PLAN 2017 – 2019

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## SECTION 1

### Market Facilitation and Commissioning Plan

All Health and Social Care Partnerships (HSCP), including Inverclyde HSCP must respond appropriately to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), often referred to as the integration legislation.

The 2014 Act also requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the overarching Strategic Plan 2016 - 2019.

As stated in our Strategic Plan, our vision is based on *“Improving Lives”*, and this vision is underpinned by the values that:



This Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. This Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region of **£35 million** annually on commissioned Health and Social Care Services.

To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process.

This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery.

This document is, therefore, aimed at existing and potential providers of Health and Social Care Services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.

## What is Market Facilitation?

Market facilitation can be defined as follows:

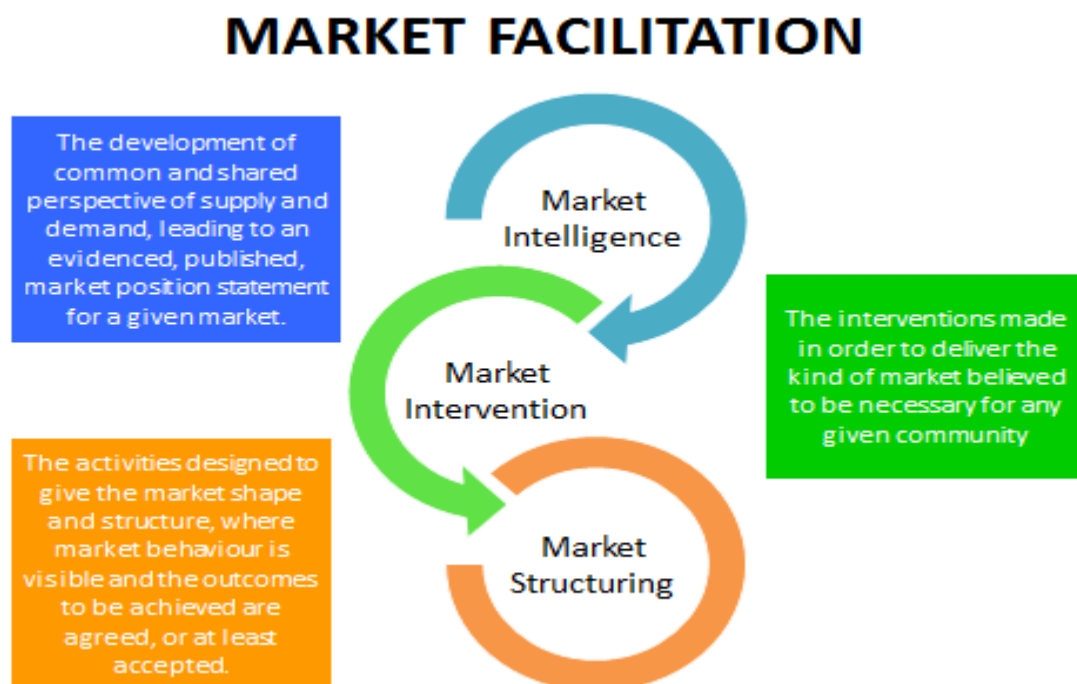
***“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future”.***

Inverclyde HSCP wishes to continue the communication with the people who use the services, carers providers and other stakeholders about the vision of the local Health and Social Care market in Inverclyde.

Inverclyde HSCP wants to continue to work in partnership and develop a market that delivers improved experiences and outcomes for the service users of Inverclyde who use the services now and will do in the future.

Market facilitation will help us and our partners take a strategic approach to understanding and meeting local need for Inverclyde’s Health and Social Care Services. It also recognises the role that social care and support partners have in actively contributing towards economic growth in the Inverclyde area, whilst creating employment opportunities for Inverclyde service users.

There are three commonly understood elements of market facilitation. These are market intelligence, market structure and market intervention as described below;



## **Market Intelligence**

Market intelligence means a comprehensive understanding of the evidence base for future local supply and demand and is the foundation of successful market facilitation.

Market intelligence helps commissioners to understand the structure of the market, the key players, current market, scope for innovation, market capacity and capability and barriers to entry to the market.

It involves ensuring that we are well informed about the market, understand the factors that influence demand and supply and that we have a clear vision of what good quality care looks like and the outcomes that it will achieve. It will ensure we are aware of any deficiencies in current provision and preventing or managing supplier and market failure.

## **Market Structuring**

Changing and adapting the core activities of commissioning and contracting to use a broader range of activities. Making explicit to providers how commissioners intend to perform and behave in influencing the market.

Essentially, this means we need to work with a broader range of providers in a variety of different ways. We will continue to work with residential, nursing, home and day care providers, but will also be working more closely with a range of other organisations and providers in the private and voluntary sectors, including housing providers to ensure we can improve service user's wellbeing.

It may mean identifying and removing barriers to market entry faced by specific providers, developing channels to produce ideas from providers of new models of care or piloting innovative approaches. As strategic commissioners, we also need to understand and take into account the impact our decisions may have on the overall structure of the market.

## **Market Intervention**

This brings the results of the intelligence activity and the market structuring together into a potential number of intervention activities.

Helping to support investment may include; stimulating particular parts of the market with incentives, offering specialist training, providing support with business planning, working with providers and service users in order to deliver good quality information, creating vehicles for consumer feedback on service provision or help to stimulate community based partnerships.

Working with providers to support the delivery of our vision locally can however, only be achieved through practical, well understood and targeted intervention activity.

## SECTION 2

### Who is this Plan is for?

This document is aimed at existing and new providers of health and social care. It sets out the vision for the future of Inverclyde Health and Social Care markets:

***“We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor standards of practice are identified and addressed.”***

This Plan will enable providers of Health and Social Care to have a better understanding of our intentions as a purchaser of services and how we might respond to the personalisation of health and social care.

It will also assist voluntary and community organisations to learn about our requirements and contracting activities and thereby help them to build on their knowledge of local needs in order to develop new activities and services.

People interested in local business development and social enterprise can also learn about possible new opportunities in the market and explore in partnership with us, how to enter the social care and support market and thereby offer innovative ideas and solutions for users of services.

The Plan will also help service users of Health and Social Care and their families/carers have a greater understanding about the possibilities for change. This may therefore help to lead to greater choice and control. Additionally, it will help individuals become proactive in shaping not only their own support solutions, but those of others in Inverclyde.

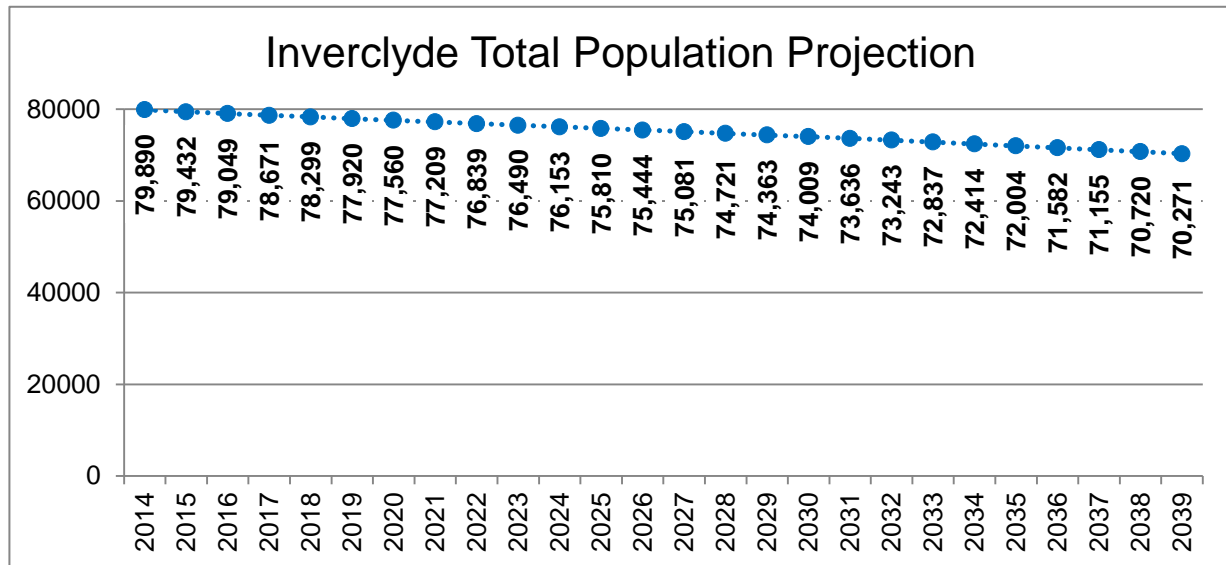


## SECTION 3

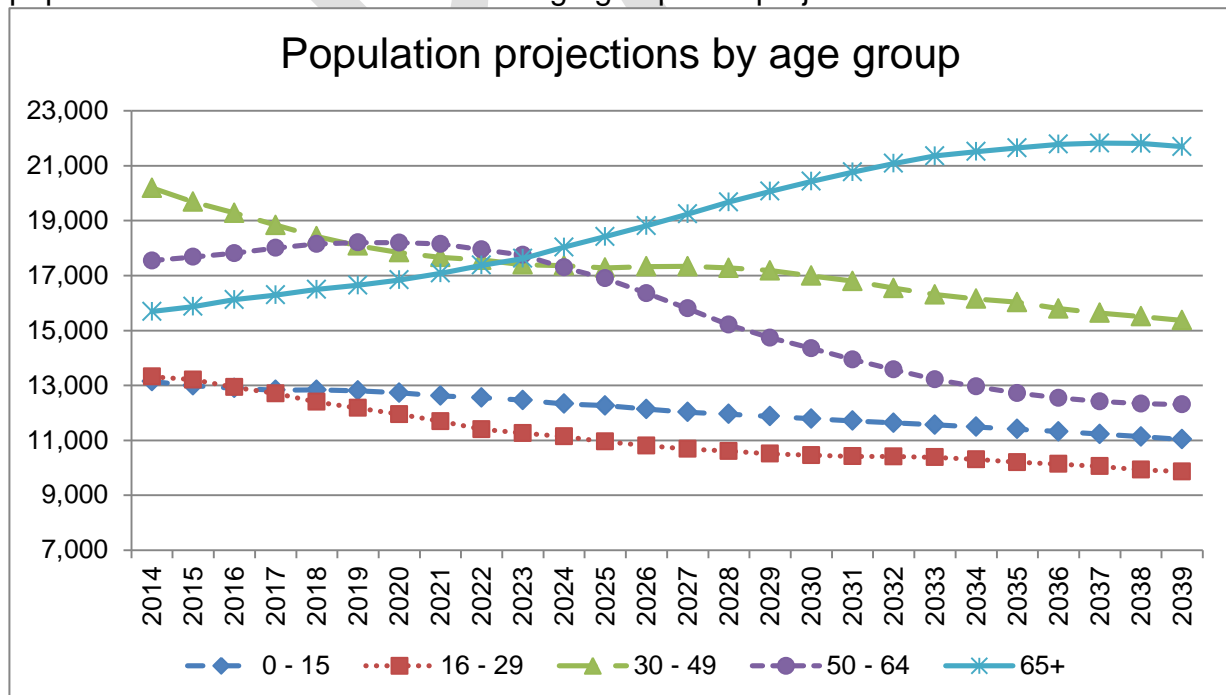
### Drivers for Change

#### Health and Wellbeing

Inverclyde has a population of 78,299 as of January 2018. The population in general within Inverclyde is decreasing; by the year 2039 Inverclyde's population will have decreased to an estimated projection of 70,000 people. This decrease also brings challenges for Health and Social Care Services provision.



From the population of age groups it is evident that by 2039 the majority of the population will be 65+ while all other age groups are projected to decrease.

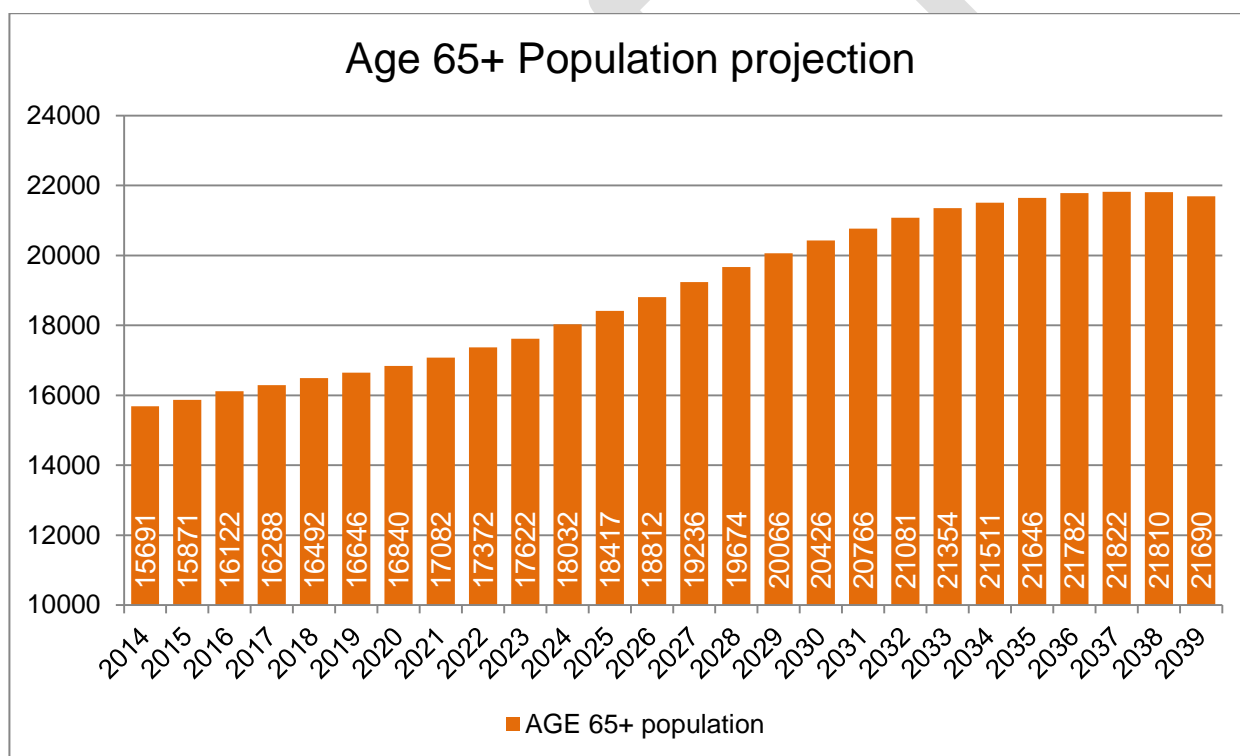


For a provider understanding the current and potential customer base is essential in successful business planning.

## Ageing Population

People within the Inverclyde area are living longer, many with long term conditions many people aged over 60 years contribute greatly to society through volunteering within their community and caring for relatives. Simultaneously, this brings new challenges. The way that Health and Social Care is being provided therefore must change to meet current and future demands, as well as rising public expectations. The current delivery of Health and Social Care is unsustainable, due to an ageing population; growing numbers of older people living with multiple conditions and complex needs and the continuing shift in the pattern of disease towards long term conditions.

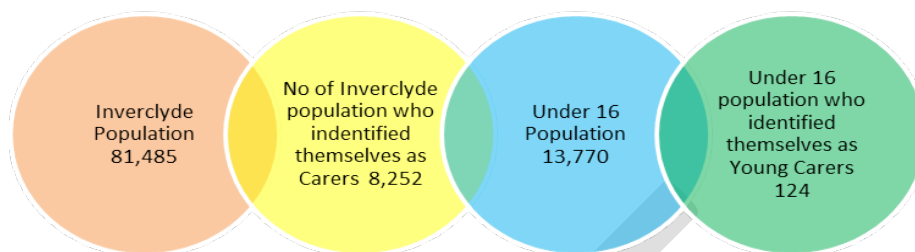
The population of older people is rising, currently (2018) the population of 65+ age group in Inverclyde is 16,492 by 2039 the 65+ age group population projected growth will be 21,690 a 31% increase. This will lead to an increase on reliance on Health and Social Care Services.



In conjunction with an ageing population an increase in multiple and long-term conditions can be anticipated, which has an impact on emergency hospital admissions as well as potential delays in discharge. Another challenge is the increase of dependency of the wider society on carers.

The Scottish Census 2011 highlighted that there were 8,252 of Inverclyde’s population who identified themselves as Carers.

Inverclyde Carer Demographics from 2011 Scottish Census



A key priority outcome for Inverclyde is to identify “hidden carers” through a range of initiatives and encourage them to seek the advice, guidance and support which is on offer to assist them in their future caring role. From 2013 the number of registered carers has been increasing as the table below indicates.

<b>Carers Registered with Inverclyde Carers Centre</b>	
Year	No of Registered Carers
2014/2015	2208
2015/2016	2345
2016/2017	2581
2018	2677 as of 17 <sup>th</sup> January 2018

For more information on key priority outcomes for all carers the Carer and Young Carers Strategy 2017 – 2022 can be found at: <https://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022>

### Health Inequalities

It is important that we are able to monitor progress towards local outcomes, through focusing on the priority areas identified and continue to reduce health inequalities through positive health and social outcomes. Deprivation is a risk factor for the vast majority of conditions. Health and Social Care and support services must continue to reduce health inequalities through delivering positive health and social outcomes.

Advances in medical science are enabling more people to live for longer, many with long term conditions and this is continuing to change the shape and make up of our population and will thus continue to lead to greater demand for social care and support.



## **Responding to Change**

Recognising the level of change, the traditional ways in which Health and Social Care Services are structured and delivered are becoming unsustainable. To support the fundamental change required an effective approach to market facilitation is essential. We are committed to deliver more seamless services through the integration of local Health and Social Care Services.

## **The NHS Strategic Context**

NHS GGC and Inverclyde IJB have a shared responsibility for strategic planning and service delivery across the boundaries of primary, community and secondary care and a key priority is to reduce demand for acute services and ensure that patients who no longer require acute care are discharged home or move into HSCP delivered services in a timely manner.

## **Clinical Case for Change**

There are a number of key clinical drivers that underpin the changing environment in which care is delivered. Recognising this landscape and the evident shift of care from more traditional in-patient beds to local community based models will be key in developing future models.

## **Improve Quality of Service Provision**

Supporting people to achieve the outcomes they want for themselves will need a focus on further development of the skills of our Health and Social Care and support workforce and the ways in which we motivate and support people who want to contribute as volunteers.

## **Innovation**

Providers who re-shape their service delivery models, to include the provision of opportunities to learn about living well and practical help to maintain health and wellbeing, will be well placed to respond to future commissioning opportunities.

## **Asset Based Approaches**

Inverclyde HSCP recognises the value of the assets in our community – our service users, their social connections and the wide range of activities and services in our community, not all of which are immediately recognisable as a health or social care service. In particular we are interested in:

## **Coproduction**

There is broad recognition that services that are designed and delivered in partnership with service users result in improved outcomes and user satisfaction. Services delivered in a coproduction model are proven to reduce reliance on support and support recovery. We aspire for all health and care services in Inverclyde to take such an approach wherever possible.

## **Community Empowerment**

The Community Empowerment Act gives communities the right to a greater say over how public services are delivered to them. We recognise this opportunity for enhancing public involvement and are keen to make it as easy as possible for people to become involved in how services are designed and delivered.

## **Community Resources**

We recognise the hundreds of community resources that already exist in Inverclyde provided by both the public and third sector. Community centres, advice services, sports clubs, arts groups, social activities, peer support and many more.

We want service users to be able to access the activities that they enjoy and benefit from. We also want them to feel enabled to establish new activities and services where there are gaps in delivery.

## **Partnership**

HSCP resources are finite and increasingly stretched to meet the demands placed upon it. We want to maximise the overall resource available by working effectively with our public and third sector partners to identify resources that do and could come into Inverclyde that can contribute to health and social care. This approach will see Inverclyde HSCP working as a partner rather than a commissioner in some cases.

## **Removing Barriers**

It is important to identify where there are barriers to market entry and we need to work with providers and other stakeholders to see how these might be overcome. There is also a need to ensure that procurement arrangements do not hinder the development of creative solutions in the commissioning of Health and Social Care Services.

## **Pressures on Spending**

At a time of severe constraint on public finances, Health and Social Care Services are being delivered within an increasingly challenging financial environment.

At a time of constraint and demands on Health and Social Care Services we cannot meet the rising demand for support by simply spending more. Doing more of the same is no longer an option. Together with providers, we need to develop new and financially sustainable services to meet service users' needs.

## **Responsive Workforce**

A skilled and competent workforce, across all sectors, is required to ensure tailored care is provided to meet the needs of service users and their carers. Care will be delivered in a collaborative and multi-agency way which will require changing knowledge and skills.

It is recognised that service quality levels are often critically dependent on the quality and engagement of the workforce through fair work practices, including the Living Wage. Inverclyde HSCP encourages all providers to pay the living wage. Paying the

living wage offers clear benefits to employers which can have a positive impact in value for money and service deliver.

### **Ethical Care Charter**

The Ethical Care Charter created and produced by Unison Trades Union has been adopted by Inverclyde HSCP. This charter is in recognition of the achievement of quality standards in homecare practice by Inverclyde HSCP. It pledges to ensure homecare employees' will be treated fairly, paid the living wage, paid travelling expenses and travel time and the removal of zero hours based employment terms and conditions. This is important because the HSCP believe that when staff feel respected and valued, they are more motivated to deliver the very best care they can. The Homecare tender published in January 2018 with a start date April 2018 has included The Ethical Care Charter within the Fair Work Practice question which equates to 25% of the overall quality score.

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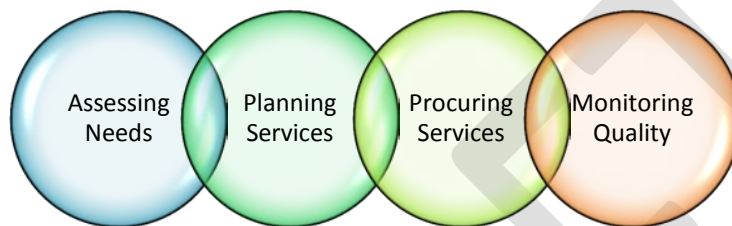
## **SECTION 4**

### **Our Approach to Commissioning**

#### **What is Commissioning**

Commissioning is the process by which the HSCP plan, purchase and monitor care services.

Commissioning comprises of a range of activities which include;



HSCP is responsible for commissioning public funded health and social care services.

#### **Scope of Services**

Inverclyde Health and Social Care Partnership have an existing range of excellent Health and Social Care Services. Currently the HSCP is organised around four service areas;

- Children Services and Criminal Justice
- Health and Community Care
- Mental Health, Addictions and Homelessness
- Strategy and Support Services

Within the service areas the current market areas of service delivery are;

Current Market Areas of Service Delivery	
Adult Residential	• Estimated Annual Spend - £2.46M
Supported Living Services	• Estimated Annual Spend £7M
Day Care	• Estimated Annual Spend £0.6M
Housing Support	• Estimated Annual Spend £0.3M
Provision of Care at Home	• Estimated Annual Spend £3.2M
Residential & Nursing Homes Older Adults	• Estimated Annual Spend £14.5M
Fostering & Continuing Care	• Estimated Annual Spend £0.3M
Childrens Residential	• Estimated Annual Spend £1.9M
Secure Care	• Estimated Annual Spend £0.1M

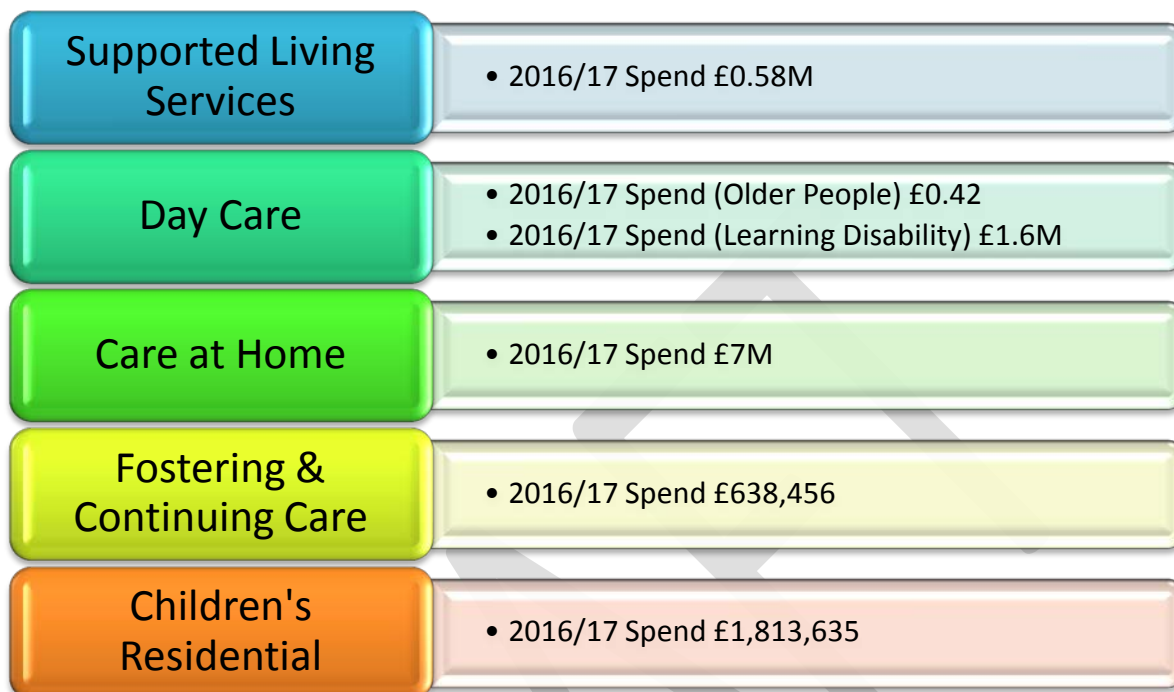
For each of the current market areas a contract summary is included at Appendix 1. The contract summary reports provide information on;

Contract Description	• An outline of the contract, information on the service.
Contract Period	• Current models and contract start and end dates.
Contract Development	• Discusses how the service may be commissioned.
Contract Management	• Provides an overview of how providers performance is managed.

There are also contracts which are negotiated due to the nature of the contract required.

## Internal Spend

Alongside commissioned services the HSCP have in house provision which provides a diverse range of social care services including day care, children's residential, fostering and adoption services, respite, care at home, housing support and temporary accommodation.



## Health Based Services

Contracted services that provides delivery of health care across Inverclyde HSCP

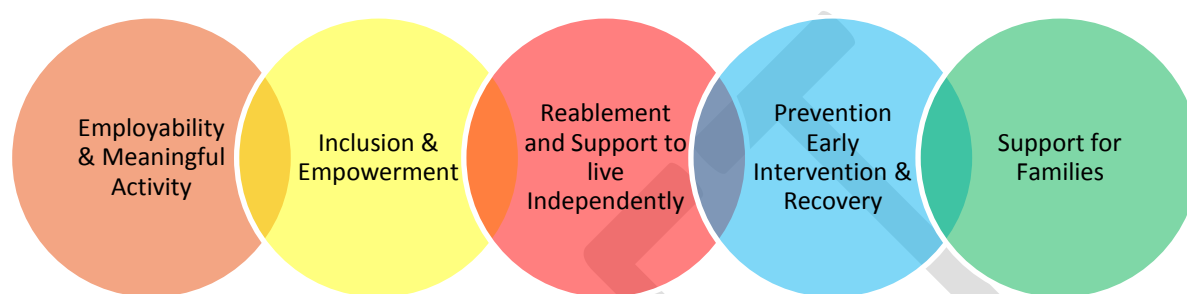


## SECTION 5

### Our Commissioning Intention – The Future

#### Commissioning Themes

Inverclyde Health and Social Care Partnership will now be commissioning based on five strategic commissioning themes:



The HSCP will encourage providers to be more flexible and creative in how they provide services. The introduction of the five strategic commissioning themes will bring further opportunities for creativity, innovation stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

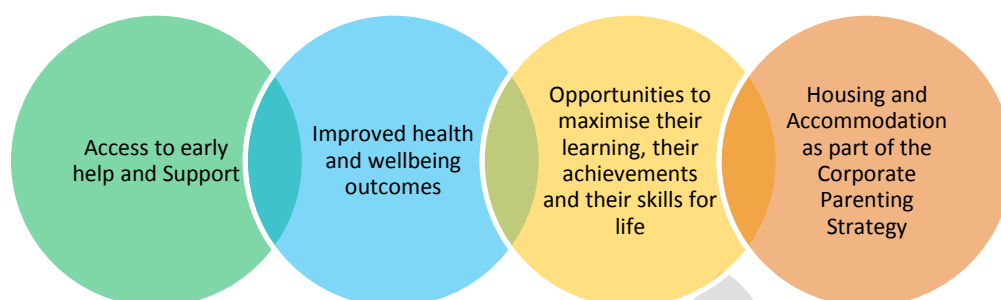
The strategic commissioning themes will cut across all care groups rather than work in care group silos, this will allow providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission by strategic commissioning themes we will identify any opportunities to work with partners to commission services across care groups; for example:

**“Reablement and support to live independently”** – has relevance to all ages and with full range of support needs. It does not make sense to commission services to support recovery on behalf of older people, people with mental health and learning disabilities separately. By commissioning against our strategic commissioning themes the HSCP will be in a stronger position to ensure that our commissioning is based on person centered outcomes.

**“Support for families”** - The Inverclyde Integrated Children and Young People’s Service Plan 2017 – 2020 sets out our joint vision and agreed approach to improving outcomes for children.

Our priorities are that children and young people in Inverclyde have:



For more information on the Children and Young People's Service Plan 2017 – 2020 go to: <https://www.inverclyde.gov.uk/health-and-social-care/support-for-children-families/joint-childrens-services-planning>

### Changing Landscape for Commissioning:

There is a statutory requirement for joint working between HSCPs and hospitals to plan for:

- Accident and Emergency services provided in a hospital;
- Inpatient hospital service relating to;
  - General medicine
  - Geriatric medicine
  - Rehabilitation medicine
  - Respiratory medicine
- Palliative care service provided in a hospital.

Therefore transforming our current provision into a more effective and patient-centered system will be at the heart of our planning with the acute sector, particularly with regard to unscheduled care.

### Moving Forward Together

The way that healthcare and social care services in Greater Glasgow and Clyde are provided is changing. Over the next 18 months, clinicians, managers and planners will work together and will engage with patients, service users, the public and staff to develop plans for a better healthcare and social care system for Greater Glasgow and Clyde residents.

This new system of care will be organised in the most effective way to provide safe, effective person centered and sustainable care to meet the current and future needs of our population. It will be designed to:

- Support and empower people to improve their own health
- Support people to live independently at home for longer



- Empower and support people to manage their own long term conditions
- Enable people to stay in their communities accessing the care they need
- Enable people to access high quality primary and community care services close to home
- Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community
- Deliver hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, in the West of Scotland

This will be developed through the Moving Forward Together Programme, and will start to create stronger links between statutory services and those that are commissioned, with a view to developing clearer and more efficient care pathways. This will see a core team of multidisciplinary healthcare and social care clinical and managerial staff from across Greater Glasgow and Clyde working collaboratively. They will work in partnership with Scottish Government, neighbouring NHS Boards, Local Authorities, Scottish Ambulance Service, Third Sector and Education. They will engage with the full range of people<sup>1</sup> in an open, transparent and accessible way and use their feedback to shape the development of the Transformation Strategy.

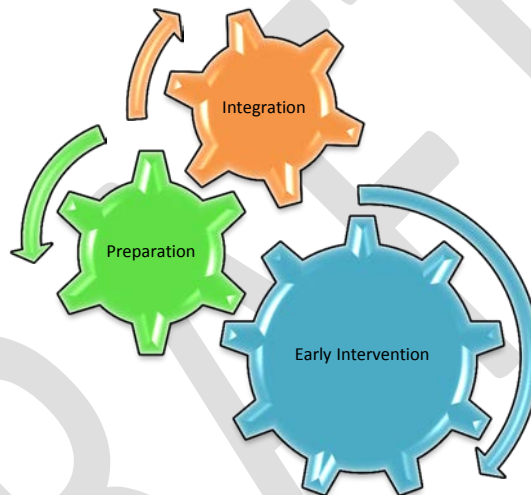
As there is a key focus on delivering care outwith hospital settings, maximising care delivery in the local community, this will change the model of care in the future and will change the commissioning landscape for the HSCP.

## How providers can begin to prepare

The HSCP is committed to delivering seamless services through the integration of Health and Social Care and support services. Providers who re-shape their service delivery models will be better placed to respond to future commissioning opportunities.

Providers should therefore:

- Consider how their services can support prevention, early intervention and recovery focus and how they support people to be as independent as possible; Develop models of care that focus on holistic wellbeing for the service user to achieve personal and social outcomes, rather than delivering personal care tasks a focus towards shorter term intensive care packages aimed at reablement and returning home.



- Consider how their services work within local communities and how they support the building of capacity within those communities. The use of assistive technology needs to be further embedded into mainstream support provision; capacity building within the unpaid carers sector; services for people with learning disabilities will need to offer a broader range of stimulating experiences for the service user and carer.
- Consider how services can deliver a combination of intervention to support prevention, early intervention and recovery.
- Empower individuals to change behaviours and promote self care/management approaches.
- Recognise that increasingly the purchasing partner will no longer be the Local Authority/NHS but will be the service user, guided by Self Directed Support and/or outcomes-focused assessment and commissioning. This will require providers to market their services differently and mean that they will need to make access to their services more straightforward, or in some cases, augment their offer in response to needs and required outcomes.

- Consider the need to find innovative ways to design and provide support which will increase the need to better involve and engage service users and their families/carers. Focus should be on maximising independence even for service users who need a higher level of long term support; and offer a broader range of stimulating experiences for service users and carers.
- Develop ways to record, evidence, analyse and report on outcomes. Ensure evaluations show the impact of their activities rather than the number of people whom a service was provided or hours delivered.
- Find better ways to engage with and link service users with other opportunities in the community, particularly within the context of individual budgets, maximising independence and a general broadening of the potential social care and support market.
- Require innovation and develop new approaches to be marketed to service users directly or by engaging with commissioners, in order to deliver personalisation.
- Create smarter partnership working opportunities, eg: sharing expertise, resources or back office support to increase impact and efficiency. This could be via formal or informal arrangements.
- With Self Directed Support, the emphasis on personalisation, the delivery of individual outcomes means that we need to consider new delivery models of health and social care.
- Information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met.
- There are also an increasing number of people self-funding the social care and support that they need. However, regardless of how social care and support is funded, people wish greater choice, control and flexibility over how their Health and Social Care needs are met.

## Approaches we consider important

There are a number of approaches that we feel are important to ensure we can effectively inform, engage and consult with the market. Setting out how we want to develop the market in Inverclyde and what we need to achieve to realise our vision is not enough. We must also be clear about how we plan to engage with the market to do this.



We intend to develop engagement through a number of different mechanisms including the following:

### Provider Events

Events to engage with the market to share strategic commissioning intentions, direction of travel and to inform discussion about new models of provision and to gauge feedback from the market place on our plans.

### Forums for Specific Provider Markets

Regular forums to engage with specific sectors within the wider market place to discuss strategic commissioning intentions and direction of travel and how they may impact on specific sectors of the market around new models of provision.

### Direct Engagement with Providers

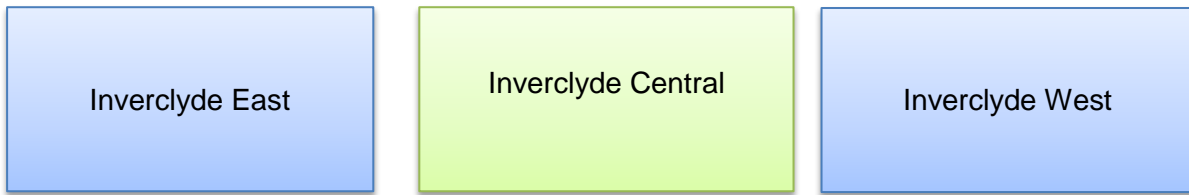
Meetings and working groups with different providers as and when required to facilitate the development and realisation of new models of service provision. This level of engagement is necessary to model the care and support services required in the community to support the accommodation plus model of provision.

The HSCP currently have direct engagement with Providers at the 6 monthly Governance meetings, these meetings allow providers to discuss potential development opportunities and any issues they wish to share.

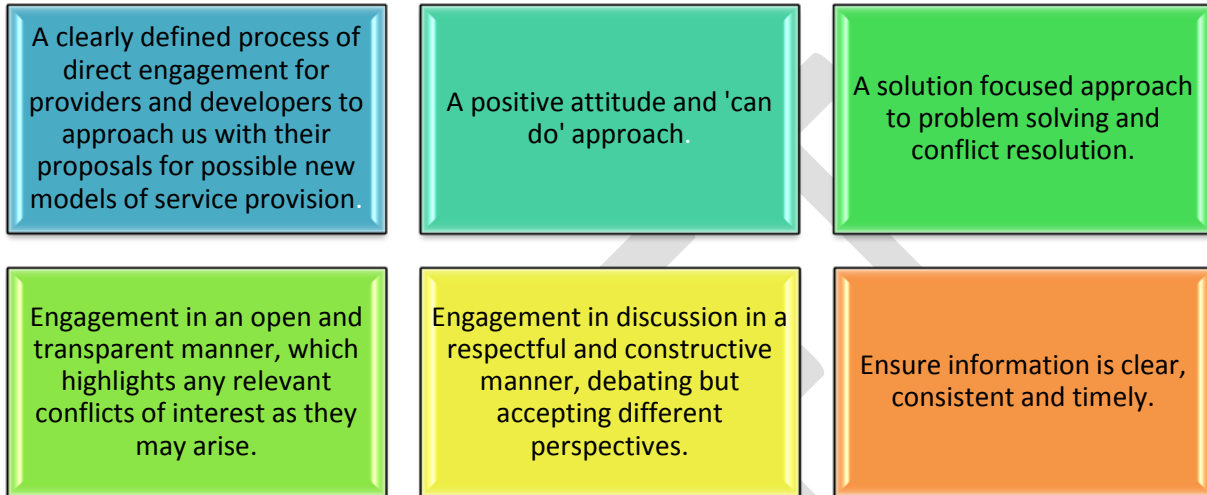
### Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 specified that new Health and Social Care Partnerships set up two or more localities to allow service planning at locally relevant geographies in natural communities. These aren't hard lines on a map, but represent natural communities and delivery of local health and social care services.

Inverclyde will have three localities;



Through the above approaches we will encourage:



Inverclyde HSCP is committed to developing greater trust and supporting providers, so collectively we are open and prepared to share information about funding, service activity and costs (within reasonable confidentiality).

## **SECTION 6**

### **The Integration Joint Board**

The Public Bodies (Joint Working)(Scotland) Act 2014 sets out the role and function of the Integration Joint Board (IJB) as the key governance body which has a responsibility for the planning and commissioning of the Health and Social Care Services which are delegated to it by its partner local authority and health board.

The Chief Officer is accountable to the IJB and the Chief Executive of the local authority and health board for the performance and quality of the partnerships delegated functions.

### **Governance**

In order to ensure we are meeting our performance and quality the Strategic Commissioning Team report to the Inverclyde Integration Joint Board Committee members on matters relating to the HSCP governance process for externally commissioned social care services. The governance report provides a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations.

The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.



Governance

## SECTION 7

### CONCLUSION

It is Inverclyde Health and Social Care Partnership's intention to continue to work with providers and include other interested stakeholders to improve our market intelligence, in order we can effectively plan our business and make known to the market our intentions for the coming years.

The market facilitation and commissioning plan provides a platform;

- For providers and commissioners to strengthen their relationship and continue to work together to improve outcomes for Inverclyde's service users.
- Work effectively to create capacity to utilise the budgets we have in order to meet the increasing demand on Inverclyde's Health and Social Care Services.

Inverclyde Health and Social Care Partnership in return would ask the market to provide feedback, bring opportunities for improvement and raise concerns with a focus on solutions. Engagement will take place through existing communication channels and provider forums, with the aim of developing a joint action plan to support the delivery of the Market Facilitation and Commissioning Plan.

The aim of the plan is to communicate these messages and thereafter enable and provide a basis for early engagement and consultation with the market on how best to respond to these key messages.



**Working  
Better  
Together**

## Appendix 1

<b>ADULT RESIDENTIAL (Estimated Annual Spend £2.46M)</b>	
<b>CONTRACT DESCRIPTION</b>	A number of contracts are in place to provide care for adults who have an assessed need to be supported in a care home environment. Approximately 42% of spend relates to the Scotland Excel Care Home for Adults with Learning Disabilities national framework agreement. Another 33% of spend is contracted for individuals with a physical disability or severe and enduring mental health problems. The remaining 25% are spot purchased out of area placements for adults with a learning disability.
<b>CONTRACT PERIODS</b>	The Scotland Excel Care Home for Adults with Learning Disabilities Framework was established in June 2015 for an initial period of 2 years to May 2017. After this period a further 2 year extension was agreed to run until May 2019. Individual contracts with providers are on-going and spot purchase agreements cover individual service contracts only and have no defined end date.
<b>CONTRACT DEVELOPMENT</b>	Discussions to migrate the spot purchased out of area placements to the Scotland Excel framework terms and conditions with providers who are on the framework are on-going. Once completed all new placements for these providers will be commissioned from the framework.
<b>CONTRACT MANAGEMENT</b>	Strategic Commissioning, within Inverclyde Health and Social Care Partnerships Quality and Development Service, have responsibility for monitoring the performance of each individual home and liaising directly with Scotland Excel regarding contract matters that may arise. Management and review of individual cases is undertaken by Assessment and Care Management teams in Adult Services. Provider governance meetings are held twice per year.



## SUPPORTED LIVING SERVICES (Estimated Annual Spend £7M)

<b>CONTRACT DESCRIPTION</b>	This is a Framework Agreement, of 10 providers for the provision of Supported Living Services which meets the assessed needs of service users due to learning disability, physical disability, sensory impairment, mental illness, addiction or are homeless.
<b>CONTRACT PERIODS</b>	The Framework was established in January 2018 for a period of 2 years until December 2019. Thereafter there is an option to further extend the framework for 2 years on a year by year basis. A decision on whether the extension period will be activated will be communicated towards the end of 2019.
<b>CONTRACT DEVELOPMENT</b>	The contract was developed to harmonise rates for providers who were delivering Housing Support (Supported Living) Services. Providers submitted a rate up to a capped level to which they could provide the “core service” as set out in the service specification. Following a service user assessment an enhanced rate (+5%) of the tendered rate is awarded to those providers who can evidence a specialist service being provided as set out in the service specification.
<b>CONTRACT MANAGEMENT</b>	Work is allocated through Resource Allocation Groups. One for Learning and Physical Disability services and another for Mental Health, Addiction and Homelessness Services. Strategic Commissioning, within Inverclyde Health and Social Care Partnerships Quality and Development Service, has responsibility for monitoring the performance of each provider. Management and review of individual cases is undertaken by Assessment and Care Management teams in Adult Services. Provider governance meetings are held twice per year.

**DAY CARE**  
**(Estimated Annual Spend £0.6M)**

<b>CONTRACT DESCRIPTION</b>	Framework agreement in place to provide day care services to older people. Service provision is allocated in two lots Greenock East Port Glasgow and Greenock Central/Gourock.
<b>CONTRACT PERIODS</b>	The Framework was established in July 2017 and be for a period of 2 years until June 2019. There is an option to extend for 2 years, on a year by year basis.
<b>CONTRACT DEVELOPMENT</b>	Day care services for older people were reviewed in 2016/17. Objectives included working with providers to agree standard terms and establish framework agreements. Block funding agreements were withdrawn. Rates were harmonised to ensure that costs were standardized across the service provision. Additional services such as meals are paid for separately by the service user.
<b>CONTRACT MANAGEMENT</b>	Placements are allocated by service users' choice. Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the Assessment and Care Management and Care at Home Teams in Inverclyde HSCP. Providers' meetings are held at least twice a year.

## HOUSING SUPPORT (Estimated Annual Spend £0.3M)

<b>CONTRACT DESCRIPTION</b>	Individual agreements in place with 5 Providers to provide Housing Support Services within Sheltered Housing Complexes across Inverclyde.
<b>CONTRACT PERIODS</b>	Current contracts in place with individual notice periods to terminate the Contract.
<b>CONTRACT DEVELOPMENT</b>	A review of Housing Support began in December 2017 with a remit to create a redesigned Housing Support Service model. The redesign aims to be concluded in Summer 2018 with a commencement date of 1 <sup>st</sup> April 2019.
<b>CONTRACT MANAGEMENT</b>	<p>Current arrangements are that all tenants in Sheltered Housing Complexes receive a service from the Warden.</p> <p>Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the Assessment and Care Management in Inverclyde HSCP.</p>

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**PROVISION OF CARE AT HOME  
(Estimated Annual Spend £3.2M)**

<b>CONTRACT DESCRIPTION</b>	This is a Framework Agreement, with 10 providers at present, for the provision of Care at Home services across the Inverclyde HSCP area. Services are allocated in lots, with the provider in each area being offered the packages before being offered to Ad-Hoc providers who have capacity.
<b>CONTRACT PERIODS</b>	The Framework was established in April 2015 and will be for a period of 3 years until March 2018. There is an option to extend for 2 years, on a year by year basis. The extension will not be invoked and it is planned to tender for a new Framework, to commence in April 2018.
<b>CONTRACT DEVELOPMENT</b>	Plans to reduce the number lots in the new Framework. This will allow opportunities for work to be allocated by larger service blocks to support providers recruiting and retaining staff, to reduce travel time and support more efficient ways of working.
<b>CONTRACT MANAGEMENT</b>	Work is allocated by individual Home Support Officers and Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the Assessment and Care Management and Care at Home Teams in Inverclyde HSCP. Providers' meetings are held at least twice a year.

## RESIDENTIAL & NURSING HOMES OLDER ADULTS (Estimated Annual Spend £14.5M)

<b>CONTRACT DESCRIPTION</b>	<p>There is a National Care Home Contract (NCHC) in place which provides care for approximately 600 older adults, in the Inverclyde HSCP area, who have a need for the support offered in a care home environment. Placements are made dependent on assessed need, and older adults may be placed within either a residential home or a nursing home dependent on the outcome of their assessment. Terms and conditions are set at a national level and apply to all contracted homes. All the residential and nursing homes in the Inverclyde area are contracted to the NCHC.</p>
<b>CONTRACT PERIODS</b>	<p>NCHC weekly fee rates, levels of care and support and terms are negotiated annually. These annual agreements are led by COSLA and cover both residential and nursing homes.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>Scotland Excel is working alongside COSLA to help develop service specifications for the NCHC. New specifications are also being considered for more specialist services, which could be commissioned locally under the NCHC. The sector is also committed to improving workforce matters and, in particular, to increase the staff pay for care staff to the Living Wage.</p>
<b>CONTRACT MANAGEMENT</b>	<p>Packages of care are allocated and agreed by a resource panel. The panel's role is to ensure the needs of the older adult are best met and available budget is utilised effectively.</p> <p>Strategic Commissioning Team, within the HSCP's Quality and Development Service, are responsible for monitoring the performance of each individual home. Scotland Excel provides support at a strategic level, with financial risk assessment and continuity planning in the event of any large scale closure of a resource. Management and review of individual cases is undertaken by Community Care teams in Adult Services. Providers' meetings are held on a three monthly basis.</p>

## NATIONAL FOSTERING & CONTINUING CARE FRAMEWORK (Estimated Spend for 2016/17 £326,140)

<b>CONTRACT DESCRIPTION</b>	<p>The National Fostering &amp; Continuing Care Framework enables Local Authorities to purchase fostering and continuing care placements from independent and voluntary providers as a supplement to their internal provision. Fostering services provide family based care for children and young people who cannot live with their own families. Foster care can be for a short period or longer term placements. The framework covers both core type services, enhanced or specialist services and also short breaks and has been developed in a context of change in national legislation and policy.</p>
<b>CONTRACT PERIODS</b>	<p>The Scotland Excel Framework for Fostering Services started on 28<sup>th</sup> March 2013 and ran until 24<sup>th</sup> March 2017. Due to its success Scotland Excel in partnership with participating Local Authorities updated and retendered for a second framework which incorporated legislative changes around continuing care. The National Fostering and Continuing Care Framework started on 25<sup>th</sup> March 2017 and will run for a period of 2 years to 24<sup>th</sup> March 2019. There is a 2 year extension option which, if agreed, could see the Framework end on 24<sup>th</sup> March 2021.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>Work is on-going to migrate all external placements onto the new Scotland Excel framework. This requires a review of current children and young person's care packages and all new care will be commissioned under Scotland Excel terms and conditions.</p>
<b>CONTRACT MANAGEMENT</b>	<p>Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services.</p> <p>The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.</p>

## NATIONAL CHILDREN'S RESIDENTIAL FRAMEWORK (Estimated Spend 2016/17 £1.9M)

<b>CONTRACT DESCRIPTION</b>	<p>The National Children's Residential Framework enables Local Authorities to purchase placements within independent children's residential care, care and education, residential short breaks and day education services. The framework provides Local Authorities with clear and transparent pricing information and confirms which services are included within the agreed fee and costs of any additional services available. The Framework Agreement places a strong focus on the quality of service being delivered with the principles of GIRFEC (Getting It Right for Every Citizen).</p>
<b>CONTRACT PERIODS</b>	<p>The Scotland Excel Framework for Children's Residential Services started on 1<sup>st</sup> April 2014 and will finish on 31<sup>st</sup> March 2018. Due to its success Scotland Excel in partnership with participating Local Authorities are in the process of retendering for a second framework which will incorporate legislative changes around continuing care. The new National Children's Residential Care Framework will commence on 1<sup>st</sup> April 2018 and will run for a period of 2 years to 31<sup>st</sup> March 2020. There is a 2 year extension option which, if agreed, could see the Framework extended until 31<sup>st</sup> March 2022.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>The new framework tender closed on 27<sup>th</sup> October 2017 and evaluations of submissions took place during November 2017. Scotland Excel is currently considering recommendations. Awards to Providers are scheduled to take place February 2018 for the new framework to start on 1<sup>st</sup> April 2018. Work will then begin to migrate all external placements onto the new Scotland Excel framework. This will require a review of current children and young person's care packages and all new care will be commissioned under Scotland Excel terms and conditions.</p>
<b>CONTRACT MANAGEMENT</b>	<p>Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services. The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.</p>

## NATIONAL CHILDRENS SECURE CARE FRAMEWORK (Estimated Spend for 2016/17 £85,754)

<b>CONTRACT DESCRIPTION</b>	<p>The National Children’s Secure Care Framework enables Local Authorities to purchase placements within independent children’s secure care services. The primary function of the service is to provide a safe and secure environment within an approved facility to a child or young person who meets the secure care criteria as defined by the relevant legislation. The framework provides Local Authorities with clear and transparent pricing information and places a strong focus on the quality of service being delivered with the principles of GIRFEC.(Getting It Right for Every Citizen).</p>
<b>CONTRACT PERIODS</b>	<p>The Scotland Excel Framework for Children’s Secure Care Services started on 1<sup>st</sup> July 2013 and finished on 31<sup>st</sup> March 2017. Due to its success Scotland Excel in partnership with participating Local Authorities retendered for a second framework which started on 1<sup>st</sup> April 2017. The new framework will run for a period of 2 years to 31st March 2019. Agreement has been made to extend the framework until 31<sup>st</sup> March 2020.</p>
<b>CONTRACT DEVELOPMENT</b>	<p>Work will then begin to migrate all external placements onto the new Scotland Excel framework. This will require a review of current children and young person’s care packages and all new care will be commissioned under Scotland Excel terms and conditions.</p>
<b>CONTRACT MANAGEMENT</b>	<p>Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP’s Service Managers and Head of Service for Children and Families Services.</p> <p>The Strategic Commissioning Team, within Inverclyde HSCP’s Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.</p>



**Report To:** Inverclyde Integration Joint Board    **Date:** 20 March 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:** IJB/13/2018/AS

**Contact Officer:** Allen Stevenson, Head of Service,  
Health and Community Care,  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Contact No:** 01475 715283

**Subject:** IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2016

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide an update to members of the Integration Joint Board on the progress being made towards implementation of the Carers (Scotland) Act 2016.

## **2.0 SUMMARY**

- 2.1 The HSCP in partnership with Carer Groups and Carers and Young Carers have been progressing the necessary actions to implement the Carers (Scotland) Act 2016
- 2.2 Progress has been positive in developing key aspects including eligibility criteria and adult carer support plans and young carer's statement. Such progress has been paced by the release of Scottish Government Guidance.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:

1. notes the content of the report and the progress by partners across Inverclyde to bring about the successful implementation of the Carers (Scotland) Act 2016, including the Inverclyde HSCP Draft Local Eligibility Criteria Policy for Carers and Young Carers and the Carers (Scotland) Implementation Plan; and

2. notes that the Chief Officer will bring a progress report on the implementation of the Carers (Scotland) Act 2016 to the October 2018 meeting of the Integration Joint Board.

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## **4.0 BACKGROUND**

4.1 The Carers (Scotland) Act 2016 will be implemented on 1 April 2018. The aim is to ensure that all carers and young carers are supported to continue their caring role if they wish to do so and are able to have a life alongside caring.

4.2 This will require enhanced collaboration across health, social work, education and our key partners Inverclyde Carers Centre and Barnardo's. It will promote early identification of carers of all ages. Support will be based on individual identified needs and personal outcomes.

4.3 For young carers, it will ensure they have a childhood similar to their peers by reducing any negative impact of caring on their educational attainment and well-being.

4.4 The Act requires responsible authorities to develop:

- Local Eligibility Criteria
- Adult Carer Support Plan;
- Young Carer Statement;
- Short Breaks Services statement including duty to provide short breaks;
- Information and Advice Service;
- Local Carer Strategy.

### **4.5 Annual Carer Census**

The Annual Carer Census has been developed by the Scottish Government to provide baseline data for 2017-2018 in order to assess the impact of the Act from 1 April 2018. This will inform future funding arrangements. A range of options have been suggested to support gathering of carer census data from local authority areas. This covers a range of statistical data covering activity in terms of support to carers and young carers including expenditure.

As with any new data, gathering process concerns have been identified regarding the collection of such data:

- additional resources required to support local gathering of information and data cleansing of census information particularly for local carers centres;
- The accuracy of census information is around uniformity of definition of carer support, replacement care and short breaks and respite and the different systems used by Local Authorities to collate such data.

In Inverclyde we are working with our internal and external partners to agree a data set for collection of census information including financial and resource costs.

### **4.6 Local Eligibility Criteria**

Statutory guidance on the duty to set local eligibility criteria was issued in November 2017. The Scottish Government is promoting the suite of indicators developed by the National Carer Organisations to measure impact and risk that caring has on specific areas of the carer's and young carer's life. The Act provides for additional powers which can be exercised in future by Ministers to make regulations, specifying matters Local Authorities must have regard to when setting their local eligibility criteria.

As each Local Authority is currently setting their eligibility criteria, no further amendments to the guidance are currently being made at this stage. The Scottish Government's intention is to review local eligibility criteria after April 2018 and it will subsequently issue revised guidance.

Inverclyde's Draft Eligibility Criteria for Carers and Young Carers (**Appendix 1**) sets out to achieve a fair, consistent and transparent approach to managing available resources as effectively and efficiently as possible.

There are three key aspects to the Eligibility Criteria:

- The impact caring has on specific areas of a carer's and young carer's life and the risk to their capacity to be able to continue to care;
- The locally agreed threshold at which a carer and young carer is deemed eligible for support;
- Support or services that follow application of the eligibility criteria.

The type and level of support will be specific to each individual carer and young carer circumstances. Some areas of risk will call for immediate provision of one off or targeted social care support; other circumstances may require ongoing, longer term support which requires regular review.

There is a requirement to also ensure that the carer's and young carer's eligibility criteria are aligned to the current Outcome Focused Eligibility Criteria for Service Users to ensure there is equity in how resources are allocated.

We have consulted with carers and young carers on the Draft Carers and Young Carers Eligibility Criteria and have had a positive response. The intention is to complete this consultation at an event for the Carers' Network in March 2018.

#### **4.7 Adult Carer Support Plan and Young Carers Support Plan**

There is a duty to offer and prepare an Adult Carer Support Plan (ACSP) in respect of an identified adult carer and to prepare one if the offer is accepted, even if the supported person's identified needs do not meet the local eligibility criteria. Carers and young carers are also having a right to receive an ACSP or a Young Carers Statement (YCS) on request.

The ACSP and YCS requires to cover the following areas;

- Identify personal outcomes;
- Identify needs (if any); and
- Confirm the support to be provided by the responsible authority (if any).

Carers are currently able to undertake a supportive self-assessment via Inverclyde Carers Centre or have a full carer assessment via the HSCP. The development of the ACSP is making good progress. This is in partnership with the Carers Centre to ensure we meet the requirements detailed within the Act. There will be a consultation with carers in March of this year and the aim is to roll out the ACSP from May of this year.

A short life working group is considering how the GIRFEC wellbeing assessment used across health, education and social services for young people, can incorporate the requirements of the Act. The plan is to make necessary changes and to consult with young carers and young adult carers with an estimated implementation date of 31 May 2018.

In the interim, carers and young carers will continue to receive a service in line with the principles of the Carers Act using existing processes.

#### **4.8 Information and Advice Service**

Inverclyde Carers Centre is currently funded by the HSCP to deliver an information and advice service for adult carers. A range of local and national organisations

provide condition specific advice and support which can be accessed by carers and young carers.

A revised service specification for Inverclyde Carers Centre is being developed in light of the requirements of the Act taking account of:

- potential future demand;
- strengthening the evidence base of meeting carer outcomes; and
- Access to an information and advice service for young carers.

#### **4.9 Short Break Services Statement**

There is a duty for Local Authorities to prepare and publish a statement setting out information about short breaks services available for carers and young carers and the cared for person. This requires to be in place by 31 December 2018. Regulations are still to be made under this power of the Act and the Scottish Government intends to update the statutory guidance once regulations are completed.

Inverclyde currently has a short breaks strategy and the intention is to consult widely on this over the summer of 2018 in partnership with the Carers Network, Carers Council and Inverclyde Carers Centre.

Carers in Inverclyde currently access a range of short breaks including residential and nursing home respite, domiciliary respite at home and short breaks which can be accessed through the Short Break Bureau. Breaks from caring are also available via Inverclyde Carers Centre and Barnardo's provide group support for young carers to enable them to have a break from caring.

This is a solid foundation to build from to meet this requirement of the Act which stipulates that breaks from caring are non-chargeable. By developing a flexible, accessible approach to SDS options including personal budgets, adult carers can be further supported to exercise choice and control to purchase services, supplies or goods to meet their defined needs and outcomes, including having a break from caring. Effective, proportionate monitoring and review processes will be developed to support this arrangement.

#### **4.10 Local Carer Strategy**

Inverclyde HSCP published the Inverclyde Carers and Young Carers Strategy prior to the publication of the Scottish Government Guidance. This was developed in response to wide consultation and input from a significant number of carers and partner organisations. The Strategy will be reviewed in 2019 to allow for any adjustments following publication of the final regulations.

#### **4.11 Waiving of Charges**

A key element of the Act was the proposed waiving of charges for short breaks and replacement care. The Scottish Government is yet to issue regulations around this aspect of the Act and it will have likely resource and financial consequences for the HSCP and carers and the cared for person.

We are currently analysing current spending commitments in order to anticipate the impact of waiving of charges, replacement care and the identification of increased numbers of carers. This will be reported as part of the budget setting process currently underway.

#### **4.12 Future Actions**

- Further consultation will take place with carers in relation to the Eligibility

Criteria, Adult Carer Support Plan and Young Carer Statements.

- Developing the associated guidance and processes in respect of the Draft Adult Carer Support Plan and Young Carers Statement.
- Development of performance monitoring framework linking to performance and information and Inverclyde Carers Centre to input directly into the Carers Census.
- Financial implications: Work underway to consider how we anticipate future demand and cost each element of the Act including waiving of charges for short breaks and replacement care.
- Amendment of Carer Strategy in line with the Act.
- Development of Short Break Statement by 31 December 2018.
- Roll out of Equal Partners in Care Training in conjunction with Inverclyde Carers Centre.
- Staff Briefings for Eligibility Criteria, Adult Carer Support Plan and Young Carers Statement and associated processes.
- To retain the Carers Act Implementation Officer for 12 months to co-ordinate the implementation process and take forward issues raised in this report and support the key areas identified by the Scottish Government.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

The Scottish Government Financial Memorandum relating to the Carers Act has set an amount of £320,000 (final figure to be determined) to fund the Implementation of the Carers Act in Inverclyde. This figure will incorporate any costs related to waiving of charges and the carers information. The final amount will be confirmed as part of the budget setting process and plans for the allocation of this money will be provided under a separate report. Work is underway to analyse current spending commitments, anticipated costs for waiving of charges, replacement care and the identification of increased numbers of carers. Previous work around the costs suggests that there may be a shortfall between the Scottish Government settlement and the true costs of implementing the Act. This will be monitored and reported back and will feed into the carer Census Data previously referred to.

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

#### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

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**LEGAL**

5.2 The Carers (Scotland) Act 2016 imposes new duties and powers upon the local authority and Health Boards.

The Scottish Government has published an update on the status of the secondary legislation and guidance amended in preparation for implementation of the Carers (Scotland) Act 2016. The legislation lists the Local Authority functions under the Act that must be delegated to Integration Joint Boards and lists the Health Board functions under the Act that may be delegated to Integration Joint Boards. Both the Council and the Health Board have agreed the changes to the Inverclyde Integration Scheme necessary to delegate these functions and duties to the Inverclyde Integration Joint Board.

**HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

**EQUALITIES**

5.4 The purpose of the Act is to have a positive impact on carers and young carers. An Equality Impact Assessment has been completed for the Carers Strategy and the intention is to complete one for individual aspects of the implementation actions.

Has an Equality Impact Assessment been carried out?

√	YES An EQIA is currently being developed to cover the specific aspect of the Act which requires implementation. The Carers and Young Carers Eligibility Act will include an EQIA as part of its consultation process.
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

**5.4.1 How does this report address our Equality Outcomes?**

People, including individuals from the protected characteristic groups, can access HSCP services.

The Carers Act is inclusive of people with protected characteristics, and also has elements within it to ensure the HSCP takes an equalities-sensitive approach to practice.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

The Inverclyde Carers Strategy includes an equalities-sensitive approach to including all groups in the planning and development of services.

People with protected characteristics feel safe within their communities.

The Inverclyde Carers Strategy includes an equalities-sensitive approach to including all groups in the planning and development of services.

People with protected characteristics feel included in the planning and developing of services.

Adult carers and young carers have been involved in consultation around the

implementation of the Act and will continue to be involved in the planning and development of the service.

## **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 The key guidance around the Carers and Young Carers Eligibility Criteria, Adult Carer Support Plan and Young Carers Statement will be presented through the HSCP Care Governance process for approval.

## **5.6 NATIONAL WELLBEING OUTCOMES**

### **How does this report support delivery of the National Wellbeing Outcomes?**

- 5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5.6.2 Carer and young carer services are committed to ensuring high-quality services that support individuals and maximise independence.
- 5.6.3 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 5.6.4 Implementation of the Carers Act will ensure high-quality services that support individuals and maximise independence.
- 5.6.5 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 5.6.6 The Carers Act implementation is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.
- 5.6.7 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5.6.8 The Carers Act imposes a duty on the HSCP and partners promote the health and well-being of its carers.
- 5.6.9 People using health and social care services are safe from harm.
- 5.6.10 The HSCP has as its priority to safeguard all service users including carers and young carers.
- 5.6.11 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 5.6.12 Staff are part of a programme of ongoing training and awareness based on the Equip Partners in Care Programme.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners in Inverclyde Carers Centre.

Your Voice is undertaking engagement events on behalf of Inverclyde HSCP and partner agencies. Initial consultation has taken place on a number of the elements of

the Act. A summary is attached (**Appendix 3**)

## **7.0 LIST OF BACKGROUND PAPERS**

7.1 Appendix 1 – Draft Eligibility Criteria for Carers and Young Carers

Appendix 2 - Carers (Scotland) Act 2016 Consultation with Carers

Appendix 3 - Carers (Scotland) Act 2016 – Regulations and Guidance





**Inverclyde Health and Social Care Partnership**  
**Draft Eligibility Criteria Policy**  
**Adult and Young Carers**

**January 2018**

**The Inverclyde Carers and Young Carers Eligibility Criteria has been developed and agreed in consultation with Carers and Young Carers living in Inverclyde.**

<b>Prepared by</b>	
<b>Authorised by</b>	
<b>Source Location</b>	
<b>Published Location</b>	
<b>Related Documentation</b>	
<b>Acknowledgments</b>	

### **Version Control**

<b>Version Published</b>	
<b>Date of Publication</b>	
<b>Author</b>	
<b>Review Date</b>	

## **1. Introduction**

The Carers (Scotland) Act 2016 comes into effect on 1 April 2018. The Act is designed to support carers' health and wellbeing and help make caring more sustainable. The Act requires that local authorities have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

The Act requires that all Carers have the right to an Adult Carers Support Plan or a Young Carers Statement which sets out an adult or young carers personal outcomes, identify needs (if any) and the support (if any) to be provided by the responsible authority. There is a duty for local authorities to provide support to carers where the identified needs meet the local eligibility criteria.

## **2. What are Eligibility Criteria?**

Each local authority is required to set its own eligibility criteria for adult and young carers. The local eligibility criteria will assist the local authority to achieve a fair, consistent and transparent approach to available resources as effectively and efficiently as possible.

Eligibility Criteria is defined in the Act as:

*"The criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs".*

The criteria must include the information and indicators used to assess need and the locally-defined threshold at which a carer would be deemed eligible for support. This policy applies to all adult and young carers.

Eligibility criteria assist the local authority to achieve a fair, consistent and transparent approach to the allocation of limited resources; ensuring that they are targeted to adult and young carers in greatest need of support.

## **3. Risk and Urgency**

Eligibility criteria recognise urgency and risks as factors to determine eligibility for social care support services. This allows Inverclyde HSCP to deploy finite resources specifically on the basis of those with greatest risk and need. The type and level of support in response to the level of risk and urgency can vary as this will be individual to each carer's circumstances. Some areas of risk will call for immediate provision of one off or targeted social care support; other circumstances may require ongoing, longer term support which requires regular review.

## **4. Early Intervention and Prevention**

There is also recognition of the effectiveness of low-level interventions that can effectively reduce or prevent the level of urgency and risk from escalating. Support is not only given to meet needs based on the current impact of caring but there should also be consideration as to any foreseeable, likely risk of deterioration in the carer's circumstances health or their caring situation. Consideration should be given to the carers own personal assets such as knowledge, skills and personal resources; wider support assets such as extended family members, friends and peers; or community assets such as locally available groups or clubs to meet carer outcomes defined in the Adult Carer Support Plan or Young Carer Statement. This will ensure that we support best value relative to the public purse when applying eligibility criteria.

## **5. Applying Eligibility Criteria**

The Act imposes a duty on Inverclyde HSCP to ensure that support is given to eligible carers to meet their identified outcomes and needs. This guidance outlines how the process is applied.

Staffs are required to work collaboratively with carers through a chronological process prior to applying the carer eligibility criteria. In a situation where a Carer has fluctuating needs, these should be considered over an appropriate period of time before determining the eligibility criteria.

## Application of Eligibility Criteria – Chronology

Carer requests or is offered Adult Carer Support Plan or Young Carer Statement

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Adult Carer Support Plan or Young Carer Statement is prepared – setting out identified needs and personal outcomes

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Determine where identified needs and outcomes can be met with information and advice, other universal /general services and/ or services provided to the cared for person (This excludes where care is provided to the cared for person specifically to provide the carer with a break from caring)

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If some or all of the carers needs cannot be met through services and supports provided to the cared for person or through universal information and advice services, then the local carer eligibility criteria must be applied.

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### 6. Table of Indicators/Risk Matrix

This table of indicators and risk matrix (**Appendix 1**) reflects the five categories of risk detailed in the Scottish Government National Eligibility Criteria Framework for Carers and dovetails with the *Inverclyde HSCP Outcome Focussed Eligibility Criteria Procedure*. Applying the eligibility criteria seeks to address the severity of the risks placed on the carer and the urgency of the intervention required in response to that defined risk. The type of services that follow are defined below in the Eligibility Criteria Threshold Triangle

### 7. Supporting Eligible Needs

If it is determined that any of the outstanding needs meet the defined eligibility criteria threshold, then Inverclyde HSCP has a duty to provide support.

The carer is then given the option to decide how they would prefer to arrange their support from the four self-directed support options, enabling carers to control how allocated funding is spent on their outcome focussed support.

Option 1 - choosing to have a direct payment;

Option 2 - directing the available support;

Option 3 – Inverclyde HSCP arranging support on behalf of the carer; or

Option 4 – a mixture from the above options.

Carers will be fully involved in each stage of the process and in all decision making and will complete an Adult Carer Support Plan or Young Carer Statement to identify needs and outcomes; the level of impact and risk to the carer on maintaining a life alongside caring and continuing in the caring role; the actions or interventions required to improve or maintain the situation and how this will be achieved.

## **8. Measuring Impact**

Regular reviews of Adult Carer Support Plans will:

- determine how far the support provided has enabled the carer or young carer achieve their identified outcomes as set out in the outcomes, set out in the Adult Carer Support Plan or Young Carer Statement;
- re-assess the carers circumstances and identify any additional needs and outcomes;
- determine whether there is continued eligibility for support;
- update, amend or close elements of the Adult Carer Support Plan or Young Carer Statement;
- confirm how effective breaks from caring including short breaks and replacement care are contributing to the carers ability to continue in their caring role

**Table of Indicators/Risk Matrix**

<b>RISK</b>					
	<p align="center"><b>Caring has no impact No Risk</b></p> <p align="center">No issues resulting from the caring situation and at this moment no need for support or advice.</p>	<p align="center"><b>Caring has low impact Low Risk</b></p> <p align="center">Low impact on quality of life and/or ability to care.</p>	<p align="center"><b>Caring has moderate impact Moderate Risk</b></p> <p align="center">There are moderate risks to the carers ability to continue in their caring role</p>	<p align="center"><b>Caring has substantial impact Substantial Risk</b></p> <p align="center">There are significant risks to the carers ability to continue in the caring role and/or serious relationship breakdown between carer and cared for person</p>	<p align="center"><b><i>Caring has critical impact Critical Risk</i></b></p> <p align="center">There are critical risks on the carers ability to continue in the caring role such as major health difficulties; life threatening harm or danger to carer and/or cared for person</p>
<b>POTENTIAL ACTIONS AND SUPPORT</b>					
	<p align="center"><b>Self – Management Consideration of emergency &amp; long term planning</b></p> <p align="center">Signposting for future</p>	<p align="center">May be some need for universal and/or preventative support or advice.</p> <p align="center">Signpost/ refer to carer support /education / advice</p>	<p align="center">May call for provision of some health and social care services to prevent further escalation</p> <p align="center">Targeted carer support/ education /advice</p>	<p align="center">Likely to require urgent provision of health and social care services.</p>	<p align="center">Likely to be a need for immediate intervention and/or provision of more targeted social care Supports to resolve the immediate crisis.</p> <p align="center">There may be ongoing action and long term planning to avoid the carer reaching this level of risk in future.</p>

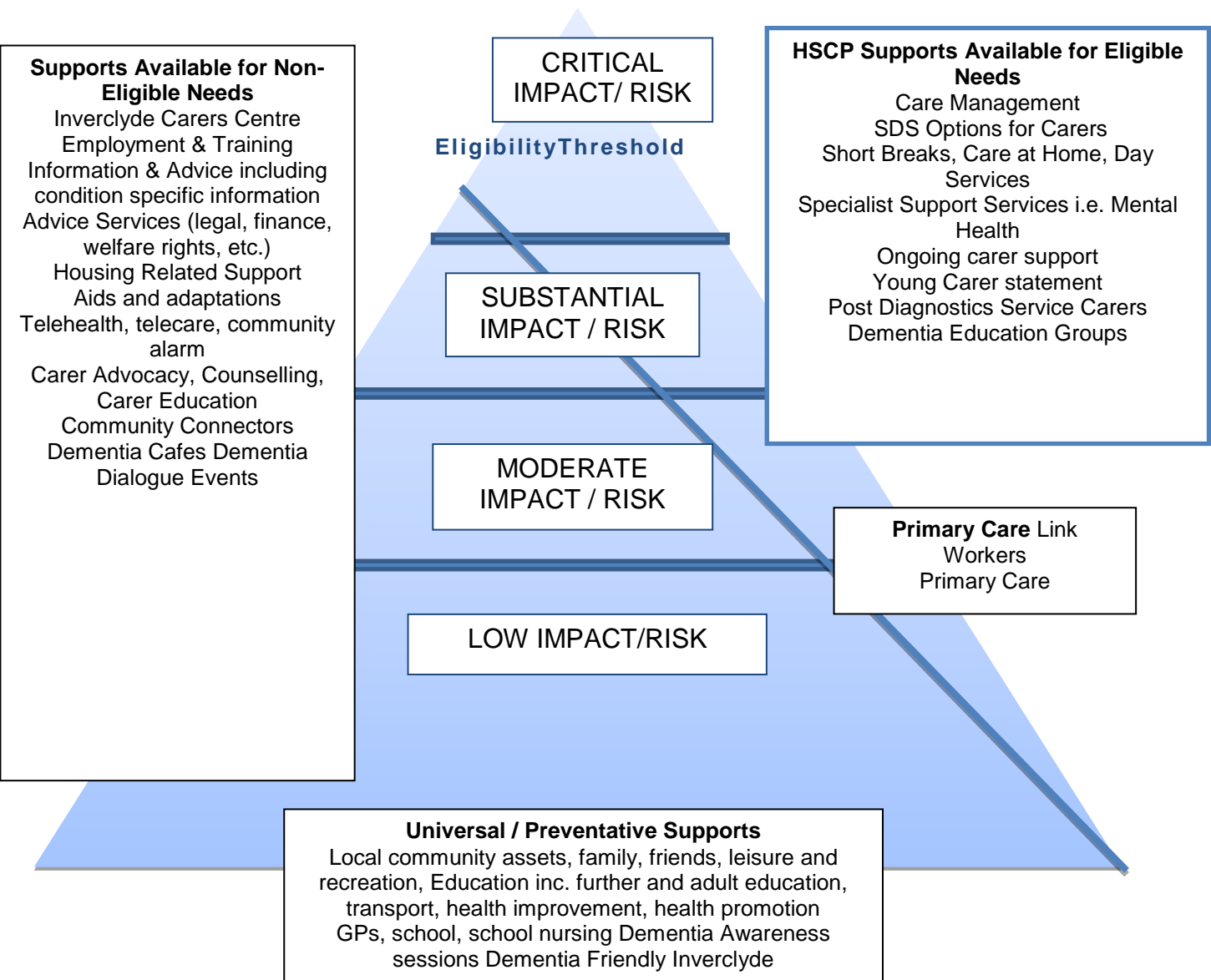
<p>Health &amp; Wellbeing - Safe/Healthy/Achieving / Active?</p>	<p>Carer in good health</p> <p>Carer has good emotional wellbeing.</p>	<p>Carer's health beginning to be affected</p> <p>Caring role beginning to have an impact on emotional wellbeing</p>	<p>Carer's health at risk without intervention.</p> <p>Some impact on carer's emotional wellbeing</p> <p>Carer able to manage some aspects of caring and family/domestic roles posing some risk of breakdown to own health</p>	<p>Carer has health need that requires attention</p> <p>Significant impact on carer's emotional wellbeing</p> <p>Carer has significant health difficulties due to impact of their caring role causing significant harm or risk of danger</p>	<p>Carer's health is breaking/has broken down</p> <p>Carer's emotional wellbeing is breaking/has broken down</p> <p>Major health difficulties due to life threatening harm or danger</p>
<p>Relationships - Safe/ Nurtured/ Respected?</p>	<p>Carer has a good relationship with the person they care for and are able to maintain relationships with other key people in their life</p>	<p>Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life</p> <p>Carer able to manage most aspects of family and work responsibilities</p> <p>Relationship is maintained between client and carer by limiting aspects of the caring role</p>	<p>The carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life</p> <p>Relationship between carer and service user under strain at times limiting some aspects of the caring role or creating some risk of relationship breakdown</p>	<p>The carer's relationship with the person they care for is in danger of breaking down and/or they are no longer able to maintain relationships with other key people in their life</p> <p>Significant risk of breakdown in relationship between carer and service user and carer is unable to sustain many aspects of caring role</p>	<p>The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and /or they have lost touch with other key people in their life</p> <p>Complete breakdown in the relationship between service user and carer and carer is unable to continue in their caring role</p>



<p style="text-align: center;"><b>Living Environment – Safe/ Healthy/ Nurtured/ Active?</b></p>	<p>Carer's living environment is suitable, posing no risk to the physical health and safety of the carer and cared for person</p>	<p>Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.</p> <p>Carer able to manage most aspects of caring and domestic role and responsibilities</p>	<p>Carer's living environment is unsuitable but poses no immediate risk.</p>	<p>Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.</p>	<p>Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person</p>
<p style="text-align: center;"><b>Employment and Training – Achieving/ Active/ Responsible?</b></p>	<p>Carer continues to access employment, education and training or chooses to remain at home in unpaid work and has no difficulty in managing caring and employment and/or education</p>	<p>Carer has some difficulty managing caring and employment, education and training. There is a small impact on sustaining employment and/or education in the long term</p> <p>Carer able to manage most aspects of family and work responsibilities</p>	<p>Carer has some difficulty managing caring and employment, education and training. There is a risk to sustaining employment and/or education in the medium term</p>	<p>The carer is missing employment/education and training and there is a risk of this ending in the near future</p> <p>Unable to manage many aspects of their caring, family or employment responsibilities</p>	<p>Carer is at significant risk or has had to give up employment/education/training</p>

<b>Finance Included?</b>	<p>Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities</p>	<p>Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities</p>	<p>Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities</p>	<p>Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities</p>	<p>Caring is causing severe financial hardship e.g. carer cannot afford household essentials and utilities, not meeting housing payments</p>
<b>Life balance Active/Responsible/Included?</b>	<p>Carer has regular opportunities to achieve the balance they want in their life.</p> <p>They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing</p>	<p>Carer has some opportunities to achieve the balance they want in their life.</p> <p>They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing</p>	<p>Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.</p> <p>They have access to a few breaks and activities which promote physical, mental, emotional wellbeing</p>	<p>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</p> <p>They have little access to breaks and activities which promote physical, mental, emotional wellbeing</p>	<p>Due to their caring role, the carer has no opportunities to achieve the balance they want in their life.</p> <p>They have no access to breaks and activities which promote physical, mental, emotional wellbeing</p>
<b>Future planning - Respected?</b>	<p>Carer is confident about the future and has no concerns</p>	<p>Carer is largely confident about the future but has minor concerns</p>	<p>Carer is not confident about the future and has some concerns</p>	<p>Carer is anxious about the future and has significant concerns</p>	<p>Carer is very anxious about the future and has severe concerns</p>

## Eligibility Criteria Threshold – Tiered Services



## Outcomes for Carers

### Link between Carer Outcomes and SHANARRI indicators.

This table identifies how the national outcomes for Carers link to the SHANARRI 8 indicators of Wellbeing which are used for all service users and will allow for performance reporting across service user groups.

The 8 SHANARRI indicators are: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included

<i>Carer Outcomes</i>	<i>SHANARRI Indicators</i>
<b><i>Health &amp; Wellbeing</i></b>	Healthy Active
<b><i>Living Environment</i></b>	Safe Nurtured
<b><i>Relationships</i></b>	Safe Healthy Nurtured
<b><i>Employment &amp; Training</i></b>	Active Achieving
<b><i>Finance</i></b>	Included
<b><i>Life Balance</i></b>	Active Achieving Respected
<b><i>Future Planning</i></b>	Respected Responsible Included

## **Appendix 2**

### **Carers (Scotland) Act 2016 Consultation with Carers**

#### **Carers Charter**

The Charter is intended to provide a summary of the rights of carers in a readily accessible and understandable format for adult and young carers. In September 2017 consultation with adult carers took place in a conversation café event at Your Voice, supported by Inverclyde Carers Centre and HSCP staff. Consultation with young carers took place at Barnardo's supported by HSCP staff. This engagement contributed to the HSCP response submitted to the Scottish Government.

The general consensus was that the Charter should contain an opening statement confirming its purpose; what carers can expect post-implementation around key elements of the Act and that it should be in an accessible, easy read format.

#### **Eligibility Criteria**

Initial consultation with carers around the Eligibility Criteria was launched on Carers Right's Day 24 November 2017.

In collaboration with Inverclyde Carers Centre and the Carers Council, we undertook a "you said", "we did" format to highlight comments from the previous year's event in relation to the Carers Bill and outlined the developments across Inverclyde during the year in preparation for the Act.

Carers Centre staff facilitated group discussion around the suite of indicators developed by the National Carer Organisations as the framework to inform the Eligibility Criteria.

Key questions:

- Are the categories clear and logical – do these make sense to carers?
- Does the narrative in each of the categories accurately describe the level of impact and risk to the carer?
- Please indicate whether there is any information you think should be added, removed or amended from the framework

Feedback was positive and the overall impression was that this was a fair way to determine the Eligibility Criteria for carers across Inverclyde. This forms the basis of the Draft Eligibility Criteria Policy.

#### **Short Breaks Statement**

In collaboration with Shared Care Scotland, Inverclyde Carers Centre commenced engagement with carers at their AGM in February 2018. The event was attended by 45 carers from across Inverclyde. The purpose was to support conversations with carers in recognising a wide range of opportunities and supports available, other than traditional respite, to enable a break from caring and deliver positive outcomes for both the carer and the person with care needs.

The general consensus was that when carers considered when they last had a short breaks, they still saw this as a traditional respite type model away from the cared for person. When people were asked "when did you have time for yourself", people were able to think more innovatively about what this meant. They had time to yourself, they could see that there could be a fairly traditional way but Carers discussed this consultation will be built on as we progress with the statement.

## Appendix 3

### Carers (Scotland) Act 2016 – Regulations and Guidance update

January 2018

#### Regulations

The following summary table provides an update on the status of the secondary legislation being prepared for Carers Act implementation.

Those statutory instruments yet to be made will be scheduled in time to take effect on 1 April 2018. The only exception to this is the regulations setting timescales for adult carer support plans and young carer statements for carers of terminally ill persons. A study is currently underway to inform the development of these regulations later in 2018.

<b>Scottish Statutory Instrument</b>	<b>Purpose</b>	<b>Status</b>
The Carers (Scotland) Act 2016 (Commencement No. 1) Regulations 2017	Brings into effect consequential amendments to update legal references in the Public Bodies (Joint Working) (Scotland) Act 2014.	Passed
The Carers (Scotland) Act 2016 (Commencement No. 2 and Savings Provision) Regulations 2017	Brings into effect remaining provisions of the Carers Act in time for local eligibility criteria to be set from 1 October 2017; and for guidance and regulations to be made before the main provisions of the Act to come into effect on 1 April 2018.	Passed
The Carers (Scotland) Act 2016 (Agreements of a Specified Kind) Regulations 2017	Ensures that a kinship carer agreement with a local authority does not exclude someone from being seen as a carer under the Act (as long they meet the other requirements of the definition).	Passed
The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017	Adds the responsibility for setting local eligibility criteria to the list of functions that must be delegated to Integrated Joint Boards.	Passed
The Carers (Scotland) Act 2016 (Prescribed Days) Regulations 2017	Sets 1 October 2017 as the start of the 6 month period for setting local eligibility criteria and sets the period for their first review at three years after publication.	Passed
The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017	Lists the remaining Local Authority functions under the Act that must be delegated to Integrated Joint Boards.	Passed
The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017	Lists further Health Board functions under the Act that may be delegated to Integrated Joint Boards.	Passed

The Carers (Scotland) Act 2016 (Review of Adult Carer Support Plans and Young Carer Statements) Regulations 2018	To set out those circumstances which must always lead to a review of Adult Carer Support Plans and Young Carer Statements.	Being developed.	2 or 19 February t.b.c.
The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2018	To require certain information to be included in short breaks services statements, and to set out when and how the statements are to be published and reviewed.	Being developed.	2 or 19 February t.b.c.
The Carers (Scotland) Act 2016 (Transitional Provisions) Regulations 2018	To set out how the duties under the Carers Act should apply to carers already assessed and receiving support.	Being developed.	2 or 19 February t.b.c.
The Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018	Technical - To update the legal references in the Carers (Waiving of charges for support) (Scotland) Regulations 2014 to take account of the Carers Act.	Being developed.	2 or 19 February t.b.c.
The Self-directed Support (Direct Payments) (Scotland) Amendment Regulations 2018	Technical - To update the legal references in the Self Directed Support (Direct Payments) (Scotland) Regulations 2014 to take account of the Carers Act.	Being developed.	2 or 19 February t.b.c.
<i>Carers of terminally ill person's regulations.</i>	To set timescales for the preparation of adult carer support plans and young carer statements for carers of terminally ill persons.	To be developed.	Late 2018.

## **Guidance**

A near final draft of the full guidance package was circulated at the end of December. The contents are as follows.

### ***Introduction***

#### ***Part 1: Key Definitions***

*Chapter 1: Meaning of “carer”, “young carer” and “adult care”*

#### ***Part 2: Adult Carer Support Plans and Young Carer Statements***

*Chapter 1 – Adult Carer Support Plans*

*Chapter 2 – Young Carer Statements*

#### ***Part 3: Provision of support to carers***

*Chapter 1 – Local Eligibility Criteria – Existing Statutory Guidance*

*Chapter 2 – Duty to provide support to carers*

*Chapter 3 – Waiving of Charges & Replacement Care*

#### ***Part 4: Carer involvement***

*Chapter 1 – Carer Involvement in Services and Service Planning*

*Chapter 2 – Carer Involvement in Hospital Discharge*

#### ***Part 5: Local Carer Strategies***

*Chapter 1 – Local Carer Strategies*

#### ***Part 6: Information and advice for carers, including short breaks services statements***

*Chapter 1 – Information and Advice for carers*

*Chapter 2 – Short Breaks Services Statement*

#### ***Part 7: Delegation of functions***

### ***Glossary***

### ***Annexes***

*Annex A – Support to carer or cared-for person*

*Annex B – Carers who are also service users (adults or children with support needs)*

*Annex C – Short Breaks – definition by Shared Care Scotland*

*Annex D – Carer Identification*

As noted at the time, the draft guidance is still subject to editing but we have circulated the draft to enable local organisations to prepare for implementation of the remaining provisions of the Act from April.

The draft does not include guidance on **transitional provisions** but we intend to circulate that separately when the regulations are finalised, most likely early February or late January.

The guidance needs to include advice on regulations, including those which are not scheduled to have passed through Parliament until March. Therefore it cannot be finalised and published as ‘statutory guidance’ until that time.

Statutory guidance on the duty to set **local eligibility criteria** issued in November 2017. This guidance will not be amended further while initial local eligibility criteria are being set between now and 1 April 2018. After that date, the intention is to incorporate local eligibility criteria guidance into the main Carers Act guidance package so that it can be used when reviewing and revising local eligibility criteria under section 22.



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 March 2018</b>
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/15/20 18/LA</b>
<b>Contact Officer:</b>	<b>Lesley Aird</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>INDICATIVE INVERCLYDE IJB BUDGET 2018/19</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to agree an indicative budget for the Inverclyde Integration Joint Board (IJB) for 2018/19 in line with the Strategic Plan.

## **2.0 SUMMARY**

- 2.1 Inverclyde Council will set their 2018/19 budget on 15 March and then confirm a proposed funding allocation for this IJB for the year. Greater Glasgow & Clyde Health Board will also confirm our proposed funding allocation for 2018/19 by 31 March 2018. This is therefore an indicative budget based on latest updates and discussions with Council and Health Board officers. This will be kept under review until such time as the final budget pressures and funding settlements are formalised.
- 2.2 There are cost pressures within both the Social Care and Health services which are detailed in this report. A proposed 2018/19 savings programme, detailed in this report, is designed to cover the anticipated cost pressures, funding changes and resulting funding gap which currently totals £2.657m (£2m social care, £0.657m health). It should be noted that the Council has approved some of the enclosed Social Care savings but the majority are awaiting Council approval so the final total for Social Care may change. In addition the Council has agreed a one off contribution of £0.5m to the IJB in 2018/19 to create a smoothing reserve for pressures arising from changes to the requirements of Continuing Care for young people.
- 2.3 Full year savings have been identified to meet the anticipated gap and these are detailed in this report. The expected timing of delivery of some of these savings leaves an in year anticipated cash shortfall; relating part year delivery of these proposals equates to £0.068m which would require to be funded through either early delivery of other efficiencies or on a non-recurring basis in year.
- 2.4 Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. There are ongoing discussions about the future shape of Mental Health Services outlines in the 5 Year Mental Health Strategy. The service has successfully reduced the value of this budget pressure significantly since the IJB was formed but the underlying pressure is still around £0.750m. This budget proposes to recurrently resolve £0.250m of this with the remainder being funded, as in previous years, non-

recurringly from planned revenue underspends on other Health budgets until the 5 year Mental Health Strategy work across GG&C has concluded. This will remain an area of financial risk for the IJB until it is resolved and will be monitored closely until that time.

- 2.5 The proposed Set Aside budget for 2018/19 is £16.439m which is in line with the 2017/18 indicative budget. The indicative budget for net hosted services is expected to be £5.919m. This will be confirmed later in the year once all IJB budgets for these services have been finalised.
- 2.6 Any in year over/underspends will be funded from/carried forward into IJB reserves.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the contents of this report;
  2. Notes the anticipated funding of £46.404m from Inverclyde Council plus the additional one off £0.5m for Continuing Care for young people and coverage for other cost pressures around pay award, living wage and other non pay inflation once these costs are confirmed;
  3. Notes the anticipated funding of £105.260m from Greater Glasgow & Clyde (GG&C) Health Board;
  4. Give the Chief Officer delegated authority to accept the formal funding offers from the Council and Health Board once received provided they are broadly in line with these indicative figures;
  5. Subject to the Council decisions on 15 March, approves the final proposed Social Care and Health savings, drafts of which are enclosed at Appendices 4 and 7 and notes the temporary funding required for the £0.068m anticipated timing delay in delivery of some of these savings;
  6. Notes the ongoing discussions and continued budget risk around Mental Health Inpatients;
  7. Agrees indicative net revenue budgets of £46.404m to Inverclyde Council and £82.902m, excluding the “set aside” and net hosted budgets to NHS Greater Glasgow and Clyde and direct that this funding is spent in line with the Strategic Plan;
  8. Authorises officers to issue related Directions to the Health Board and Council;
  9. Notes the previously agreed use of the Social Care funding for 2018/19;
  10. Notes and approves the proposals relating to the creation of and/or use of reserves at the yearend, and
  11. Notes the ongoing work in relation to the “set aside” budget and hosted services.

**Louise Long**  
**Chief Officer**

**Lesley Aird**  
**Chief Financial Officer**

## 4.0 BACKGROUND

- 4.1 From 1 April 2016, the Health Board and Council delegated functions and are making allocations to the IJB in respect of those functions as set out in the integration scheme. The Health Board also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB makes decisions on integrated services based on the strategic plan and the budget delegated to it. Now that the resources to be delegated have been proposed, the IJB can set a 2018/19 budget, give directions and allocate budget where relevant to the Health Board and Local Authority for delivery of the services in line with the Strategic Plan.
- 4.3 This is an indicative budget which will be kept under review until such time as the final budget pressures and non-recurring settlements are formalised.

## 5.0 REVENUE FUNDING ALLOCATION FROM INVERCLYDE COUNCIL AND PROPOSED SAVINGS FOR SOCIAL CARE FOR 2018/19

- 5.1 On 15 March 2018, the Council will agree its budget for 2018/19. Included within this, the Council is expected to agree at least £46.404m to be designated as the Council's contribution to the IJB in line with the Integration Scheme plus coverage for other cost pressures around pay award, living wage and other non-pay inflation once these costs are confirmed. The estimated cost in 2018/19 of providing these services, excluding the above items, is £46.404m.
- 5.2 There are a number of cost pressures in Social Care some of which are not yet confirmed. Inverclyde Council have agreed to fund these in full on behalf of the IJB. Some of that funding will come from Inverclyde's share of the £66m that the Scottish Government has given to local authorities for Social Care pressures. Social Care pressures for 2018/19 are detailed below:

Social Care Budget Pressures	£m
Pay Award, Living Wage, NCHC	IC expected to fund cost tbc
Sleepovers	0.110
Carers Act	0.323
Auto Enrolment	0.165
Other	0.053
LD - demographic	0.292
OP - demographic	0.146
OP - Ethical Care	0.072
C&F Continuing Care	0.200
<b>SOCIAL CARE BUDGET PRESSURES</b>	<b>1.361</b>

In addition Inverclyde Council has agreed to provide £0.5m as a one off payment to an Earmarked Reserve for Children & Families for Continuing Care costs.

- 5.3 Final social care savings proposals will be based on the outcome of the Council meeting 15 March when the IJB funding and resultant social care savings required will be confirmed. Proposed savings against Social Care for 2018/19 at this stage total £2.000m as summarised in the table below and detailed in Appendix 4. It is anticipated that the Council may not require this level of budget reduction from the IJB, however, that will not be confirmed until after the Council meeting on March 15. In the meantime this paper explores the maximum level of savings and efficiencies expected to be required from the IJB for social care.

<b>Savings Description</b>	<b>2018/19 £m</b>	<b>FTE</b>
Public Consultation (including Income Growth proposals)	0.458	6.0
Efficiencies	0.877	4.7
Service Redesigns	0.665	9.5
<b>SAVINGS PROPOSALS TOTALs</b>	<b>2.000</b>	<b>20.2</b>

<b>Service</b>	<b>Social Care Savings £m</b>	<b>Social Care FTE</b>
Mental Health	0.280	1.0
Children & Families	0.313	0.0
Health & Community Care	0.798	8.5
Strategy & Support Services	0.261	6.0
Other	0.348	4.6
<b>TOTAL Savings</b>	<b>2.000</b>	<b>20.1</b>

- 5.4 The proposed budget for Social Care services based on the above is £46.404m plus coverage for other cost pressures around pay award, living wage and other non pay inflation once these costs are confirmed. It is anticipated that the final savings package, once agreed will be delivered in full.

- 5.5 The net budget direction to the Council may be updated during the year.

## **6.0 REVENUE FUNDING ALLOCATION FROM GREATER GLASGOW & CLYDE (GG&C) HEALTH BOARD AND PROPOSED SAVINGS FOR HEALTH FOR 2018/19**

- 6.1 The Health Board will confirm its proposed 2018/19 funding offer by 31 March 2018. In the interim officers have issued indicative funding guidance. The Inverclyde funding for 2018/19 is expected to be £105.260m, including Set Aside and hosted budgets. Health funding was uplifted by 1.5% and this uplift is expected to be passed across to the IJBs which will help reduce the overall anticipated budget pressure on health.

6.2 Health anticipated cost pressures and funding changes are detailed below:

Health Budget Pressures	£m
Pay Award	0.582
Mental Health Inpatients	0.250
Prescribing	1.080
General Inflation	0.045
<b>CONFIRMED BUDGET PRESSURES TOTAL</b>	<b>1.957</b>
Anticipated funding increases	1.300
<b>FUNDING GAP</b>	<b>0.657</b>

6.3 Proposed savings against Health for 2018/19 total £0.657m to cover the anticipated cost pressures of £0.657m in 6.3 above. The Part Year cash delivery against these savings is expected to be £0.590m, leaving an in year cash shortfall of £0.068m. Further work is ongoing to review the timing of delivery of the savings and the final value of the budget pressures. It is hoped that there might be some reduction in the overall level of budget pressure for Prescribing through additional efficiency measures put in place by the GG&C Prescribing Group. Any movement in this would help cover the part year savings impact. The anticipated full year impact of the health savings proposals is summarised by service area in the table below and detailed in Appendix 7.

Service	Health Savings £m	Health WTE
Mental Health & Addictions	0.157	4.8
Children & Families	0.127	3.5
Health & Community Care	0.172	0.7
Strategy & Support Services	0.045	2.0
Other	0.156	0.0
<b>TOTAL Savings</b>	<b>0.657</b>	<b>11.0</b>

6.4 The “set aside” budget for large hospital services is expected to be £16.439m for 2018/19 (£16.439m 2017/18). The net hosted services budget is indicatively £5.919m (£5.919m 2017/18).

6.5 The anticipated Prescribing uplift for 2018/19 is by far the biggest cost pressure for the Inverclyde IJB. This is in line with other IJBs across Scotland. The pressure assumes:

- prescribing volumes stay relatively consistent with the current year
- anticipated inflation on drug prices
- ongoing issues around drug prices relating to short supply
- a number of prescribing efficiencies are delivered by the prescribing team
- further work to increase the value of prescribing efficiencies deliverable in 2018/19 is taking place. The value attached to this is not known at this time but any improvement will be used to cover the in year cash impact of other savings not delivered in full

For 2017/18 a risk sharing arrangement was in place which allowed any overspends in one partnership to be offset by underspends in others with GG&C underwriting the full budget. This risk sharing agreement was unique across Scotland and will not continue into 2018/19. This presents a significant risk to all IJBs which will require careful in year monitoring.

## 6.6 Mental Health Inpatients

Mental Health Inpatients has been a risk area within the IJB budget since the IJB was formed. The IJB inherited a £1.2m budget pressure around this area which had been funded non-recurringly since the IJB was established. Staff within this area have succeeded in bringing the underlying budget pressure down to around £0.750m during 2017/18 but it remains a budget pressure and risk for the IJB. The remaining budget pressure is primarily linked to unfunded enhanced observations and additional costs of covering medical vacancies through the difficulty of recruiting to these posts in Inverclyde.

6.7 There are ongoing discussions around the 5 Year Mental Health Strategy which is a GG&C wide exercise. This may change the way Inpatient services are delivered and funded locally. On this basis, it is proposed that the balance of the underlying cost pressure of £0.5m be covered non-recurringly again from planned underspends in other Health revenue budgets during 2018/19 until this piece of work is concluded. This will remain an area of financial risk for the IJB until it is resolved and will be monitored closely until that time. These proposals are expected to meet the Scottish Government requirement to ensure that Mental Health budgets are increased by at least the proportionate share of the new £17m funding.

6.8 The proposed budget for Health services based on the above is £105.260m. Progress in respect of savings delivery will be monitored and reported to the IJB throughout the coming year.

6.9 The net budget direction to the Health Board may be updated during the year.

## 7.0 RESERVES

7.1 As per the Financial Monitoring reports issued throughout the year, any over/under spends in the final 2017/18 outturn will be offset against or added to reserves too. An updated reserves position will be brought to future IJB meetings through the Revenue Monitoring reports. Appendix 9 details the proposed carry forward to earmarked reserves.

## 8.0 IMPLICATIONS

### 8.1 FINANCE

The IJB is being asked to set an indicative 2018/19 budget at this stage in line with the recommendations above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

## LEGAL

8.2 There are no specific legal implications arising from this report.

**HUMAN RESOURCES**

8.3 There are no specific human resources implications arising from this report.

**EQUALITIES**

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

**8.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no clinical or care governance issues within this report.

**8.6 NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None

People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Development of a robust budget and effective budget management can ensure that resources are used effectively

## 9.0 CONSULTATION

- 9.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

## 10.0 BACKGROUND PAPERS

- 10.1 None.



## **IJB PROPOSED BUDGET 2018/19**

### **FINANCIAL APPENDICES - A**

A1	Summary Budget
A2	Social Care Budget
A3	Social Care Pressures
A4	Social Care Savings
A5	Health Budget
A6	Health Pressures
A7	Health Savings
A8	Directions
A9	Earmarked Reserves

**INVERCLYDE HSCP****INDICATIVE REVENUE BUDGET 2018/19**

<b>SUBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2018/19 £000
Employee Costs	48,557	997	(1,205)	48,349
Property Costs	1,176	0	0	1,176
Supplies & Services, Transport, Admin & PTOB	45,736	1,241	(945)	46,032
Family Health Services (net)	21,686			21,686
Prescribing (net)	17,888	1,080	0	18,968
Income	(6,398)	0	(507)	(6,905)
Set Aside	16,439	0	0	16,439
Hosted Services	5,919	0	0	5,919
	<b>151,003</b>	<b>3,318</b>	<b>(2,657)</b>	<b>151,664</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2018/19 £000
Strategy & Support Services	2,644	0	(45)	2,599
Older Persons	27,032	651	(634)	27,049
Learning Disabilities	10,709	292	(171)	10,830
Mental Health - Communities	6,487	0	(409)	6,078
Mental Health - Inpatient Services	8,102	250	(10)	8,342
Children & Families	13,013	200	(438)	12,776
Physical & Sensory	2,810	0	0	2,810
Addiction / Substance Misuse	3,507	0	(10)	3,497
Assessment & Care Management / Health & Community	7,676	0	(41)	7,636
Support / Management / Admin	4,853	0	(417)	4,436
Criminal Justice / Prison Service **	0	0	0	0
Homelessness	789	0	(35)	754
Family Health Services	21,686	0	0	21,686
Prescribing	18,105	1,080	0	19,185
Change Fund	1,233	0	(100)	1,133
Unallocated Funds	0	845	(348)	497
<b>HSCP NET EXPENDITURE (DIRECT SPEND)</b>	<b>128,645</b>	<b>3,318</b>	<b>(2,657)</b>	<b>129,306</b>
Set Aside	16,439	0	0	16,439
Hosted Services	5,919	0	0	5,919
<b>HSCP NET EXPENDITURE</b>	<b>151,003</b>	<b>3,318</b>	<b>(2,657)</b>	<b>151,664</b>

\*\* Fully funded from external income hence nil bottom line position.

<b>PARTNERSHIP FUNDING/SPEND ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2018/19 £000
NHS Contribution to the IJB	103,960	1,300	0	105,260
Council Contribution to the IJB	47,043	1,361	(2,000)	46,404
<b>HSCP NET INCOME</b>	<b>151,003</b>	<b>2,661</b>	<b>(2,000)</b>	<b>151,664</b>
NHS Expenditure on behalf of the IJB	103,960	1,957	(657)	105,260
Council Expenditure on behalf of the IJB	47,043	1,361	(2,000)	46,404
<b>HSCP NET EXPENDITURE</b>	<b>151,003</b>	<b>3,318</b>	<b>(2,657)</b>	<b>151,664</b>

<b>HSCP SURPLUS/(DEFICIT)</b>	<b>(0)</b>	<b>(657)</b>	<b>657</b>	<b>(0)</b>
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Council one off Funding for Continue Care for young people				500
<b>TOTAL Anticipated Council contribution for 2018/19</b>				<b>46,904</b>

**SOCIAL WORK****INDICATIVE REVENUE BUDGET 2018/19**

<b>SUBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2018/19 £000
<b>SOCIAL WORK</b>				
Employee Costs	26,619	165	(804)	25,980
Property costs	1,171			1,171
Supplies and Services	842			842
Transport and Plant	380			380
Administration Costs	772			772
Payments to Other Bodies	37,937	1,196	(845)	38,288
Resource Transfer	(15,739)			(15,739)
Income	(4,939)		(351)	(5,290)
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>47,043</b>	<b>1,361</b>	<b>(2,000)</b>	<b>46,404</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2018/19 £000
<b>SOCIAL WORK</b>				
Strategy & Support Services	1,914			1,914
Older Persons	27,032	651	(634)	27,049
Learning Disabilities	10,223	292	(139)	10,376
Mental Health	3,246		(262)	2,984
Children & Families	10,403	200	(311)	10,292
Physical & Sensory	2,810			2,810
Addiction / Substance Misuse	1,672		(10)	1,662
Business Support	2,929		(261)	2,668
Assessment & Care Management	1,764			1,764
Criminal Justice / Scottish Prison Service	0			0
Change Fund	0			0
Homelessness	789		(35)	754
Resource Transfer	(15,739)			(15,739)
Unallocated Budget Changes		218	(348)	(130)
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>47,043</b>	<b>1,361</b>	<b>(2,000)</b>	<b>46,404</b>

<b>COUNCIL CONTRIBUTION TO THE IJB</b>	Budget 2017/18 £000	Other Budget Movements/ Pressures £000	Proposed Savings £000	Proposed Budget 2018/19 £000
<b>Council Contribution to the IJB</b>	<b>47,043</b>	<b>1,361</b>	<b>(2,000)</b>	<b>46,404</b>

**INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP****APPENDIX A3****Social Care Anticipated Budget Pressures**

Description	2018/19 £000
Pay Award	IC to fund once amount confirmed
Living Wage & NCHC Changes	
Sleepovers	110
Carers Act	323
PensionsAuto Enrolment	165
Other	53
Learning Disabilities - demographic pressures	292
Older People - demographic pressures	146
Older People - Ethical Care	72
Children & Families Continuing Care	200
<b>Total Estimated Social Care Budget Pressures</b>	<b>1,361</b>

In addition the Council has agreed to a £500k one off contribution to the IJB to meet the potential costs arising from the impact of Continuing Care for your people. In addition, depending on the decisions around savings or use of Reserves, other sums could be allocated. Final decisions will be made in respect of this funding by the Council on 15 March

**INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**

**APPENDIX A4**

<b>Proposals Awaiting Council Decision</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>	<b>FTE</b>
<b>PUBLIC CONSULTATION PROPOSALS</b>			
Income Growth through Charging	0.248	0.084	0.0
Redesign of Advice Services Team	0.210	0.000	6.0
	<b>0.458</b>	<b>0.084</b>	<b>6.0</b>
<b>Proposals Already Approved By Council</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>	<b>FTE</b>
<b>EFFICIENCIES</b>			
WRVS - Meals on Wheels Historic Underspend	0.045	0.000	0.0
Fostering/Adoption/Kinship - Underspend and Smoothing Reserve	0.195	0.000	0.0
Client Treatment - Historic Underspend	0.002	0.000	0.0
ASN Respite - Historic Underspend	0.028	0.000	0.0
Housing Support - Historic Underspend	0.027	0.000	0.0
Older Persons Respite - Fund from new funding stream	0.016	0.000	0.0
Dementia Strategy - Fund post from Resource Transfer	0.038	0.000	0.0
Sundry Minor Proposals	0.247	0.000	0.1
Management Restructure	0.155	0.000	4.6
Turnover Savings	0.193	0.000	0.0
	<b>0.946</b>	<b>0.000</b>	<b>4.7</b>
<b>Proposals Awaiting Council Decision</b>	<b>2018/19 £m</b>	<b>2019/20 £m</b>	<b>FTE</b>
<b>SERVICE REDESIGNS</b>			
Housing Warden Service	0.035	0.058	0.0
Long Term Care Placements	0.250	0.278	0.0
Learning Disabilities	0.139	0.361	8.5
Mental Health & Addictions Redesign	0.162	0.000	0.0
Addictions Review	0.010	0.000	1.0
	<b>0.596</b>	<b>0.697</b>	<b>9.5</b>
<b>TOTAL</b>	<b>2.000</b>	<b>0.781</b>	<b>20.2</b>

**HEALTH****INDICATIVE REVENUE BUDGET 2018/19**

<b>SUBJECTIVE ANALYSIS</b>	<b>Budget 2017/18 £000</b>	<b>Other Budget Movements/ Pressures £000</b>	<b>Proposed Savings £000</b>	<b>Proposed Budget 2018/19 £000</b>
<b>HEALTH</b>				
Employee Costs	21,938	832	(401)	22,369
Property	5			5
Supplies & Services	5,805	45	(100)	5,750
Family Health Services (net)	21,686			21,686
Prescribing (net)	17,888	1,080		18,968
Resource Transfer	15,739			15,739
Income	(1,459)		(156)	(1,615)
<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>81,602</b>	<b>1,957</b>	<b>(657)</b>	<b>82,902</b>
Set Aside	16,439			16,439
Net Hosted Services	5,919			5,919
<b>HEALTH NET EXPENDITURE</b>	<b>103,960</b>	<b>1,957</b>	<b>(657)</b>	<b>105,260</b>

<b>OBJECTIVE ANALYSIS</b>	<b>Budget 2017/18 £000</b>	<b>Other Budget Movements/ Pressures £000</b>	<b>Proposed Savings £000</b>	<b>Proposed Budget 2018/19 £000</b>
<b>HEALTH</b>				
Children & Families	2,610		(127)	2,483
Health & Community Care	5,912		(41)	5,872
Management & Admin	1,924		(156)	1,768
Learning Disabilities	486		(32)	454
Addictions	1,835			1,835
Mental Health - Communities	3,241		(147)	3,094
Mental Health - Inpatient Services	8,102	250	(10)	8,342
Strategy & Support Services	730		(45)	685
Change Fund	1,233		(100)	1,133
Family Health Services	21,686			21,686
Prescribing	18,105	1,080		19,185
Unallocated Funds/(Savings)	0	627		627
Resource Transfer	15,739			15,739
<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>81,602</b>	<b>1,957</b>	<b>(657)</b>	<b>82,902</b>
Set Aside	16,439			16,439
Net Hosted Services	5,919			5,919
<b>HEALTH NET EXPENDITURE</b>	<b>103,960</b>	<b>1,957</b>	<b>(657)</b>	<b>105,260</b>

<b>HEALTH CONTRIBUTION TO THE IJB</b>	<b>Budget 2017/18 £000</b>	<b>Other Budget Movements/ Pressures £000</b>	<b>Proposed Savings £000</b>	<b>Proposed Budget 2018/19 £000</b>
<b>NHS Contribution to the IJB</b>	<b>103,960</b>	<b>1,300</b>		<b>105,260</b>



**INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP**  
**Proposed Health Savings 2018/19**

**APPENDIX A7**

Ref	HOS	Team	Generic Saving Description	Saving Description Detailed	Service Impact	Saving Deliverability	WTE	PY Budget 2018/19	FY Budget 2018/19	Expected delivery date
H19-001	Mental Health	MH Inpatients	AHP - Reduction of OT posts within Adult Inpatients.	Reduction of 0.2wte Band 6 on return from mat leave, reduction of 0.04wte band 5.	G	G	0.24	10,400	10,400	01/04/18
H19-002	Mental Health	Elderly Community	Restructure of Team Lead post within Elderly Psych Nursing.	Remove 0.8wte B6 nursing post, replace vacant 1wte Band 7 Nurse within Elderly Psych Nursing with 0.8wte	G	G	1.00	46,600	46,600	01/04/18
H19-003	Mental Health	Adult Community	Removal of vacant posts.	These vacancies resulted in reduction of hours by two staff.	G	G	0.60	23,500	23,500	01/04/18
H19-004	Mental Health	Adult Community	Reduce Support workers within CMHT	Review linked with 5 year MH Strategy.	G	A	3.00	51,000	76,500	31/07/18
H19-005	Children's Services	Specialist	Review of Speech & Language Therapy Service	Post holder retiring propose to replace on reduced hours and grade	G	G	0.46	12,833	14,000	01/05/18
H19-006	Children's Services	Specialist	Review of Specialist Childrens Services Admin	Service was redesigned 2016. Linked to planned reduction in clinical staff. No clear plan on how this would be achieved. Team all fully utilised at present. May be able to reduce hours when someone leaves	G	A	0.25	5,300	8,000	31/07/18
H19-007	Children's Services	Community	Reduction in Childsmile service	Reduction in Childsmile service - reduce by 1wte Band 3 post.	G	A	1.00	17,700	26,550	31/07/18
H19-008	Children's Services	Community	Review of all C&F Support Workers	Reduction of 0.71wte Band 3 post	G	A	0.71	11,500	17,200	31/07/18
H19-009	Children's Services	Community	Review of School Nursing Services	Reduction in School Nursing Services - linked to whole system project - in Inverclyde 1 WTE already vacant would not be backfilled plus 0.3WTE transferred to another team - would not backfill	G	G	1.30	61,000	61,000	01/04/18
H19-010	Health & Community Servs	Community	Review of Speech & Language Therapy Service	Reduction of 0.55wte Band 7 post	G	A	0.55	27,000	40,500	31/07/18
H19-011	Health & Community Servs	ICF	Top slice Integrated Care Fund Funding	Saving agreed with multi agency ICF Partnership Board and in line with previous years' actions. One temp post now vacant to be removed	G	G	1.00	100,000	100,000	01/04/18
H19-012	Health & Community Servs	Learning Disabilities	Relocate LD Allied Health Professionals to RehabTeam	Would result in reducing by 0.7wte Band 6.	G	A	0.70	21,300	32,000	31/07/18
H19-013	Strategy & Support Services	PHI	Remove vacant post from Health Improvement Team	This would result in removal of 1wte Band 6	G	G	1.00	45,100	45,100	01/04/18
H19-014	Management	Management	Additional income	Additional external income has now been agreed for services already funded by IJB	G	G	0.00	133,000	133,000	01/04/18
H19-015	Management	Management	Additional income	Reduced costs of Clinical & Care governance post now 50% funded by another HSCP	G	G	0.00	22,600	22,600	01/04/18
<b>TOTAL</b>							<b>11.8</b>	<b>588,833</b>	<b>656,950</b>	

Full Year Anticipated Budget Gap						656,950
Part Year Anticipated Funding Gap						68,117
						PY Impact 18/19
	G	A	R	G	A	
Service Impact RAG Totals	15	0	0	656,950	0	
Saving Deliverability Rag Totals	9	6	0	588,833	68,117	



**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)  
(SCOTLAND) ACT 2014

**THE INVERCLYDE COUNCIL** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2018/19 £000
<b>SOCIAL WORK</b>	
Employee Costs	25,980
Property costs	1,171
Supplies and Services	842
Transport and Plant	380
Administration Costs	772
Payments to Other Bodies	38,288
Income (incl Resource Transfer)	(21,029)
Unallocated Funds	0
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>46,404</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2018/19 £000
<b>SOCIAL WORK</b>	
Strategy & Support Services	1,914
Older Persons	27,049
Learning Disabilities	10,376
Mental Health	2,984
Children & Families	10,292
Physical & Sensory	2,810
Addiction / Substance Misuse	1,662
Business Support	2,668
Assessment & Care Management	1,764
Criminal Justice / Scottish Prison Service	0
Change Fund	0
Homelessness	754
Unallocated Budget Changes	(130)
Resource Transfer	(15,739)
<b>SOCIAL WORK NET EXPENDITURE</b>	<b>46,404</b>

This direction is effective from 20 March 2018

**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)  
(SCOTLAND) ACT 2014

**GREATER GLASGOW & CLYDE NHS HEALTH BOARD** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>		<b>OBJECTIVE ANALYSIS</b>		Budget 2018/19 £000
<b>HEALTH</b>		<b>HEALTH</b>		
Employee Costs	22,369	Children & Families		2,483
Property costs	5	Health & Community Care		5,872
Supplies and Services	5,750	Management & Admin		1,768
Transport and Plant	21,686	Learning Disabilities		454
Administration Costs	18,968	Addictions		1,835
Payments to Other Bodies	15,739	Mental Health - Communities		3,094
Income	(1,615)	Mental Health - Inpatient Services		8,342
<b>HEALTH DIRECT NET EXPENDITURE</b>	<b>82,902</b>	Strategy & Support Services		685
Set Aside	16,439	Change Fund		1,133
Hosted Services (net)	5,919	Family Health Services		21,686
<b>HEALTH NET EXPENDITURE</b>	<b>105,260</b>	Prescribing		19,185
		Unallocated Funds/(Savings)		627
		Resource Transfer		15,739
		<b>HEALTH DIRECT NET EXPENDITURE</b>		<b>82,902</b>
		Set Aside		16,439
		Net Hosted Services		5,919
		<b>HEALTH DIRECT NET EXPENDITURE</b>		<b>105,260</b>

This direction is effective from 20 March 2018

**EARMARKED RESERVES  
INVERCLYDE HSCP**

**APPENDIX A9**

Project	<u>Total</u> <b>Earmarked Reserves</b> <u>C/Fwd into 2018/19</u> <u>£000</u>
Self Directed Support	43
Growth Fund - Loan Default Write Off	25
Veterans Officer Funding	15
Welfare Reform - CHCP	22
Transport Development Officer	46
Swift Replacement Programme	76
LD - Integrated Team Leader	67
John Street	0
New Ways	235
Funding to cover timing delay in delivery of 17/18 savings	220
Residential & Nursing Placements	250
C&F Adoption, Fostering Residential Budget Smoothing	905
Transformation Fund	316
LD & Care Management Transformation Fund	314
	<b>2,534</b>

In addition the Council has agreed to a £500k one off contribution to the IJB to create a smoothing reserve to meet the potential costs arising from the impact of Continuing Care for your people. In addition, depending on the decisions around savings or use of Reserves, other sums could be allocated. Final decisions will be made in respect of this funding by the Council on 15 March

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**Report To:** Inverclyde Integration Joint Board      **Date:** 20 March 2018

**Report By:** Louise Long      **Report No:** IJB/14/2018/LA  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership

**Contact Officer:** Lesley Aird      **Contact No:** 01475 715381  
Chief Financial Officer

**Subject:** FINANCIAL MONITORING REPORT 2017/18 – PERIOD TO 31  
DECEMBER 2017, PERIOD 9

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 9 to 31 December 2017.

## **2.0 SUMMARY**

- 2.1 This report outlines the financial position at Period 9 to end December 2017. The current year end operating projection for the Partnership is a projected underspend of £0.249m. This is made up of a forecast £0.249m underspend on Social Work and a forecast breakeven on Health Services, assuming £0.332m of non-recurring funding from IJB Reserves linked to the delayed delivery of in year savings. In addition the IJB is expected to utilise a net £1.646m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and under spends.
- 2.2 The Social Work revised budget is £47.043m. There is a projected underspend of £0.249m. The main elements of the underspend are detailed within this report and attached appendices:
- 2.3 While Health services are currently projected to be in line with the overall Health budget there are some issues to note:
- Savings Delivery  
The part year effect of the 2017/18 savings means that up to £0.332m of the proposed savings to deliver the targeted full year savings will be funded on a non-recurring basis by IJB Earmarked Reserves.
  - Mental Health Inpatients  
As per previous reports, there is still an ongoing, inherited budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work is ongoing to address this budget pressure for the current and future years and one off reductions are being made in other areas to offset the overall budget pressure and ensure the budget is in balance overall.

- 2.4 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate projected budget pressures within Social Care and MH Inpatients and keep the overall IJB budget in balance for the remainder of the year. It is proposed that any overspend in 2017/18 would be funded by the IJB through Reserves and any overall underspend will be carried to General Reserves.
- 2.5 The report outlines the current projected spend for the Social Care Fund, Integrated Care Fund and Delayed Discharges money.
- 2.6 The IJB has no capital budget. The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.657m for 2017/18 with an actual spend to end December of £0.839m. There is projected slippage of £0.703m on the Crosshill children's home replacement due to delays in the Neil Street children's home replacement project and £0.012m slippage in relation to John Street.
- 2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2017/18 was £3.960m, during the year a further £1.941m has been received in year for Integrated Care Fund, Delayed Discharges and other services. To date at Period 9, £1.496m has been spent.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the Period 9 position for 2017/18 (Appendices 1-3);
  2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
  3. Notes the previously agreed use of the Social Care Fund in 2017/18 (Appendix 6);
  4. Notes the current position for the Integrated Care Fund and Delayed Discharge monies (Appendix 7);
  5. Notes the current capital position (Appendix 8);
  6. Notes the current Earmarked Reserves position (Appendix 9).

**Louise Long**  
**Corporate Director (Chief Officer)**

**Lesley Aird**  
**Chief Financial Officer**

## 4.0 BACKGROUND

4.1 From 1 April 2016, the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also “set aside” an amount in respect of large hospital functions covered by the integration scheme.

4.2 The IJB Budget for 2017/18 was set on 12 September 2017. The Social Care Fund was previously shown as a separate funding line. This has now been incorporated into the Resource Transfer totals. This has no impact on the overall bottom line and is a presentational change only. The table below summarises the agreed budget and funding together with the projected operating outturn at 31 December:

	Revised Budget 2017/18 £000	Projected O/Turn @ 31/12 £000	Projected Over/(Under) Spend £000
Social Work Services	47,044	46,795	(249)
Health Services	101,990	101,990	0
<b>HSCP NET EXPENDITURE</b>	<b>149,034</b>	<b>148,785</b>	<b>(249)</b>
<b>FUNDED BY</b>			
Transfer from / (to) Reserves	0	(249)	(249)
NHS Contribution to the IJB	101,990	101,990	0
Council Contribution to the IJB	47,044	47,341	0
<b>HSCP NET INCOME</b>	<b>149,034</b>	<b>148,785</b>	<b>(249)</b>
<b>HSCP OPERATING SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>
Planned Use of Reserves	(1,646)	(1,646)	0
<b>Annual Accounts CIES position</b>	<b>(1,646)</b>	<b>(1,646)</b>	<b>0</b>

## 5.0 SOCIAL WORK SERVICES

5.1 The Social Work services revised budget after virements and budget adjustments is £49,043m. The projected outturn at 31 December 2017 is a £0.249m underspend.

5.2 The Social Work budget includes an in year savings target of £0.630m, of which the majority has already been delivered. It is anticipated that this will be delivered in full during the year.

Appendix 2 contains details of the Social Work outturn position. The main variances are detailed below with further detail provided in Appendix 2A.

Underspends due to:

- Vacancies in internal homecare of £268,000, which are partially offsetting the increased costs of external homecare below,
- Vacancies and turnover in other services of £74,000,
- Projected underspends on client care packages in Addictions of £64,000,
- A one off receipt from another local authority related to a disputed package of £392,000, £314,000 of this has been earmarked to fund 4 short term posts and engagement processes related to spend to save projects
- An early achievement of 2018/20 savings of £200,000.

Offset by:

- A projected overspend in external homecare of £226,000 due to increased hours as more people are cared for in their own homes,

- Projected overspends on client care packages in Learning Disabilities and Physical Disabilities of £223,000 and £60,000 respectively. Work is underway to review all costs to reduce the projected overspends in coming months,
- A projected overspend on Kinship costs of £77,000 due to increased client numbers,
- A projected overspend on Homelessness bad debt provision of £74,000. Work is underway to identify how the current arrears figure can be addressed.

## 6.0 HEALTH SERVICES

6.1 The Health Services revised budget is £101.991m (including £16.439m Set Aside and £5.919m Hosted Services budgets) and the projected outturn as at Period 9 is in line with that budget. However, the budget includes some savings which will not be cash releasing in year which the IJB provided for in an Earmarked Reserve at the end of 2016/17. The current estimated shortfall required to be funded from Reserves is £0.332m.

6.2 The total budget pressure for Health was £0.927m which is being funded by savings. While the current agreed savings would provide more than the required amount once the full year effect is achieved, in year the expected cash shortfall will be funded on a non recurring basis from an Earmarked Reserve created in 2017/18. Current progress on the delivery of agreed savings is detailed in Appendix 3b.

### 6.3 Mental Health Inpatients

As per previous reports, there is still an ongoing budget pressure related to mental health inpatient services due to the high levels of special observations required. It should be noted that the IJB inherited a historic underlying budget pressure of £1.2m on this service. The reduced underlying budget pressure is due to the work carried out by senior staff within that service. Discussions are ongoing Boardwide which may help to address some of the local Inverclyde pressures longer term.

6.4 In 2015/16 and 2016/17 reductions were made in other budgets to offset the inpatient overspend. Further work is required to better understand the causes of the budget pressure and identify long term solutions to resolve it. In the meantime arrangements have been made on a non-recurring basis for 2017/18 to offset any balance of cost pressures not resolved in year but this is increasingly difficult as the budgets which funded this in previous years have been given up as part of the overall savings package. The enclosed report shows where non-recurring savings have been taken in year to offset the MH Inpatients pressure

6.5 At Period 9, the year to date overspend on Mental Health is £0.448m.

6.6 The service has been implementing an action plan to address elements of the historic overspend. This budget will be closely monitored throughout the year and work will be done to ensure that the underlying budget is sufficient for core service delivery going forward.

### 6.7 Prescribing

There was a risk sharing arrangement in place in respect of Prescribing budgets across all six Health & Social Care Partnerships last financial year. It is anticipated that this will continue into 2017/18 but the exact details of the risk share have still to be finalised and formally agreed between the HSCPs although NHS GG&C has agreed that it will continue to meet any overall overspend in the prescribing budget for this financial year. The risk share arrangement would mean that any overall overspend would potentially be covered in year by the Health Board. However, it is anticipated that this arrangement will be subject to change in the future, meaning that any overspend would have to be contained locally within each partnership. This is a potential area of financial risk and pressure for the IJB if the risk sharing agreement is removed.

## 6.8 Set Aside

- The Set Aside budget in essence is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of Acute Services.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward are heavily tied in to the commissioning/market facilitation work that is ongoing

Work is ongoing detailing the Set Aside position within GG&C for each HSCP. Activity data is now available in almost real time and will be converted to “bed days” over the next few weeks. Budgets are being worked up based on this data. Further updates will be brought to the IJB as available.

## 7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes. The updated Directions linked to these budget changes are shown in Appendix 5. These require both the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

## 8.0 SOCIAL CARE FUND, INTEGRATED CARE FUND, DELAYED DISCHARGE FUNDING

### 8.1 Social Care Fund

Appendix 6 details the previously agreed use of the £6.329m Social Care Fund (SCF) in 2017/18.

### 8.3 Integrated Care Fund (ICF) and Delayed Discharge Funding (DD)

Appendix 7 details the current budget, projected outturn and actual spend to date for these funds.

## 9.0 CURRENT CAPITAL POSITION - £0.715m Variance

9.1 The Social Work capital budget is £3.961m over the life of the projects with £1.657m projected to be spent in 2017/18, comprising:

- £0.841m for the replacement of Neil Street Children’s Home,
- £0.760m for the replacement of Crosshill Children’s Home,
- £0.056m for the conversion costs associated with John Street, Gourrock.

9.2 There is projected slippage of £0.715m with the majority relating to the Crosshill replacement project due to delays in the Neil Street replacement project. Expenditure on all capital projects to 31 December is £0.839m (50.6% of the revised budget). Appendix 8 details capital budgets.

9.3 Progress on the Neil Street Children’s Home replacement is as follows:

- Building is now complete and handed over. Residents moved in on 12 January.
- As previously reported, additional funding may be required in connection with the extended contract period however this will be subject to resolution of the current extension of time claim and agreement of the final account.

9.4 Progress on the Crosshill Children’s Home is as follows:



- Strategy involves the demolition of Crosshill upon vacant possession and completion of new Cardross facility.
- The former Neil Street Children's Home is currently being prepared as temporary decant accommodation for the Crosshill residents with the decant taking place in February.
- Services disconnections at Crosshill are to take place at end of February.
- Tenders for the demolition of the existing Crosshill building have been received and tender acceptance is imminent with commencement anticipated March 2018.
- Planning application has been submitted for the new Crosshill building.
- Design has been progressed to Technical Design Stage (RIBA Stage 4) with a Staged building warrant submitted.
- Production drawings are in progress.
- The previously reported programme anticipated construction October 2017 to June 2018. It should be noted that the projected delay in completion of the Neil Street replacement and the design review process requirement to address a budget gap on the Crosshill project have resulted in a delay to the programme with a construction phase now anticipated to commence 1<sup>st</sup> Quarter 2018 and with projected completion by the end of 1<sup>st</sup> Quarter 2019.

9.5 Progress on the John Street project is as follows:

- Works are now complete. Hand-over to Turning Point was 31 July 2017 and residents moved in on 14 August 2017.

## **10.0 EARMARKED RESERVES**

10.1 The IJB holds a number of Earmarked and General Reserves, these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2017/18 was £3.960m, during the year a further £1.941m has been received. To date at Period 9, £1.496m has been spent. The projected movement in reserves for the year is net spend of £1.646m.

10.2 Two changes are proposed in relation to EMRs within this report:

- Transfer of £0.314m from one off monies received in year within Learning Disabilities to create a new LD & Care Management Transformation Fund
- Merging and retitling the former Social Care and SCF underspend EMRs into a combined EMR titled Transformation Fund – to be used to help deliver the HSCPs transformation programme.

## **11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)**

11.1 As part of the 2016/17 audit of the IJBs statutory accounts, Audit Scotland noted that the IJB's 2016/17 budget monitoring reports did not clearly set out the anticipated year-end position in relation to the receipt or use of reserves in year and in particular their impact on the CIES surplus or deficit position within the Statutory Accounts.

11.2 The creation and use of reserves during the year, while not impacting the operating position, will impact the year-end CIES outturn. For 2016/17, the CIES reflected a £3.96m surplus due to the IJB inheriting and creating reserves in year. For 2017/18 it is anticipated that as a portion of the brought forward £3.960m and new Earmarked Reserves is used the CIES will reflect a deficit. At Period 9, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 9.

## **12.0 IMPLICATIONS**

### **12.1 FINANCE**

All financial implications are discussed in detail within the report above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

**LEGAL**

12.2 There are no specific legal implications arising from this report.

**HUMAN RESOURCES**

12.3 There are no specific human resources implications arising from this report.

**EQUALITIES**

12.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

12.5 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## 12.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

## 12.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Effective financial monitoring processes ensure resources are used in line with the Strategic Plan to deliver services efficiently

## 13.0 CONSULTATION

- 13.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

## **14.0 BACKGROUND PAPERS**

14.1 None.

**INVERCLYDE HSCP****REVENUE BUDGET 2017/18 PROJECTED POSITION****PERIOD 9: 1 April 2017 - 31 December 2017**

SUBJECTIVE ANALYSIS	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	48,377	48,557	48,216	(342)	-0.7%
Property Costs	1,217	1,176	1,168	(8)	-0.7%
Supplies & Services	65,861	67,206	67,836	630	0.9%
Prescribing	18,105	18,105	18,105	0	0.0%
Income	(5,873)	(6,397)	(6,927)	(529)	8.3%
Unallocated Funds/(Savings)	158	0	0	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>127,845</b>	<b>128,646</b>	<b>128,398</b>	<b>(249)</b>	<b>7.8%</b>
Set Aside	16,439	16,439	16,439	0	0.0%
Hosted Services	5,919	5,919	5,919	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>150,203</b>	<b>151,004</b>	<b>150,756</b>	<b>(249)</b>	<b>-0.2%</b>

OBJECTIVE ANALYSIS	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
Planning, Health Improvement & Commissioning	2,440	2,644	2,625	(20)	-0.8%
Older Persons	27,748	27,032	27,029	(3)	-0.0%
Learning Disabilities	10,479	10,709	10,953	244	2.3%
Mental Health - Communities	5,753	6,487	6,235	(252)	-3.9%
Mental Health - Inpatient Services	8,662	8,102	8,688	586	7.2%
Children & Families	13,119	13,013	12,947	(66)	-0.5%
Physical & Sensory	2,646	2,810	2,781	(29)	-1.0%
Addiction / Substance Misuse	3,459	3,507	3,229	(278)	-7.9%
Assessment & Care Management / Health & Community Care	6,143	7,676	7,587	(89)	-1.2%
Support / Management / Admin	4,033	4,853	4,369	(483)	-10.0%
Criminal Justice / Prison Service **	0	0	0	0	0.0%
Homelessness	824	789	931	142	18.0%
Family Health Services	21,571	21,686	21,686	0	0.0%
Prescribing	18,105	18,105	18,105	0	0.0%
Change Fund	1,256	1,233	1,233	0	0.0%
Unidentified Savings	754	0	0	0	0.0%
Unallocated Funds	853	0	(0)	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>127,845</b>	<b>128,646</b>	<b>128,398</b>	<b>(249)</b>	<b>-0.2%</b>
Set Aside	16,439	16,439	16,439	0	0.0%
Hosted Services	5,919	5,919	5,919	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>150,203</b>	<b>151,004</b>	<b>150,756</b>	<b>(249)</b>	<b>-0.2%</b>
<b>FUNDED BY</b>					
NHS Contribution to the IJB	80,465	81,603	81,603	0	0.0%
NHS Contribution for Set Aside and Hosted Services	22,358	22,358	22,358	0	0.0%
Council Contribution to the IJB	47,380	47,044	47,044	0	0.0%
Transfer from / (to) Reserves	0	0	(249)	(249)	0.0%
<b>HSCP NET INCOME</b>	<b>150,203</b>	<b>151,004</b>	<b>150,756</b>	<b>(249)</b>	<b>-0.2%</b>
<b>HSCP OPERATING SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
Anticipated movement in reserves ***	(2,222)	(1,426)	(1,426)		
<b>HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)</b>	<b>(2,222)</b>	<b>(1,426)</b>	<b>(1,426)</b>		

\*\* Fully funded from external income hence nil bottom line position.

\*\*\* See Reserves Analysis for full breakdown

**SOCIAL CARE****REVENUE BUDGET PROJECTED POSITION 2017/18****PERIOD 9: 1 April 2017 - 31 December 2017**

2016/17 Actual £000	SUBJECTIVE ANALYSIS	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
	<b>SOCIAL CARE</b>					
26,797	Employee Costs	26,589	26,619	26,278	(342)	-1.3%
1,449	Property costs	1,212	1,171	1,163	(8)	-0.7%
1,083	Supplies and Services	811	842	942	100	11.9%
446	Transport and Plant	380	380	382	2	0.5%
871	Administration Costs	739	772	783	11	1.4%
37,614	Payments to Other Bodies	38,030	37,937	38,454	517	1.4%
(13,809)	Resource Transfer	(15,846)	(15,739)	(15,739)	0	0.0%
(6,005)	Income	(4,693)	(4,939)	(5,468)	(529)	10.7%
	Unallocated Funds	158	0	0	0	
<b>48,446</b>	<b>SOCIAL CARE NET EXPENDITURE</b>	<b>47,380</b>	<b>47,043</b>	<b>46,795</b>	<b>(249)</b>	<b>-0.5%</b>

2016/17 Actual £000	OBJECTIVE ANALYSIS	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
	<b>SOCIAL CARE</b>					
2,132	Planning, Health Improvement & Commissioning	1,785	1,914	1,894	(20)	-1.0%
27,527	Older Persons	27,748	27,032	27,029	(3)	0.0%
10,523	Learning Disabilities	9,977	10,223	10,467	244	2.4%
3,050	Mental Health	3,196	3,246	3,223	(23)	-0.7%
10,296	Children & Families	10,488	10,403	10,337	(66)	-0.6%
2,714	Physical & Sensory	2,646	2,810	2,781	(29)	-1.0%
1,559	Addiction / Substance Misuse	1,613	1,672	1,478	(194)	-11.6%
2,133	Business Support	2,408	2,929	2,623	(306)	-10.4%
1,407	Assessment & Care Management	1,688	1,764	1,771	7	0.4%
55	Criminal Justice / Scottish Prison Service	0	0	0	0	0.0%
(13,809)	Resource Transfer	(15,846)	(15,739)	(15,739)	0	0.0%
	Unallocated Funds	853	0	0	0	0.0%
859	Homelessness	824	789	931	142	18.0%
<b>48,446</b>	<b>SOCIAL CARE NET EXPENDITURE</b>	<b>47,380</b>	<b>47,043</b>	<b>46,795</b>	<b>(249)</b>	<b>-0.5%</b>

2016/17 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>52,406</b>	<b>Council Contribution to the IJB</b>	<b>47,380</b>	<b>47,044</b>	<b>47,044</b>	<b>0</b>	<b>0.0%</b>

**SOCIAL CARE****PERIOD 9: 1 April 2017 - 31 December 2017**

Extract from report to the Health &amp; Social Care Committee

**Children & Families: Projected £66,000 (0.64%) underspend**

The projected spend is £100,000 less than previously reported and comprises:

A net projected underspend of £56,000 on employee costs, which is a reduction of £49,000 since the previous report due to slippage on vacancies. There is a projected overspend in residential accommodation where there is a requirement for certain staffing levels, but this is currently offset by vacancies within other areas of Children & Families. The staffing in residential accommodation is a continuing pressure area,

A projected combined underspend on section 29 payments, section 30 payments, payments to other bodies and care leavers rents of £61,000. This is an increase in spend of £6,000 since last reported,

A projected overspend of £77,000 on kinship costs due to increased numbers of clients. This is an increase of £7,000 since the last report at period 7,

A projected underspend of £53,000 on Children and Young People Act, an increase of £45,000 since last reported,

Any over/ underspends on adoption, fostering and children's external residential accommodation are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above underspend. The balance on the reserve is £925,000, however the H&SC Committee on 24 August 2017 agreed that £232,000 of this balance would be used to meet the potential additional costs of the Crosshill replacement project. At period 9 there is a projected net underspend of £252,000 on children's external residential accommodation, adoption and fostering which currently would be added to the Earmarked Reserves at the end of the year.

**Older People: Projected £3,000 (0.01%) underspend**

The projected overspend is £43,000 less than previously reported and comprises of:

A projected underspend on homecare staff of £268,000, a decrease of £22,000 due to slippage in filling vacancies

A projected overspend on external homecare of £226,000. This is due to an increased number of clients and hours of service provided as people have care provided in their own homes rather than in a care home. £130,000 funding available within the Delayed Discharge EMR has been used to reduce the overspend to £226,000 on a one off basis in 2017/18. The overspend has decreased by £57,000 since last reported to Committee due to fewer than anticipated hours of care provided for the winter period,

A projected overspend of £21,000 in other staffing due to turnover targets not yet met which is a £7,000 reduction in overspend since last reported.

A new Earmarked Reserve has been set up for residential & nursing accommodation. The balance on the reserve is £250,000. At period 9 there is a net projected underspend of £140,000 on residential & nursing accommodation which would currently be transferred to the Ear Marked Reserve at the end of the year. The expenditure has reduced by £73,000 since the previous report due to a reduction in bed numbers. There is funding in the Delayed Discharge EMR which was previously set aside to address an increase in bed numbers within residential & nursing accommodation, however has been partially utilised to address the increase in people remaining at home instead within the external homecare costs.

**Learning Disabilities: Projected £244,000 (3.56%) overspend**

The projected overspend is £181,000 more than previously reported and comprises of:

A projected overspend on staff of £87,000. Previously an underspend was reported due to posts being held as part of the service review. £153,000 has been identified from the underspend to be transferred to the EMR to fund two posts relating to the service review over the next two years and a further £114,000 has been identified from the early achievement of savings to fund a further post. The net result of these changes is a projected overspend on employee costs,

A projected overspend of £223,000 on client commitment costs, a decrease of £25,000 since the last report. A Review Team is now in place within the service and they have begun work to review all high cost packages within the service,

A projected shortfall in income of £10,000 due to a reduction in the clients recharged to other local authorities,

One off income of £392,000 has been received from another local authority related to a disputed package. The CMT has agreed that £271,000 of this is to be ear marked to fund 4 short term posts and engagement processes related to the Learning Disability redesign.

The balance of £71,000 has been reflected in this report.

**Physical & Sensory: Projected £29,000 (1.25%) underspend**

The projected underspend is £10,000 more than previously reported and comprises of:

A projected underspend on staffing of £36,000 which is £2,000 more than previously reported due to slippage

A projected overspend of £60,000 on client packages which is £1,000 more than previously reported. The current position is under review by the service,

A projected over-recovery of income of £62,000 relating to recharge of an employee to an external organisation and additional income from Health for client packages. This is an increase of £9,000 since period 7 report to Committee.

**Mental Health: Projected £23,000 (1.83%) underspend**

The projected underspend is £15,000 less than previously reported and comprises:

- A projected underspend on employee of £7,000 due to vacancies which is an increase in cost of £7,000 since period 7 and is due to backdated pay,
- A projected overspend on the costs of client packages of £2,000 which is £23,000 more than previously reported due to 1 new client and change in packages
- A £15,000 projected underspend within Other Expenditure.

There is additional spend relating to the Neil Street project which is fully funded by Health.

**Addictions: Projected £194,000 (17.31%) underspend**

The projected underspend is £68,000 more than previously reported and comprises:

- A projected underspend of £122,000 on employee costs due to vacancies. This has increased by £34,000 since the last report due to slippage in filling posts,
- A projected underspend on client costs of £63,000. There has been no change since last reported to Committee.

**Homelessness: Projected £142,000 (17.31%) overspend**

The projected underspend has decreased by £2,000 since previously reported and comprises:

- A projected overspend of £26,000 on security costs at the Inverclyde Centre,
- A projected overspend on voids of £32,000.
- A projected overspend on bad debt provision of £74,000. Further work is currently being undertaken on arrears within the service,
- A projected shortfall in rental income from temporary accommodation of £37,000 which is partially offset by a projected underspend on rental payments for this type of accommodation.

**Strategy & Support Services: Projected £20,000 (1.12%) underspend**

The projected underspend has increased by £15,000 since previously reported and comprises underspend in Payments to Other Bodies.

**Business Support: Projected £306,000 (12.03%) underspend**

The projected underspend is £21,000 more than previously reported and comprises:

- A projected overspend of £20,000 on Administration costs including telephones, printing and postage which is a reduction in spend of £17,000 since last reported to Committee mainly due to a virement to telephones from within the overall H&SC budgets.
- A projected underspend of £314,000 in the early achievement of 2018/20 savings which is an increase of £114,000 to previously reported. £114,000 of this early achievement is to fund a post related to the Learning Disability redesign for two years.



**HEALTH****REVENUE BUDGET PROJECTED POSITION 2017/18****PERIOD 9: 1 April 2017 - 31 December 2017**

2016/17 Actual £000	SUBJECTIVE ANALYSIS	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
	<b>HEALTH</b>					
22,379	Employee Costs	21,789	21,938	21,938	0	0.0%
10	Property	5	5	5	0	0.0%
4,190	Supplies & Services	4,330	5,589	5,589	0	0.0%
22,692	Family Health Services (net)	21,571	21,686	21,686	0	0.0%
18,136	Prescribing (net)	18,105	18,105	18,105	0	0.0%
13,809	Resource Transfer	15,846	15,739	15,739	0	0.0%
	Unallocated Funds/(Savings)	0	0	0	0	0.0%
(2,038)	Income	(1,181)	(1,459)	(1,459)	0	0.0%
<b>79,178</b>	<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>80,465</b>	<b>81,603</b>	<b>81,603</b>	<b>0</b>	<b>0.0%</b>
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
7,309	Hosted Services provided on behalf of Inverclyde	7,311	7,311	7,311	0	0.0%
(1,392)	Hosted Services provided on behalf of other IJBs	(1,392)	(1,392)	(1,392)	0	0.0%
<b>101,534</b>	<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>102,823</b>	<b>103,961</b>	<b>103,961</b>	<b>0</b>	<b>0.0%</b>

2016/17 Actual £000	OBJECTIVE ANALYSIS	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
	<b>HEALTH</b>					
2,683	Children & Families	2,631	2,610	2,610	0	0.0%
4,624	Health & Community Care	4,455	5,912	5,816	(96)	-1.6%
1,387	Management & Admin	1,625	1,924	1,747	(177)	-9.2%
505	Learning Disabilities	502	486	486	0	0.0%
1,787	Addictions	1,846	1,835	1,751	(84)	-4.6%
2,698	Mental Health - Communities	2,557	3,241	3,012	(229)	-7.1%
9,543	Mental Health - Inpatient Services	8,662	8,102	8,688	586	7.2%
860	Planning & Health Improvement	655	730	730	0	0.0%
1,347	Change Fund	1,256	1,233	1,233	0	0.0%
21,800	Family Health Services	21,571	21,686	21,686	0	0.0%
18,136	Prescribing	18,105	18,105	18,105	0	0.0%
	Unallocated Funds/(Savings)	754	0	0	0	0.0%
13,809	Resource Transfer	15,846	15,739	15,739	0	0.0%
<b>79,178</b>	<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>80,465</b>	<b>81,603</b>	<b>81,603</b>	<b>0</b>	<b>0.0%</b>
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
7,309	Hosted Services provided on behalf of Inverclyde	7,311	7,311	7,311	0	0.0%
(1,392)	Hosted Services provided on behalf of other IJBs	(1,392)	(1,392)	(1,392)	0	0.0%
<b>101,534</b>	<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>102,823</b>	<b>103,961</b>	<b>103,961</b>	<b>0</b>	<b>0.0%</b>

2016/17 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2017/18 £000	Revised Budget 2017/18 £000	Projected Out-turn 2017/18 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>101,534</b>	<b>NHS Contribution to the IJB</b>	<b>102,823</b>	<b>103,961</b>	<b>103,961</b>	<b>0</b>	<b>0.0%</b>

**HEALTH - HOSTED SERVICES****REVENUE BUDGET PROJECTED POSITION 2017/18****PERIOD 9: 1 April 2017 - 31 December 2017**

2016/17 Inverclyde Actual £000	Services Hosted by Other IJBS on Behalf of Inverclyde	GG&C Wide Budget			Inverclyde
		Indicative Overall Budget 2017/18 £000	Projected Overall Out-turn 2017/18 £000	Projected Overall Over/(Under) Spend £000	Indicative Inverclyde YTD Usage 2017/18 £000
454	MSK Physio - West Dun	4,457	4,406	(51)	339
55	Retinal Screening - West Dun	603	554	(49)	41
923	Podiatry - Renfrew	4,798	4,677	(121)	611
318	Primary Care support - Renfrew	2,949	2,739	(210)	175
345	Continence - Glasgow	2,929	2,768	(161)	216
430	Sexual Health - Glasgow	7,019	7,023	4	310
249	LD Tier 4 Community - East Ren	661	1,374	713	51
734	MH Central Services - Glasgow	5,278	5,360	82	539
1,071	MH Citywide services - Glasgow	7,470	7,354	(116)	739
593	Oral Health - East Dun	7,437	7,126	(311)	408
528	Addictions - Glasgow	14,571	14,537	(34)	458
523	Prison Healthcare - Glasgow	5,049	5,194	145	397
159	HC In Police Custody - Glasgow	1,998	1,776	(222)	131
190	General Psychiatry - Renfrew	5,766	6,151	385	0
120	General Psychiatry - Glasgow	28,171	28,079	(92)	125
441	LD - Admission & Assessment - East Ren	3,180	3,180	0	173
99	LD - Complex Care - East Ren	2,300	1,587	(713)	0
56	Old Age Psychiatry - Glasgow	14,047	15,899	1,852	0
21	Old Age Psychiatry - Glasgow	4,339	4,969	630	16
0	Old Age Psychiatry - West Dun	1,539	1,625	86	0
<b>7,309</b>	<b>Services Hosted by Other IJBS on Behalf of Inverclyde</b>	<b>124,561</b>	<b>126,378</b>	<b>1,817</b>	<b>4,729</b>

2016/17 Inverclyde Actual £000	Services Hosted by Inverclyde on Behalf of Other IJBS	GG&C Wide Budget			Inverclyde
		Indicative Overall Budget 2017/18 £000	Projected Overall Out-turn 2017/18 £000	Projected Overall Over/(Under) Spend £000	Indicative Inverclyde YTD Usage 2017/18 £000
1,381	General Psychiatry	4,218	4,186	(32)	719
11	Old Age Psychiatry	1,871	2,550	679	61

**REVENUE BUDGET PROJECTED POSITION 2017/18**  
**Health Savings 2017/18 - Progress Update**  
**PERIOD 9: 1 April 2017 - 31 December 2017**

Ref	HOS	Team	Generic Saving Description	Saving Type	RAG	PY Budget 2017/18	FY Budget 2017/18	Expected delivery date	Delivered YTD	PY Balance to be delivered
H17-018	Children & Families	Specialist Childrens Services	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Efficiency	G	20,600	21,600	01/05/17	20,600	0
H17-021	Children & Families	Childrens Community	Remodel School Nursing Service	Service Reduction	A	0	176,600	TBC		0
H17-026	Mental Health	MH Inpatients	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Efficiency	G	15,500	61,600	31/12/17		15,500
H17-029	Strategy & Support Services	Planning & Health Improvement	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Service Reduction	G	32,500	130,000	30/09/17		32,500
H17-031	Strategy & Support Services	Business Support	Reduce number of current postholders	Service Reduction	G	30,000	39,000	01/04/17	30,000	0
H17-033	Health & Community Care	Adult Community Services	Reduce Commissioned Service	Efficiency	G	12,000	12,000	Delivered	12,000	0
H18-002	Various	Various	Income growth	Income Growth	G	169,500	339,000	30/09/17	169,500	0
H18-004	Mental Health	MH Inpatients	Improved efficiency achieved in 2016/17	Efficiency	G	50,000	50,000	01/04/17	50,000	0
H18-005	Mental Health	MH Community	Service Review/Reduction	Service Reduction	G	25,000	25,000	01/04/17		25,000
H18-007	Health & Community Care	Adult Community Services	Service Review/Reduction	Service Reduction	G	70,000	140,000	TBC		70,000
H18-009	Mental Health	Addictions	Service Review/Reduction	Efficiency	G	???	???	???		???
H18-012	Health & Community Care	Adult Community Services	Service Review/Reduction	Service Reduction	G	???	???	???		???

H18-013	Health & Community Care	Adult Community Services	Removal of Vacant posts, Early Retirals and filling vacancies at lower grades	Efficiency	G	33,700	33,700	01/04/17		33,700
H18-015	Management	Various	Reduce VAT Liability	Efficiency	G	33,300	33,300	01/04/17	33,300	0
H18-016	Management	Integrated Care Fund	Reduce Non Pay Budget	Efficiency	G	100,000	100,000	Delivered	100,000	0
Full Year Impact of Savings agreed 2016/17					G	3,100	3,100	Delivered	3,100	0
						<b>595,200</b>	<b>1,164,900</b>		<b>418,500</b>	<b>176,700</b>

% delivered to date

70%

<b>2017/18 Health Savings Target</b>	<b>927,400</b>	<b>927,400</b>
<b>Non Recurring Cash Shortfall on Savings</b>	<b>332,200</b>	

**Budget Movements 2017/18**

**Appendix 4**

Inverclyde HSCP Service	Indicative Budget	Movements				Revised Budget
	2017/18 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	2017/18 £000
Children & Families	13,119	0	(106)	0	0	13,013
Criminal Justice	0	0	0	0	0	0
Older Persons	27,748	0	(716)	0	0	27,032
Learning Disabilities	10,479	0	497	0	(267)	10,709
Physical & Sensory	2,646	0	164	0	0	2,810
Assessment & Care Management/ Health & Community Care	6,143	0	1,315	265	(47)	7,676
Mental Health - Communities	5,753	0	734	0	0	6,487
Mental Health - In Patient Services	8,662	0	(804)	244	0	8,102
Addiction / Substance Misuse	3,459	0	24	24	0	3,507
Homelessness	824	0	(35)	0	0	789
Planning, HI & Commissioning Management, Admin & Business Support	2,440	0	149	55	0	2,644
Family Health Services	3,925	0	589	314	0	4,828
Prescribing	21,571	0	(75)	190	0	21,686
Change Fund	18,105	0	0	0	0	18,105
Resource Transfer	1,256	0	(23)	0	0	1,233
Unallocated Funds/(Savings) *	107	0	(107)	0	0	0
	1,607	0	(1,607)	0	0	0
<b>Totals</b>	<b>127,844</b>	<b>0</b>	<b>0</b>	<b>1,092</b>	<b>(314)</b>	<b>128,622</b>

\* Unallocated Funds are budget pressure monies agreed as part of the budget which at the time of setting had not been applied across services eg pay award etc

## Virement Analysis

	<u>Increase</u> <u>Budget</u> <u>£000</u>	<u>(Decrease)</u> <u>Budget</u> <u>£000</u>
<u>Council Ledger TidyUps and reallocation of Unallocated Pressure monies</u>		
Unallocated Funds		853
Assessment & Care Management	101	
Addiction / Substance Misuse	43	
Homelessness		35
Planning, HI & Commissioning	129	
Business Support	615	
<u>Health Ledger TidyUps for one off monies and relocation of Unallocated Pressure monies</u>		
Unallocated Funds/(Savings)		754
Children & Families		21
Learning Disabilities		16
Health & Community Care	1,192	
Mental Health - Inpatient Services		110
Addiction / Substance Misuse		32
Planning, HI & Commissioning	20	
Management, Admin & Business Support		88
Family Health Services		61
Change Fund		23
Resource Transfer		107
Children & Families - Reallocate one off funding John St		303
Business Support - Reallocate one off funding John Street	303	
<u>Reallocate Centralised Living Wage and other cost pressures budget increases to relevant services</u>		
Older People		879
Children & Families	134	
Learning Disabilities	483	
Physical & Sensory	41	
Business Support	65	
MH Communities	156	
MH Communities - reversal of one off virement from 2016/17	694	
MH Inpatients - reversal of one off virement from 2016/17		694
<u>Consolidation of Day Services</u>		
Older People - Payment to Other Bodies	84	
Mental Health - Payment to Other Bodies		84
<u>Transfer for 0.5 FTE post budget between services</u>		
Learning Disabilities - Employee Costs		13
Assessment & Care Management - Employee Costs	13	
	4,073	4,073

**Supplementary Budget Movement Detail**

£000

£000

<b>Health &amp; Community Care</b>	<b>265</b>
Primary Care Transformation Non Recurring Funding	265
<b>Mental Health Inpatients</b>	<b>244</b>
End point monies -	
Consultant Liaison Elderly Post	60
Consultant Liaison Adult	50
Bed Manager Post	54
Non Recurring Funding	80
<b>Additions</b>	<b>24</b>
Additional Non Recurring Funding for BV/HepC	24
<b>Planning &amp; Health Improvement</b>	<b>55</b>
Adjust for non recurrent funding	55
<b>Management &amp; Admin</b>	<b>314</b>
Adjust for non recurrent funding	314
<b>Family Health Services</b>	<b>190</b>
Non Recurring Funding	190
	<b>1,092</b>

**Transfers (to)/from Earmarked Reserves**

£000

One off income within Learning Disabilities to be carried forward and used non recurrently across LD and Assessment & Care Management to reduce overall cost pressures	(314)
	<b>(314)</b>

**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)  
 (SCOTLAND) ACT 2014

**THE INVERCLYDE COUNCIL** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2017/18 £000
<b>SOCIAL CARE</b>	
Employee Costs	26,619
Property costs	1,171
Supplies and Services	842
Transport and Plant	380
Administration Costs	772
Payments to Other Bodies	37,937
Income (incl Resource Transfer)	(20,678)
Unallocated Funds	0
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>47,043</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2017/18 £000
<b>SOCIAL CARE</b>	
Planning, Health Improvement & Commissioning	1,914
Older Persons	27,032
Learning Disabilities	10,223
Mental Health	3,246
Children & Families	10,403
Physical & Sensory	2,810
Addiction / Substance Misuse	1,672
Business Support	2,929
Assessment & Care Management	1,764
Criminal Justice / Scottish Prison	0
Change Fund	0
Homelessness	789
Unallocated Budget Changes	0
Resource Transfer	(15,739)
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>47,043</b>

This direction is effective from 20 March 2018.



**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING)  
(SCOTLAND) ACT 2014

**GREATER GLASGOW & CLYDE NHS HEALTH BOARD** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB’s Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2017/18 £000
<b>HEALTH</b>	
Employee Costs	21,938
Property costs	5
Supplies and Services	5,589
Family Health Services (net)	21,686
Prescribing (net)	18,105
Resources Transfer	15,739
Unidentified Savings	0
Income	(1,459)
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>81,603</b>
Set Aside	16,439
Hosted Services (Net)	5,919
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>103,961</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2017/18 £000
<b>HEALTH</b>	
Children & Families	2,610
Health & Community Care	5,912
Management & Admin	1,924
Learning Disabilities	486
Addictions	1,835
Mental Health - Communities	3,241
Mental Health - Inpatient Services	8,102
Planning & Health Improvement	730
Change Fund	1,233
Family Health Services	21,686
Prescribing	18,105
Unallocated Funds/(Savings)	0
Resource Transfer	15,739
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>81,603</b>
Set Aside	16,439
Hosted Services (Net)	5,919
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>103,961</b>

This direction is effective from 20 March 2018.

**Social Care Fund - Planned Spend**

<b>Proposed use of the Social Care Fund</b>	<b>BUDGET 2017/18 £m</b>
<b>Funds Already Allocated to Core Budgets on a Recurring Basis</b>	
Social Care demand growth and other pressures the Council agreed would funded through SCF	1.269
Charging Thresholds on non residential services	0.110
Dementia Strategy	0.115
<b>TOTAL Demand Growth/Charging/Additionality</b>	<b>1.494</b>
<b>Living Wage/Other Cost Pressures</b>	
Living Wage, including NCHC inflation and sleepover rate changes	2.632
IJB Specific costs eg SLA for Audit and Legal Services and External Audit Fee	0.070
John Street costs (one off 2016/17 only)	0.000
Mental Health Officer new post	0.048
Patient/Client Transport Coordinator Role (Fixed Term 2 years)	0.000
MH Commissioning	0.003
Independent Living Service - Equipment Budget	0.100
Estimated Demographic and other cost pressures	0.290
Inverclyde Council's agreed reduction in IJB funding in line with Scottish Government stipulation on funding reduction limits	1.431
<b>TOTAL Living Wage/Other Cost Pressures</b>	<b>4.835</b>
<b>TOTAL PROPOSED SCF SPEND</b>	<b>6.329</b>
<b>TOTAL SCF FUNDING</b>	<b>6.329</b>
<b>TOTAL Balance of funds currently proposed to c/fwd to Reserves</b>	<b>0.000</b>

**INVERCLYDE HSCP**  
**INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET 2017/18**  
**PERIOD 9: 1 April 2017 - 31 December 2017**

<b>Integrated Care Fund (ICF)</b>				
<b>By Organisation</b>	<b>Revised Budget</b>	<b>Projected outturn</b>	<b>Variance</b>	<b>YTD Actuals</b>
HSCP Council	1,118,550	1,118,550	0	703,910
HSCP Council Third Sector	150,900	150,900	0	135,500
HSCP Health	269,730	269,730	0	180,258
Acute	95,000	95,000	0	95,000
	<b>1,634,180</b>	<b>1,634,180</b>	<b>0</b>	<b>1,114,668</b>

<b>Delayed Discharge (DD)</b>				
<b>Summary of allocations</b>	<b>Revised Budget</b>	<b>Projected outturn</b>	<b>Variance</b>	<b>YTD Actuals</b>
Council	824,220	824,220	0	254,220
Health	147,190	147,190	0	118,200
Acute	50,000	50,000	0	50,000
	<b>1,021,410</b>	<b>1,021,410</b>	<b>0</b>	<b>422,420</b>

**INVERCLYDE HSCP - CAPITAL BUDGET 2017/18****PERIOD 9: 1 April 2017 - 31 December 2017**

<u>Project Name</u>	<u>Est Total Cost</u>	<u>Actual to 31/3/17</u>	<u>Approved Budget 2017/18</u>	<u>Actual YTD</u>	<u>Est 2018/19</u>	<u>Est 2019/20</u>	<u>Future Years</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
<b>SOCIAL CARE</b>							
Neil Street Children's Home Replacement	1,991	1,069	841	773	81	0	0
Crosshill Children's Home Replacement	1,914	47	760	22	1,093	717	0
Completed on site	56		56	44	12	0	0
<b>Social Care Total</b>	<b>3,961</b>	<b>1,116</b>	<b>1,657</b>	<b>839</b>	<b>1,186</b>	<b>717</b>	<b>0</b>
<b>HEALTH</b>							
<b>Health Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total HSCP</b>	<b>3,961</b>	<b>1,116</b>	<b>1,657</b>	<b>839</b>	<b>1,186</b>	<b>717</b>	<b>0</b>

## EARMARKED RESERVES POSITION STATEMENT

## APPENDIX 9

### INVERCLYDE HSCP

PERIOD 9: 1 April 2017 - 31 December 2017

<u>Project</u>	<u>Lead Officer/ Responsible Manag</u>	<u>b/f</u>	<u>New</u>	<u>Total</u>	<u>YTD Actual</u>	<u>Projected</u>	<u>Amount to be</u>	<u>Lead Officer Update</u>
		<u>Funding</u>	<u>Funding</u>	<u>Funding</u>		<u>Spend</u>	<u>Earmarked for</u>	
		<u>2016/17</u>	<u>2017/18</u>	<u>2017/18</u>	<u>2017/18</u>	<u>2017/18</u>	<u>2018/19</u>	
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>&amp; Beyond</u>	
							<u>£000</u>	
Self Directed Support	Alan Brown	43		43	0	0	43	This supports the continuing promotion of SDS. No spend expected in 17/18 as the planned expenditure will be contained within the core SDS budget.
Growth Fund - Loan Default Write Off	Helen Watson	26		26	0	1	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Deferred Income	Louise Long	27		27	24	27	0	Funding for the remaining six months of a transitions post.
Integrated Care Fund	Louise Long	262	912	1,174	801	1,174	0	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Louise Long	494	228	722	267	722	0	Delayed Discharge funding has been allocated to specific projects in the Council and Health, including overnight home support and out of hours support.
Veterans Officer Funding	Helen Watson	27		27	0	12	15	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils.
CJA Preparatory Work	Sharon McAlees	65		65	39	65	0	This reserve is for two years to cover the preparatory work required for the changes due in Criminal and Community Justice.
Welfare Reform - CHCP	Andrina Hunter	43		43	21	21	22	Balance of funding to be used for case management system. Costs will be incurred over 3 year period.

<u>Project</u>	<u>Lead Officer/ Responsible Manag</u>	<u>b/f</u>	<u>New</u>	<u>Total</u>	<u>YTD Actual</u>	<u>Projected</u>	<u>Amount to be</u>	<u>Lead Officer Update</u>
		<u>Funding</u>	<u>Funding</u>	<u>Funding</u>		<u>Spend</u>	<u>Earmarked for</u>	
		<u>2016/17</u>	<u>2017/18</u>	<u>2017/18</u>	<u>2017/18</u>	<u>2017/18</u>	<u>2018/19</u>	
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>&amp; Beyond</u>	
							<u>£000</u>	
Transport Development Officer	Yvonne Campbell	70		70	0	24	46	Two year post to be hosted by voluntary sector (CVS) to progress social transport review.
Swift Replacement Programme	Helen Watson	118		118	25	42	76	One year post to progress replacement client information system for SWIFT.
LD - Integrated Team Leader	Joyce Allan	121		121	39	54	67	Two year post to develop the learning disability services integration agenda.
John Street	Joyce Allan	56		56	44	56	0	Balance of costs for John St works
New Ways	Allen Stevenson	220	235	455	220	220	235	New Ways funds carried forward for use in 2017/18
Funding to cover timing delay in delivery of 17/18 savings	Lesley Aird	620		620	0	400	220	Anticipated that this will be required for covering timing delays in 17/18 savings and also MH Inpatient unfunded pressures
Residential & Nursing Placements	Louise Long	250	0	250	0	0	250	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAleese	930	252	1,182	16	277	905	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
Transformation Fund	Louise Long	588		588	0	272	316	New EMR made up from the combination of the previous Social Care and SCF underspends Anticipated that this will be required to fund in year budget pressures and additional one off costs linked to service redesign
LD & Care Management Transformation Fund	Allen Stevenson		314	314	0	0	314	New EMR created through one off LD income received in 2017/18 to be used to reduce future cost pressures through service reviews
<b>TOTAL</b>		<b>3,960</b>	<b>1,941</b>	<b>5,901</b>	<b>1,496</b>	<b>3,367</b>	<b>2,534</b>	

**b/f Funding** 3,960  
**Earmark to be carried forward** 2,534  
**Projected Movement in Reserves** (1,426)

**Report To:** Inverclyde Integration Joint Board    **Date:** 20 March 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:**  
IJB/17/2018/HW

**Contact Officer:** Helen Watson  
Head of Service  
Strategy and Support Services    **Contact No:**  
01475 7125285

**Subject:** INVERCLYDE HSCP PEOPLE PLAN ACTION PLAN 2017-2020

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## 1.0 PURPOSE

1.1 The purpose of this report is to present the first People Plan Action Plan to the Inverclyde Integration Joint Board members for approval.

## 2.0 SUMMARY

2.1 The People Plan Action Plan has been developed in a co-produced way with a range of stakeholders, and is ambitious in its scope.

2.2 It considers the workforce that is engaged in the delivery of health and social care, across the statutory, third and independent sectors in Inverclyde. It also includes unpaid carers and volunteers, who are a vital part of the care economy.

2.3 This is a unique approach with limited data; nevertheless there is sufficient information at this stage to start planning for the future.

2.4 The People plan considers the workforce in the context of four tiers:

- Tier 1: People who are registered with a regulatory or professional body to deliver health and social care as an individual professional practitioner.
- Tier 2: People who deliver health and social care in Inverclyde, but are not specifically registered to do so as a practitioner.
- Tier 3 (a): People who contribute to the provision of health and social care in Inverclyde in the course of their work. Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector. This includes jobs and roles that would come under the umbrella of administrative, clerical and support services.
- Tier 3 (b): People who contribute to the provision and social care in a voluntary, non-employed capacity to an individual directly or to people who might or might not be relatives.
- Tier 4: People who contribute and can make a difference to outcomes for service users include those in the community who indirectly contribute to the outcomes of local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres and resource centres.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Integration Joint Board members review and approve the Inverclyde HSCP People Plan Action Plan.

**Louise Long**  
**Corporate Director, (Chief Officer)**  
**Inverclyde HSCP**



## 4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that a workforce plan is produced and presented to Integration Joint Boards (IJB), highlighting the structure of our workforce. In Inverclyde we are keen to promote a more inclusive approach, based on our pilot work on the Equal Partners in Care (EpiC) Programme, whereby we recognise that delivering the National Wellbeing Outcomes will require co-ordinated efforts across the entire health and social care workforce, and not just the HSCP.

4.2 On that basis, when we talk about the workforce we mean a collection of people, groups, organisations, carers, families, volunteers, neighbours and communities who directly provide or in other ways contribute to the delivery of health and social care.

This includes:

- Inverclyde HSCP,
- Inverclyde Council,
- NHS Greater Glasgow and Clyde Health Board
- the workforce of people who practise in, or support, the delivery of health and social work services (including volunteers);
- Partners in the secondary care (hospital) sector;
- Partners in primary care such as GPs, Dentists, Pharmacists and Optometrists;
- Carers and families as partners in the delivery of care and support, who may require support in their own right;
- The Scottish Prison Service;
- Partner organisations in the Community Planning Partnership – Inverclyde Alliance - as partners with whom we work to improve Inverclyde as a place to live and work;
- Partners in the third, independent and statutory sectors, with whom we commission and organise health and social care service delivery;
- Communities across Inverclyde; the people to whom we are accountable;
- Individual users of services as partners in the planning of their own care and support.

4.3 The People Plan Action Plan considers these contributors in the context of four tiers, specifically:

- Tier 1: People who are registered with a regulatory or professional body to deliver health and social care as an individual professional practitioner.
- Tier 2: People who deliver health and social care in Inverclyde, but are not specifically registered to do so as a practitioner.
- Tier 3 (a): People who contribute to the provision of health and social care in Inverclyde in the course of their work. Those whose day to day role is not directly related to health or social care, but who contribute indirectly including people who work as part of the third sector. This includes jobs and roles that would come under the umbrellas of administrative, clerical and support services.
- Tier 3 (b): People who contribute to the provision of health and social care in a voluntary, non-employed capacity to an individual directly or to people who might or might not be relatives.
- Tier 4: People who contribute and can make a difference to outcomes for service users. Those in the community who indirectly contribute to the outcomes of local people. Amongst this group are shop workers, bus drivers, taxi drivers, hairdressers, bank staff, community centres, and resources centres. Health and social care is not the primary focus of such people and their roles, but by the way they carry out their jobs, they make a difference to people's lives.

4.4 The People Plan Action Plan also considers some of our key challenges that have

been reported to the IJB in other contexts (such as our ageing population; depopulation of working-aged people etc.). These challenges point to a need to transform the way we deliver support, maximising all of our assets to design out any duplication of effort, and to focus on the types of support that will deliver better outcomes for the people who rely on our support (rather than organisational measures).

4.5 Each action in the People Plan Action Plan is set against timescales as follows:

- Short Term: 1 Year
- Medium Term 2 Years
- Long Term: 3 Years

Those responsible for each action or set of actions will set out more specific timescales within the short, medium, long term criteria used.

4.6 As we move forward with the People Plan Action Plan, we will also develop options for what the future health and social care workforce might look like, what the key skills for the future will be, and how all sectors work more closely to deliver outcomes.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

There are no financial implications at this point in time.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### LEGAL

5.2 There are no legal issues within this report.

### HUMAN RESOURCES

5.3 There are no human resources implications from this report at this point in time, although the report has an inherent ambition to extend rights and opportunities across all sectors of the workforce, as defined within the People Plan Action Plan.

### EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	NO – An equalities impact assessment will be carried out during the implementation of the People Plan Action plan.

#### 5.4.1 How does this report address our Equality Outcomes?

- a) **People, including those from the protected characteristics groups can access HSCP services**

The principles within this People Plan Action Plan support improved support to all people who need it, including those with protected characteristics.

- b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Consistent high standards are expected for our workforce addressing the full range of vulnerabilities without discrimination or stigma.

- c) **People with protected characteristics feel safe within their communities.**

The People Plan Action Plan supports developing a consistent approach across all sectors, in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities.

- d) **People with protected characteristics feel included in the planning and developing of services.**

The commitment of the HSCP in relation to inclusion of people with protected characteristics is captured in the People Plan Action Plan.

- e) **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

The People Plan Action Plan aims to extend this outcome across the entire health and care economy in Inverclyde.

- f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

The People Plan Action Plan does not directly address this outcome.

- g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

The People Plan Action Plan does not directly address this outcome.

#### **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no clinical or care governance issues at this time.

#### 5.6 **NATIONAL WELLBEING OUTCOMES**

##### **How does this report support delivery of the National Wellbeing Outcomes?**

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

The ethos of enabling more people to support individuals at different levels of need should facilitate earlier intervention and more effective supported self-management.

- b) **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

The ethos of enabling more people to support individuals at different levels of need should facilitate earlier intervention and greater independence at home or in a homely setting.

- c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

By extending our principles across the entire caring community, we anticipate that people will have more positive experiences of services and support.

- d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

This outcome is one of the key drivers of the People Plan Action Plan.

- e) **Health and social care services contribute to reducing health inequalities.**

This outcome is one of the key drivers of the People Plan Action Plan.

- f) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Unpaid carers and volunteers will have access to training, development and professional networks within the timescale of the People Plan Action Plan.

- g) **People using health and social care services are safe from harm.**

By extending and sharing training across sectors, staff will become more adept across all sectors at keeping people who use services safe from harm.

- h) **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

Staff networks will improve across sectors, and all those involved in the delivery of health and social care should feel more informed and better equipped to deliver a good, quality service.

- i) **Resources are used effectively in the provision of Health and Social Care.**

By reducing duplication we will use our resources effectively.

## **6.0 CONSULTATION**

- 6.1 This People Plan Action Plan has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after full engagement with the Strategic Planning Group and due consideration with relevant senior officers in the HSCP.

## **7.0 LIST OF BACKGROUND PAPERS**

- 7.1 None

## PEOPLE PLAN ACTION PLAN

### 1.0 PURPOSE

To create an action plan designed to fulfil the ambitious aspirations of the Inverclyde People Plan using a themed and tiered approach.

To set short, medium and long term actions with timescales and outcomes for the implementation of the People Plan. (7.1.3 People Plan)

### 2.0 SUMMARY

2.1 The action plan draws on the information and data from the People Plan narrative and seeks to identify and address the gaps in knowledge and data. It takes account of the collective intentions and aspirations and addresses the key challenges such as the aging workforce, depopulation of working age people and the ongoing financial constraints.

2.2 The action plan seeks to set out the actions necessary to shape the overall workforce ensuring the right people with the right skills are available to deliver the National Wellbeing Outcomes, improve public health and create new ways of working. The action plan is set against a series of workforce centred workforce planning themes. These are:

- Workforce: valued contributors
- Skilled, confident and agile workforce
- Effective Leadership and Management
- Intelligence-led Business Planning
- Improved Outcomes for People
- Improved sustainable business performance
- Cultural Integration
- Supported Workforce of the Future

2.3 The themed and tiered approach of the people plan action plan will be used to set priorities and timescales taking into consideration available resources. The plan will build on existing good practice and look innovatively at how we can work across the whole partnership to achieve our shared vision.

2.4 The people plan action plan will be flexible and adaptable in order to meet the changing needs of the population and accommodate new ways of working.

2.5 The scope and pace of change is such that since the People Plan was presented to the IJB, the vision and evolving models of future service provision continue to develop at speed.

2.6 The People Plan considers the workforce in the context of four tiers:

Tier 1: People who are registered with a regulatory or professional body to deliver health and social care as an individual professional practitioner.

Tier 2: People who deliver health and social care in Inverclyde, but are not specifically registered to do so as a practitioner.

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2.7 The action plan which follows is set out under three outcomes:

Outcome 1: HSCP Workforce development needs

Outcome 2: Drivers for Change

Outcome 3: Towards an Integrated world

Specific timescales will be set by groups and personnel leading actions. Hence where they have been included the following timeline has been used:

Short Term:	1 year
Medium Term:	2 years
Long Term:	3 years or beyond.

Similarly other columns will be populated through the process of engagement leading to finalisation and implementation of the action plan.

2.8 A People Plan Core Group will be established to coordinate the implementation of the People Plan Action plan.

2.9 The Strategic Planning Group will monitor the progress of the implementation of the People Plan Action plan. Regular reports will be made to the Strategic Planning Group by the Chair of the People Plan Core Group.

2.10 As the People Plan is a workforce plan the Staff Partnership Forum will be regularly updated and consulted on relevant actions.

# INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce Centred Workforce Planning	Where are we now?	Actions	Who is responsible?	Timescale	
<p><b>Outcome: WORKFORCE DEVELOPMENT NEEDS (Tiers 1, 2 and 3)</b>            Analysis of current systems covering the HSCP workforce has highlighted some gaps and areas which require to be addressed. For the most part accountable systems are in place to ensure the registered workforce is maintained and planned for. The following actions are proposed:</p>					
1.1	<p><b>Workforce: Valued Contributors</b></p>	<p><b>Learning and Development</b>            Learning and development enhances staff morale, motivation and job satisfaction. They impact on performance, recruitment and retention. The quality and accessibility of learning and development ensures:</p> <ul style="list-style-type: none"> <li>• Compliance e.g. with standards</li> <li>• Care outcomes and quality</li> <li>• Organisational learning culture</li> <li>• Innovation and practice</li> </ul> <p><b>Registration Maintenance and Planning</b>            A wide range of learning and development supports are in place. A learning framework would complement the learning and development plan which is integrated. This resource is aimed at social work and social care. It will facilitate line managers and supervisees to better plan and record CPD using the supervision and appraisal system.</p> <p><b>Staff engagement and wellbeing</b>            iMatter has been refreshed in the partnership and a robust plan has been put in place to ensure better compliance in the future.</p>	<p><b>Learning and Development</b>            Develop more Integrated/ aligned learning and development plans, and accountable learning frameworks and records. Learning and development plans are closely aligned to and inform workforce plans. Develop a learning culture.</p> <p><b>Registration Maintenance and Planning</b>            Establish learning frameworks to ensure an accountable system is in place which fosters CPD in line with ongoing registration requirements and ensures compliance with mandatory training requirements.</p> <p><b>Staff engagement and wellbeing</b>            Capture staff engagement in the partnership through the iMatter tool.</p>	<p><b>Quality and Development Service</b></p> <p><b>Quality and Development Service</b></p> <p><b>People Plan Core Team</b></p>	<p><b>Short Term</b></p> <p><b>Short Term</b></p> <p><b>Medium Term</b></p>

## INVERCLYDE PEOPLE PLAN ACTION PLAN

<b>Workforce Centred Workforce Planning</b>	<b>Where are we now?</b>	<b>Actions</b>	<b>Who is responsible?</b>	<b>Timescale</b>
	<p>Matching staff profile data from parent bodies will enhance analysis of future staff demographics such as those consequent on the aging population figures</p>	<p>Increase awareness of existing resources for improving wellbeing and resilience and build on examples such as mindfulness and stress management to increase access.</p> <p>Continue to develop improvements in data collection and analysis of trends and improvements in levels of work related stress (individuals and teams).</p>		
<p><b>1.2 Skilled, confident, agile workforce</b></p>	<p><b>Annual Review/ Appraisal/ PDP</b> There is some variation in compliance between parent organisations. Improvement needed to achieve high quality outcome focused conversations linked to an annual plan for personal and professional development in line with organisational priorities.</p> <p><b>Digitally Enabled Workforce</b> It is evident that digital resources can provide valuable tools to help build relationships with audiences and collaborators, tailor communications for a purpose, share, collaborate and inspire. There have already been significant new developments in this area in Inverclyde.</p>	<p><b>Annual Review/ Appraisal/ PDP</b> Monitor and improve compliance levels across Inverclyde HSCP.</p> <p><b>Digitally Enabled Workforce</b> Develop a strategy to empower the future workforce:</p> <ul style="list-style-type: none"> <li>• to make best use of new technologies</li> <li>• to develop understanding of digital literacies</li> <li>• to facilitate the use of technology in person-centred approaches to health and social services.</li> </ul>	<p><b>Services and respective HR departments</b></p> <p><b>Short life working group</b></p>	<p><b>Short Term</b></p> <p><b>Medium Term</b></p>



## INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce Centred Workforce Planning	Where are we now?	Actions	Who is responsible?	Timescale
	<p><b>SVQ Centre Development</b> New registration requirements for Home Care staff. Successful care at home project for provider staff could be continued.</p>	<p><b>SVQ Centre Development</b> Develop SVQ Centre to ensure future staff are well qualified to registration requirements will be met.</p>	<p><b>Quality and Development Service</b></p>	<p><b>Short Term</b></p>
<p><b>1.3 Effective Leadership and Management</b></p>	<p><b>Leadership</b> There are a range of leadership training and development opportunities across HSCP: ready to lead, step into leadership, CMI, SVQ accredited leadership and management qualifications.</p> <p><b>HSCP Induction</b> There are full induction programmes in place for new employees run by parent organisations. The HSCP has a welcome pack and induction takes place at service and team level.</p> <p><b>Supervision</b> A new HSCP wide supervision policy was introduced in 2016 which set out common principles and aligned supervision models.</p>	<p><b>Leadership</b> Develop Leadership strategy to ensure gaps in leadership practice are addressed: 1) Application of learning is implemented: reflective leadership practice. 2) Profession specific leadership needs are addressed and 3) System leaders have skills to address future workforce and service requirements.</p> <p><b>HSCP Induction</b> Introduce a face to face half day induction for all new staff to meet HSCP Chief Officer; Chief Social Work Officer; Chief Nurse and their own Head of Service within six months of their start date.</p> <p><b>Supervision</b> Ensure full implementation and engagement in respective supervision policies in line with common principles.</p>	<p><b>Quality and Development Service</b></p> <p><b>Quality and Development Service</b></p> <p><b>Service Managers</b></p>	<p><b>Medium Term</b></p> <p><b>Short Term</b></p> <p><b>Short Term</b></p>

## INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce Centred Workforce Planning		Where are we now?	Actions	Who is responsible?	Timescale
1.4	<b>Intelligence-led business planning</b>	<p><b>Workforce Mapping</b> A range of practical tools and guidance is available for use in workforce planning systems.</p> <p><b>Succession Planning</b> There are succession planning policies for both NHS and Council employees. Succession plans in place for all critical posts.</p>	<p><b>Workforce Mapping</b> Develop the workforce mapping processes to facilitate better understanding of organisational/ workforce strengths and weaknesses. Ensure that operational planning feeds into strategic long term workforce planning.</p> <p><b>Succession Planning</b> Review staff demographics for each service area and develop a coordinated approach to succession planning across HSCP. Aim to integrate high quality succession planning with career and development planning.</p>	<p><b>People plan core team</b></p> <p><b>Short life working group</b></p>	<p><b>Medium term</b></p> <p><b>Medium term</b></p>

# INVERCLYDE PEOPLE PLAN ACTION PLAN

Workforce centred workforce planning	Where are we now?	Actions	Who is responsible	Timescale	
<p><b>Outcome 2: DRIVERS FOR CHANGE (Tiers 3 and 4)</b>                      The drivers for change will highlight short, medium and long term objectives that will impact on tiers 3 and 4. The drivers will also take account of tiers 1 and 2 and will focus on specific themes.</p>					
2.1	<p><b>Improved Outcomes for People</b></p>	<p><b>Transformation of services and new models of care</b>                      The transformation of services is a key driver of change and merits a focus as a key action.</p> <p><b>Carers</b>                      Preparation is well underway for the implementation of the Carers (Scotland) Act 2016. Inverclyde HSCP piloted Equal Partners in Care.</p> <p><b>Volunteering in Inverclyde/ unearthing new resources</b>                      Analysis of volunteering in Inverclyde reveals a significant scale of contribution to service provision. There are 773 active known volunteers from respondents to the recent survey (PP4.4.1 Page 28).</p>	<p><b>Transformation of services and new models of care</b>                      Make use of new workforce development resources to facilitate learning and development opportunities in this area (the specifics of this will be developed further by the Q &amp; D Team).</p> <p><b>Carers</b>                      Update and implement the Carers Strategy in line with new legislative requirements, in order to realise the vision of equal partners in care across Inverclyde. It is important that partnerships develop places where carers, for example, can be heard and ways in which their voice can be amplified and seen as credible.</p> <p><b>Volunteering in Inverclyde/ unearthing new resources</b>                      Establish and implement an Inverclyde wide volunteer strategy to harness and coordinate the energy and commitment of local people in line with the People Plan.</p>	<p><b>Quality and Development Team</b></p> <p><b>Carers centre/ Assessment and Support Planning Service</b></p> <p><b>Inverclyde Community Volunteer Service</b></p>	<p><b>Short/ medium/ long term</b></p> <p><b>Short/ medium term</b></p> <p><b>Medium term</b></p>

## INVERCLYDE PEOPLE PLAN ACTION PLAN

<b>Workforce Centred Workforce Planning</b>	<b>Where are we now?</b>	<b>Actions</b>	<b>Who is responsible?</b>	<b>Timescale</b>
	<p><b>Self Help/ Peer Support</b> A wide range of self-help, peer support and service user led initiatives currently exist across Inverclyde.</p> <p><b>Inspection Action Plans</b> These will be communicated through the appropriate channels and treated as a priority. HSCP will respond to feedback within specified timescales.</p>	<p><b>Self Help/ Peer Support</b> Develop a self-help/ peer support strategy to optimise opportunities for service user engagement/ partnership wherever appropriate in the development of the workforce and services of the future.</p> <p><b>Inspection Action Plans</b> Implement learning and development recommendations from inspection reports.</p>	<p><b>Your Voice/ partners</b></p> <p><b>Service led</b></p>	<p><b>Medium Term</b></p> <p><b>Short Term</b></p>
2.2	<p><b>Improved sustainable business performance</b></p> <p><b>Recruitment and retention of HSCP staff and volunteers</b> The recruitment and retention of staff has become a challenge in some areas, for example district nurses and Home care.</p>	<p><b>Recruitment and retention of HSCP staff and volunteers</b> Develop a recruitment and retention strategy and monitoring with effective workforce planning. Forward planning and analysis of staff and population demographics is essential. The strategy would be enhanced by innovative development of modern apprentice opportunities, refreshing practice learning, and specific workforce development initiatives in this plan.</p>	<p><b>People Plan core group</b></p>	<p><b>Medium Term</b></p>
2.3	<p><b>Cultural Integration</b></p> <p><b>People involvement/ development</b> It is critical in a system of workforce planning that relies on customer insight, that staff be given time and space to meet with other colleagues and those they work with in communities to strengthen relationships, build trust and reshape services together.</p>	<p><b>People involvement/ development</b> Further develop and create new opportunities for purposeful reflective learning to balance an intensive task focus in an increasingly busy environment. From individual care to workforce planning to strategic change, involving people as partners at all stages and at all levels it is critical if the shift to a more collaborative, co-owned system of care is to be realised. The principles of co-design and co-production can helpfully</p>	<p><b>Quality and development Service</b></p>	<p><b>Medium/ Long Term</b></p>

## INVERCLYDE PEOPLE PLAN ACTION PLAN

			underpin any partnership planning or change task, and a commitment to dialogue, active listening and inclusion will ensure that all perspectives can be mobilised behind an agreed, shared purpose.		
<b>Workforce centred workforce planning</b>	<b>Actions</b>	<b>Where are we now</b>		<b>Timescale</b>	<b>Monitoring Arrangements</b>
	<b>People engagement</b> There is substantial evidence of movement and change in the HSCP. However there is still substantial change required in order to fully realise personalised care, shared decision making (e.g. within primary care), the shift in power from fixing and telling to facilitation, shared decision making and co-creation.	<b>People engagement</b> Review and build on successful models of community engagement and invigoration of communities in order to strengthen existing networks, for example compassionate Inverclyde. A significant shift in culture and engagement with new ways of working is still required.		<b>Service/ partner led</b>	<b>Medium/ long term</b>
	<b>OD services to support partner integration</b> Organisational development will have an integral role in developing people and organisations. Involvement and support in relation to service improvement, service reviews, leadership development and staff engagement.	<b>OD services to support partner integration</b> Work with OD services to identify what support can be offered to develop people and organisations, in line with the strategic aspirations of the People Plan.		<b>OD services</b>	<b>Medium and long term</b>
<b>Workforce centred workforce</b>	<b>Where are we now?</b>	<b>Actions</b>	<b>Who is</b>	<b>Timescale</b>	

# INVERCLYDE PEOPLE PLAN ACTION PLAN

planning				responsible	
<b>Outcome 3: Planning for an Integrated World (Tiers 1,2,3,4)</b>					
3.1	<b>Intelligence-led business planning</b>	<p><b>Horizon Scanning</b> Plans for services evolving over the next 15 to 25 years. What is the workforce of the future? What models of care are envisioned?</p> <p><b>Locality Engagement</b> Responsibility upon the HSCP to make real and meaningful opportunities for local people to have influence on locality based decision making in delivering outcomes, spend and activity (commissioning) within localities. This necessitates a power shift within health and social care. In Inverclyde this is in the process of taking shape. A recent partnership event demonstrated the benefits of joint commissioning with a number of suggested initiatives involving the providers and commissioners across Inverclyde.</p>	<p><b>Horizon Scanning</b> Create opportunities to visualise the long term future and make use of and share new workforce planning resources.</p> <p><b>Locality Engagement</b> Actions to develop wider locality engagement and coproduction.</p> <p>Undertake locality specific needs assessment in order to appreciate commonalities and specific needs between localities and inform the next iteration of the strategic plan and to identify implications for staff training.</p>	<p><b>People Plan Core Team</b></p> <p><b>Quality and development Service</b></p>	<p><b>Medium term</b></p> <p><b>Medium Term</b></p>
<b>Workforce centred workforce planning</b>		<b>Where are we now?</b>	<b>Actions</b>	<b>Who is responsible</b>	<b>Timescale</b>

## INVERCLYDE PEOPLE PLAN ACTION PLAN

3.2	<p><b>Supported workforce of the future</b></p>	<p><b>Modelling the future</b> There are models of service design and delivery currently which point the way to future provision and which merit evaluation and the gathering of learning from these experiences:</p> <ul style="list-style-type: none"> <li>• Dementia Implementation group</li> <li>• Mental Health Review             <ul style="list-style-type: none"> <li>○ Recovery</li> <li>○ Doing with – not doing to</li> <li>○ “ Nothing about me without me” report</li> </ul> </li> <li>• New service redesigns</li> </ul> <p><b>Service redesign</b> Extensive redesign of services is currently underway in Inverclyde. The primary purpose of these redesigns is to improve services so that the people of Inverclyde can improve their lives. Such a degree of change has significant implications for people who use services, carers and the workforce.</p> <p><b>Multi agency learning and development programmes</b> The action plan considers the workforce that is engaged in the delivery of health and social care across the statutory, third and independent sectors and unpaid</p>	<p><b>Modelling the future</b> Evaluate new integrated and co-produced initiatives and share learning to inform future developments and to achieve best practice across HSCP.</p> <p><b>Service redesign</b> Access and make more accessible a range of learning and development and other resources which can facilitate service redesign and help to support a workforce faced with the uncertainty of such rapid change.</p> <p><b>Multi agency learning and development programmes</b> Review and evaluate the impact and effectiveness of coproduced multi agency learning programmes such as the dementia learning and development initiative.</p>	<p><b>Quality and Development Service</b></p> <p><b>People Plan Core Group</b></p> <p><b>Quality and development Service and partners</b></p>	<p><b>Medium Term</b></p> <p><b>Medium Term</b></p> <p><b>Medium term</b></p>
	<p><b>Workforce centred workforce planning</b></p>	<p><b>Where are we now?</b></p>	<p><b>Actions</b></p>	<p><b>Who is responsible</b></p>	<p><b>Timescale</b></p>

## INVERCLYDE PEOPLE PLAN ACTION PLAN

		<p>carers, volunteers and sections of the general population across Inverclyde.</p> <p>There are a range of well-established multi agency learning and development opportunities such as adult and child protection, domestic violence, dementia awareness, dementia friendly Inverclyde, safe talk, assist, for example.</p> <p>There are a number of further multi agency initiatives underway covering new legislation such as GIRFEC, Carers Act, Named Person Duty of Candour initiatives.</p> <p><b>Future governance arrangements</b> New models of service design and delivery necessarily imply a need to consider future governance arrangements.</p>	<p>Ensure inclusion of tier 3 and 4 partners in current and future planning and involvement.</p> <p>From above experience develop opportunities for co-creation of an integrated multi-tiered learning and development programme and feasibility analysis of developments like learning passport or badge systems.</p> <p><b>Future governance arrangements</b> Monitor and review emerging models of governance in order to ensure best practice in governance of new models of service delivery.</p>	<p><b>People Plan Core Group</b></p>	<p><b>Short/ Medium/ Long Term</b></p>
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## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 30 JANUARY 2018

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### Inverclyde Integration Joint Board Audit Committee

Tuesday 30 January 2018 at 2pm

**Present:** Councillors L Quinn and L Rebecchi, Mr A Cowan, Dr D Lyons, Mr I Bruce and Ms D McCrone.

**Chair:** Councillor Rebecchi presided.

**In attendance:** Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms L Aird, Chief Financial Officer, HSCP, Mr A Stevenson, Head of Health & Community Care, Ms H Watson, Head of Strategy & Support Services, Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

- |          |  |          |
|----------|--|----------|
| <b>1</b> | <b>Apologies, Substitutions and Declarations of Interest</b>   | <b>1</b> |
|          | No apologies for absence or declarations of interest were intimated.   |          |
| <b>2</b> | <b>Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 12 September 2017</b>  | <b>2</b> |
|          | There was submitted minute of the meeting of the Inverclyde Integration Joint Board Audit Committee of 12 September 2017.<br><b>Decided:</b> that the minute be agreed.  |          |
| <b>3</b> | <b>Internal Audit Progress Report – 12 September 2017 to 5 January 2018</b>  | <b>3</b> |
|          | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 12 September 2017 to 5 January 2018.<br><b>Decided:</b> that the Committee note the progress made by Internal Audit during the period from 12 September 2017 to 5 January 2018.  |          |
| <b>4</b> | <b>IJB Risk Management Update</b>  | <b>4</b> |
|          | There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the status of the IJB Strategic Risk Register.<br>During the course of discussion on this item, a number of modifications to the report template were suggested and Ms Aird undertook to give consideration to these proposed changes.<br><b>Decided:</b><br>(1) that the Committee note the contents of the report and the reporting process;<br>(2) that the Committee note the high/red risks contained on other HSCP Risk Registers;<br>(3) that agreement be given to the proposed IJB Strategic Risk Register; and<br>(4) that it be agreed that the Committee review the IJB Strategic Risk Register annually with a six monthly update to the Committee reflecting all red/very high risks. |          |

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**Report To:** Inverclyde Integration Joint Board      **Date:** 20 March 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/20/2018/HW

**Contact Office:** Helen Watson  
Head of Service  
Strategy and Support Services      **Contact No:** 01475 715285

**Subject:** CATHCART CENTRE PROPOSAL

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the IJB on proposed changes and movements in relation to staff accommodation for staff currently based at Cathcart Centre, Greenock.

## **2.0 SUMMARY**

- 2.1 There are 103 staff currently based at Cathcart Centre, Greenock, 67 within the Drugs Team and 36 within the Community Learning Disabilities Team (CLDT). Cathcart Centre is due to be closed by 2021 as part of the new Greenock Health Centre project and associated team moves. This proposal would allow for that building to be freed up earlier, releasing some non-recurring money for essential maintenance work in Inverclyde.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board notes the contents of this report.

**Louise Long**  
Corporate Director (Chief Officer)

**Lesley Aird**  
Chief Financial Officer

## 4.0 BACKGROUND

- 4.1 Cathcart Centre in Greenock is a Health Board owned building which is due to be closed by 2021 as part of the new Greenock Health Centre project and associated team moves. This proposal would allow for that building to be freed up earlier, releasing some non-recurring money for essential maintenance work in Inverclyde.
- 4.2 There are 103 staff currently based at Cathcart Centre, 67 within the Drugs Team and 36 within the Community Learning Disabilities Team (CLDT). These teams would be better located elsewhere to allow greater integration of services.

## 5.0 PROPOSAL

- 5.1 Phase 1 Community Learning Disabilities Team (CLDT) moving to Port Glasgow Health Centre – by September 2018

There are 36 staff within CLDT currently based within Cathcart Centre. It is proposed that these staff are moved earlier than originally intended to Port Glasgow Health Centre rather than Greenock to allow greater integration with the other services offered in Port Glasgow and to free up Cathcart Centre and associated facilities costs earlier than previously planned.

- 5.2 These staff would be moving from a Health owned building to another Health owned building. There would be some work required to the Port Glasgow Health Centre to help facilitate that move. The costs of that work are estimated at £50k and would be covered from early delivery of 17/18 Health savings which is currently held within an IJB Earmarked Reserve.
- 5.3 Phase 2 Drugs Team moving to Wellpark – by November 2018

There are 67 staff within the Drugs Team currently based within Cathcart Centre. It is proposed that these staff are moved earlier than originally intended on a permanent basis to Wellpark. This move will allow for better integration with the other local services and free up Cathcart Centre and associated facilities costs earlier than originally planned.

- 5.4 These staff would be moving from a Health owned building to a Council owned building. There would be some work required to the Wellpark building to make it fit for the new purpose. The costs of that work are estimated at £115k and would be covered from an anticipated underspend in Addictions for 2017/18 circa £28k together with the use of the IJB Earmarked Reserve created by Social Care Fund underspend in 2016/17.

## 6.0 IMPLICATIONS

### 6.1 FINANCE

One off investment to allow the moves to occur earlier than originally planned will free up space and resource elsewhere which can be used for reinvestment in the Inverclyde estate.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
PGHC Capital		18/19	£50k	Early Delivery of Health Savings	

Wellpark Capital			£115k	Additions u/spend and EMR	
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Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

## LEGAL

6.2 There are no specific legal implications arising from this report.

## HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

## EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

## 6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Better use of physical infrastructure will assist service integration to improve the quality of services offered

## 7.0 CONSULTATION

7.1 This report has been prepared by the Health of Strategy & Support Service. The Chief Officer, and Chief Financial Officer have been consulted.

## 8.0 BACKGROUND PAPERS

8.1 None.

**Report To:** Inverclyde Integration Joint Board    **Date:** 20 March 2018

**Report By:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Report No:**  
IJB/18/2018/LL

**Contact Officer:** Louise Long  
Corporate Director, (Chief Officer)  
Inverclyde Health and Social Care  
Partnership (HSCP)    **Contact No:**  
01475 712722

**Subject:** CHIEF OFFICER'S REPORT

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work.

## **2.0 SUMMARY**

- 2.1 The report details a number of updates on work underway across the Health and Social Care Partnership.

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the items within the Chief Officer's Report and advise the Chief Officer if any further information is required.

**Louise Long**  
Corporate Director, (Chief Officer)  
Inverclyde HSCP

## **4.0 BACKGROUND**

4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

## **5.0 BUSINESS ITEMS**

### **5.1 Children's Houses:**

The young people looked after at Neil St Children's Unit have now moved to the new children's house, The View. The move has been relatively seamless and the young people are already very settled and enjoying the new house.

Young people from Crosshill Children's Unit have now moved to the vacated Neil St in preparation for the final stage of our residential re-provision programme. An update on progress will be included in the next report.

### **5.2 5 Year Mental Health Strategy:**

The draft 5 year Mental Health Strategy for Greater Glasgow and Clyde has been endorsed by all the IJBs within the Board area, which enables further work to be undertaken to develop this into a final strategy by collaboration across the HSCPs and with the Board. The Head of Service, Mental Health, Addictions and Homelessness is currently involved in the development of the implementation plan for the Board area, following which a further report will be presented to the IJB. The timescale for the implementation plan is to June 2018.

A local service user event is being held in April 2018 which will include discussion about the direction of travel within the strategy, and continuing engagement work as the strategy moves into implementation later in the summer.

### **5.3 Addictions Review:**

The aim of the review underway within Addictions is to develop a fully integrated model for the Addiction services in Inverclyde. The programme of work is being undertaken in two phases:

- Phase 1, which is reviewing all aspects of the current model for the delivery of services including the current HSCP service, and that of third sector partners, is reaching a conclusion. A workshop for the programme board will consider the outcome of this work and agree the areas of focus in phase 2. This will conclude in early March.
- Phase 2 will develop options for a new model of system working for a fully integrated pathway across drug and alcohol services and agree a core set of outcomes with a strong focus on the development of the recovery pathway. This will conclude, with recommendations for a new model for implementation at the end of September 2018.

### **5.4 Homelessness Temporary Accommodation Review:**

This review is focussed on our provision of temporary accommodation currently and will propose options for the provision of support and accommodation to people presenting as homeless in Inverclyde in the future. This is joint work with Inverclyde Council Strategic Housing colleagues, and includes representation from the Housing Partnership Group.

Inverclyde Council has engaged Arneil Johnston, a Public Sector Housing Consultancy, to undertake the review to build a delivery plan and financial model to support implementation of a temporary accommodation strategy. The outcome report of this work is anticipated to be complete by March 2018.

### 5.5 **Complex Care:**

Inverclyde continues to work alongside colleagues in Acute sector and Partnerships to agree a proposal around the future utilisation of complex care beds in Inverclyde. A position statement including financial options on the allocation of any resource transfer is due to be presented to Chief Officers for approval in March 2018 once agreement is reached locally. Any future changes in bed utilisation will be considered by NHS Acute Service Committee.

### 5.6 **Winter Plan:**

The Winter period has presented heightened challenges to Health and Social Care services across Scotland and Inverclyde has not been an exception. It is the common view that this winter has caused greater problems than the previous two.

The Inverclyde Winter Planning Group met weekly and addressed the challenges that winter posed this year. It has been a very busy period with considerable pressures across the whole system. The NHS Unscheduled Care Board is supporting collective responses across the whole board area. High levels of presentation at Accident and Emergency has impacted on targets. Acute and primary care community services have been working together to reduce demand, reduce length of stay and support discharge timeously.

Inverclyde continues to follow its Home 1<sup>st</sup> Plan and has sustained a low level of delayed discharge and resulting bed days lost. and this has assisted in reducing the demand faced by Acute colleagues.

Adverse weather conditions from 1 to 6 March showed how partnership working can make such a significant difference, Partners in the Council from Environmental & Commercial Services cleared roads while colleagues from Fire and Rescue and the Coastguard supported HSCP staff to get access to the most vulnerable using 4x4s. They also assisted our staff to get to the hospital so that services could continue to be delivered. The stories of staff going the extra mile to get to vulnerable people are amazing.

The HSCP has been overwhelmed with the amount of the community who have emailed to thank staff. While the weather was difficult your staff were remarkable.

## 6.0 **IMPLICATIONS**

### **FINANCE**

#### 6.1 **Financial Implications:** There are no financial implications in this report

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>



Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

**LEGAL**

6.2 There are no legal issues within this report.

**HUMAN RESOURCES**

6.3 There are no human resources issues within this report.

**EQUALITIES**

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.1 How does this report address our Equality Outcomes.

- 6.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.
- 6.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.
- 6.4.1.3 People with protected characteristics feel safe within their communities.
- 6.4.1.4 People with protected characteristics feel included in the planning and developing of services.
- 6.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.
- 6.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.
- 6.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

6.5 There are no governance issues within this report.

**6.6 NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes.

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

- 6.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 6.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 6.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 6.6.5 Health and social care services contribute to reducing health inequalities.
- 6.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- 6.6.7 People using health and social care services are safe from harm.
- 6.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

## **7.0 CONSULTATION**

- 7.1 There are no consultation requirements related to this report.

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 None.